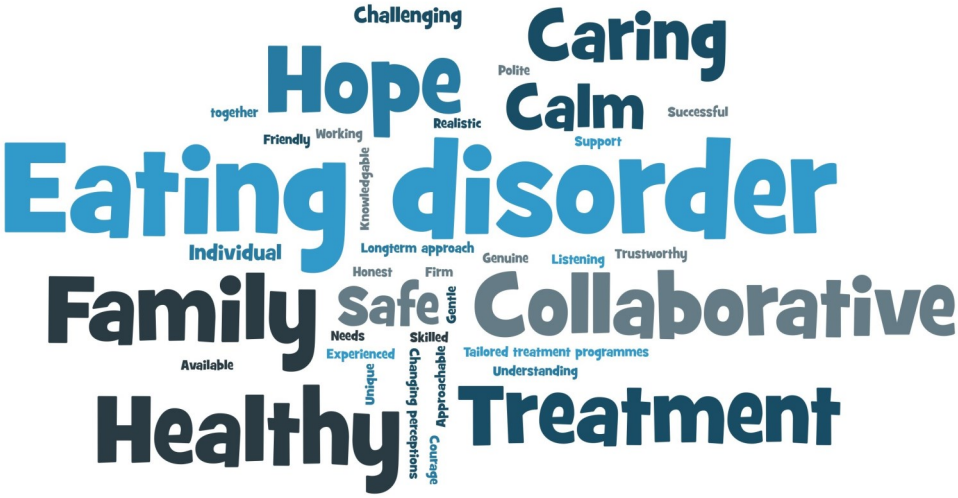
Oxford Health NHS
NHS Foundation Trust



Child and Adolescent Eating Disorder Service

Child and Adolescent Eating Disorder Service for Oxfordshire and Buckinghamshire: Information leaflet for GPs

Introduction

Eating disorders are common in adolescence. If they are detected early and there is access to specialist treatment the prognosis is very good. However, if left untreated, or treated inadequately, the disorder can become chronic and difficult to treat.

Many adults with long term eating disorders developed their initial symptoms in the adolescent years. This service will provide easy access for patients where an eating disorder is suspected.

Description of CAMHS eating disorder service

This new service has been developed with additional funding from NHS England, following a national review of outcomes for young people with eating disorders. The aim is to reduce inpatient admissions and promote improved long term outcome.

The Child and Adolescent Eating Disorder Service encourages early intervention and provides prompt support and treatment for young people and families experiencing eating disorders.

The service aims to restore physical health and psychological wellbeing in a safe and collaborative manner, within a culture of continuous learning and innovation.

This service accepts referrals of suspected eating disorders from GPs, other professionals involved with young people, such as school nurses, and self-referrals.

Specialist assessment and treatment of eating disorders will be undertaken for those under the age of 18 across Oxfordshire and Buckinghamshire.

The service has central bases in Oxford and Aylesbury with satellite clinics in Banbury, Abingdon, Wycombe and Amersham. The service is staffed by psychiatrists, paediatrician, specialist nurses, clinical psychologists, family therapists, dieticians and other mental health professionals.

For most young people, a family-based treatment that directly addresses the eating disorder will be the recommended intervention.

Other interventions include individual cognitive-behavioural therapy for the young person, nutritional management, medical monitoring, individual and parent support, monthly parents' groups, carers' workshop and multi-family treatment.

Those patients who require a higher intensity of care may be offered home-based treatment with the CAMHS crisis/ outreach service or be referred to the local adolescent psychiatric unit or paediatric ward in the case of serious medical risk.

Early signs of eating disorders

Physical – loss of weight, fainting/dizziness, loss of energy, muscle weakness, sleep disturbance, susceptibility to infection, loss of menstruation, constipation/bloating, repeated vomiting, swollen glands under the jaw or frequent dental problems (if there is repeated vomiting).

Behavioural changes - counting calories, restricting the amount or range of food eaten, eating alone or missing meals, secretiveness, hiding food, frequent visits to the toilet, taking a long time to eat meals, cutting food into small pieces, excessive body-checking, over-exercising, wearing baggy clothes.

Psychological – preoccupation with food and eating, concerns about weight and shape, feeling compelled to restrict intake, ear of eating.

Non-specific signs that may accompany eating disorders

Psychological – low mood, loss of interest, poor concentration, withdrawal, disturbed family relationships.

Social/educational - withdrawal from family and friends, loss of interest in activities, poor concentration, difficult family relationships.

NB: The non-specific signs may also be a feature of other mental health disorders such as depression or anxiety.

Diagnostic features

Anorexia nervosa

- Weight loss at least 15% below the body weight expected (or BMI less than 17.5) or failure to gain weight as part of normal growth and development
- Weight loss is self-induced by avoidance of "fattening" foods
- Over-evaluation of weight or shape

- Abnormal hormonal function (loss of menstruation in females)

Bulimia Nervosa

- Recurrent binge eating
- Over-evaluation of weight and shape
- Purging (self-induced vomiting, laxative or diuretic abuse, restrictive dieting or over-exercise)

Atypical eating disorders

- Eating disorder symptoms that do not meet all the above criteria although cause significant concern/impact (common in young people

Assessment in primary care

Clarification of history and symptoms of eating disorder as above, along with a brief summary of family and personal background. Useful questions (some adapted from the SCOFF questionnaire) include:

- Are you trying to lose weight?
- Do you ever make yourself sick after eating?
- Do you worry about losing control of your eating?
- Do you think you are fat when others say you are too thin?
- Would you say that food dominates your life?

Physical assessment and investigations

If an eating disorder is suspected, physical assessment is indicated to exclude other causes of low weight and identify any physical consequences of the disorder.

This will include weight and height, BP and PR as well as more general examination to exclude other causes of weight loss. For those with low pulse rate (under 50) an ECG may be indicated to identify any serious cardiac abnormalities.

Recommended initial blood investigations include: FBC; ESR; urea and electrolytes (including phosphate, Mg, Ca); liver function tests, glucose, folate, B12; Iron; thyroid function tests.

Criteria for referral

Young people with eating disorders (anorexia nervosa, bulimia nervosa or atypical eating disorders) are seen within the service.

In all of these conditions, the young person will have significant concerns about their weight and shape. The service is not commissioned to see young people with obesity or those who have feeding/eating problems related to other diagnoses such as anxiety/depression/ASD where the core problem is not an over-evaluation of weight and shape.

Referral protocol

If an eating disorder is suspected, an early referral to CAMHS is recommended using the standard GP referral pro-forma. The box relating to possible eating disorder (or a referral letter should be completed (including information on weight, height BP and PR, and recent blood results).

The referral should be faxed to the Single Point of Access (SPA) **for CAMHS Fax number: or sent electronically to**

If the case is urgent, e.g. very low weight, rapid weight loss or

serious psychiatric comorbidity such as suicidal risk, we suggest ringing the service direct, backed up by a written referral (marked urgent and faxed or E mailed to the service).

In the case of a physical health emergency the young person should be referred immediately to Paediatrics (under-16) or General Medicine (16/17 years).

A useful guideline for assessment and management of physical risk is the Junior Marsipan Guideline

http://www.rcpsych.ac.uk/files/pdfversion/CR168.pdf

If it is unclear whether an eating disorder referral is indicated the Child & Adolescent Eating Disorder Service can be **consulted on Tel:**

Once the referral has been received by the SPA team it will be passed to the Child & Adolescent Eating Disorder Service.

The service aims to carry out urgent assessments **within one week of referral** and routine assessments **within four weeks**. Specialist treatment, if appropriate, is normally started on the day of assessment.

Cases referred to CAMHS from other referral routes

If a young person is referred from non-medical referrers (including school health nurse, counsellor or self-referral) the young person will be asked to see their GP for physical assessment and blood screening (to exclude other causes of weight loss) as soon as possible. A medic in the Eating Disorder Service will make contact to discuss this.

Joint Care with CAMHS

Once the referral has been assessed by the Child & Adolescent service, any further blood investigations will ordered by the Eating Disorder Service and the patient asked to attend the phlebotomist at their local GP practice or Paediatrics outpatients.

In rare circumstances the GP may be asked to regularly review the young person's weight and physical health (if the patient will not engage with the Eating Disorder Service and is at risk, but will agree to be reviewed by the GP).

Care Programme Approach

The young person will be treated within a CPA framework. This is a structured approach to care, involving the allocation of a care-coordinator, creating a care plan and having regular reviews.

The GP may be invited to join CPA reviews, particularly at the time of discharge. If the GP is unable to attend the review, a clinician from the ED service may approach the GP for an update.

Length of treatment

This will usually depend on the severity and history of the eating disorder. Normally we would expect treatment to last nine months to a year (this may be around 20 sessions, spaced out for the last few months), but may take longer to achieve a full recovery.

Generally, treatment will be more intensive at the start and appointments will become further apart as recovery progresses.

Higher intensity treatment

Some young people with eating disorders find it very difficult to make the changes needed in order to get better. If a higher intensity of support is needed, the Outreach Service for Children and Adolescents (OSCA) home treatment team or Crisis team may become involved.

The home treatment team can provide intensive and home-based support, for example around mealtimes. Sometimes, this can be a way of avoiding a hospital admission. The need for higher intensity support will always be discussed with the family in advance.

Inpatient treatment

If a young person's physical health is at risk or if their mental health deteriorates and they are not able to access community -based care, it is sometimes necessary to refer a young person to a paediatric ward or an inpatient adolescent facility for a short period of inpatient care either locally or further afield, depending on bed availability.

Communication from the Eating Disorder Service

Following the initial assessment, referrers and GPs will receive an assessment summary within one week of assessment, which will include the plan for on-going care. Update reports will be provided after every CPA review.

Contact details

Child and Adolescent Eating Disorder Service (Oxfordshire)

Boundary Brook House,
Churchill Drive
Headington
OX3 7LQ
Tel: 01865 902 720
E mail:

Eating Disorder Service (Buckinghamshire)

Sue Nicholl's Centre
Manor House
Bierton Road
Aylesbury
Bucks
HP20 1EG
Tel: 01865 901 325
Email:

Useful self-help material

Royal College of Psychiatrist leaflet "help is at hand – eating disorders"

Help your teenager beat an eating disorder, Locke, J and Le Grange. D Guildford Press. (2005).

Eating disorders; a parents' guide, Bryant-Waugh, R., & Lask, B. Brunner Routledge. (2004)

Skills –based learning for caring for a loved one with an eating disorder. Treasure, J, Smith, G., Crane, A. Routledge. (2007).

Useful references.

Eating disorders in childhood and adolescence. RLask, B & Bryant-Waugh. Routledge (2007).

The SCOFF questionnaire and clinical interview for eating disorders in general practice. Luck, A.J et al (2002).

Please contact us if you would like the information in another language or different format.

Arabic يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتنسيق مختلف.

Bengali আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।

Urdu اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

Chinese 若要以其他語言或格式提供這些資訊，請與我們聯繫

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Portuguese Queira contactar-nos se pretender as informações noutro idioma ou num formato diferente.

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