For more information on the service please contact the Team:

Eating Disorder Service
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NHS
Black Country Partnership
NHS Foundation Trust

All Age
Eating Disorder Service

Clinical and Service information for GPs and other health professionals

Children, Young People & Families

The Service
The All Age Eating Disorder Service is a Specialist Community Service and is part of Black Country Partnership NHS Foundation Trust (BCPFT).

Access Criteria
The Service accepts referrals for clients who:

- Are resident in Sandwell and Wolverhampton, age 8 years +
- Meet the diagnostic criteria for:
  - Anorexia Nervosa
  - Bulimia Nervosa
  - OSFED (provisionally known as EDNOS)
  - BED

Currently we do not provide services to those with ARFID or other eating difficulties.

Our Aims
The service aims to:

1. Provide quality assessment and interventions to enable recovery.
2. Minimise the need for hospital admission and facilitate timely discharge.
3. Work collaboratively with our patients to deliver individualised care.

We use a range of interventions in line with NICE Guidance (2017) and our multi-professional skills ensure that clients receive a comprehensive recovery programme.

Our Treatment
Treatment programmes are tailored to the individual. The programmes combine:

- Clinical Management to restore or manage weight and improve eating.
- ?Therapy? to reduce eating disorder related symptoms, promote psychological change and physical recovery.
- We are committed to supporting our Service Users to develop a life they feel is worth living.

Other Specified Feeding or Eating Disorder

According to the DSM-5 criteria, to be diagnosed as having OSFED a person must present with a feeding or eating behaviours that cause clinically significant distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders.

A diagnosis might then be allocated that specifies a specific reason why the presentation does not meet the specifics of another disorder (e.g. Bulimia Nervosa- low frequency). The following are further examples for OSFED:

- **Atypical Anorexia Nervosa**: All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **Binge Eating Disorder** (of low frequency and/or limited duration)**:** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **Bulimia Nervosa** (of low frequency and/or limited duration): All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviour occurs at a lower frequency and/or for less than three months.
- **Purging Disorder:** Recurrent purging behaviour to influence weight or shape in the absence of binge eating
- **Night Eating Syndrome:** Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behaviour is not better explained by environmental influences or social norms. The behaviour causes significant distress/impairment. The behaviour is not better explained by another mental health disorder (e.g. BED).

Our referral form can be found on the Trust intranet. Please complete all information to support our risk assessment and a timely response.

The 'SCOFF' questionnaire

This questionnaire can help identify an Eating Disorder:

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost >1 stone in a 3 month period?
- Do you believe yourself to be Fat when others say you are thin?
- Would you say that Food dominates your life?

Score 1 point for every yes.

A score of 2 or more suggests this may be an eating disorder.

Is my client's Anorexia Nervosa mild or severe?

BMI IS NOT A SOLE INDICATOR FOR ANOREXIA NERVOSA. The below chart is to act as guidance in assessing risk to patients with low weight due to Anorexia.

20 - 25	**Normal Weight Range**
17.5 - 20	**Underweight** Irregular or absent menstruation. Ovulation failure.
15 – 17.5	**Anorexia Nervosa** Amenorrhoea, loss of substance from all body organs and structure.
13.5 - 15	**Severe Anorexia Nervosa** All organ systems compromised, bone, heart, muscle, brain, metabolism reduced by 50%.
12 – 13.5	**Critical Anorexia Nervosa** Organs begin to fail – muscle, bone marrow, heart – inpatient treatment recommended.
< 12	**Life Threatening Anorexia Nervosa** Inpatient admission essential.

With Anorexia Nervosa early intervention improves prognosis

DIAGNOSTIC CRITERIA (DSM V) continued

Binge Eating Disorder

- Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
  - Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

- The binge eating episodes are associated with three or more of the following:
  - eating much more rapidly than normal
  - eating until feeling uncomfortably full
  - eating large amounts of food when not feeling physically hungry
  - eating alone because of feeling embarrassed by how much one is eating
  - feeling disgusted with oneself, depressed or very guilty afterward

    - Marked distress regarding binge eating is present
    - Binge eating occurs, on average, at least once a week for three months
    - Binge eating not associated with the recurrent use of inappropriate compensatory behaviours as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa, or Anorexia Nervosa methods to compensate for overeating, such as self-induced vomiting.

Note: Binge Eating Disorder is less common but much more severe than overeating. Binge Eating Disorder is associated with more subjective distress regarding the eating behaviour, and commonly other co-occurring psychological problems.

Physical health monitoring (NICE Guidance 2017)

PHYSICAL RISK ASSESSMENT → In the management of these patients, good practice involves discussion of issues of confidentiality and involvement of other parties

EXAMINATION
- BMI / BMI centile
- Height centile (for chunting)
- Tanner Staging (if premenarchal)
- BP lie and stand
- Pulse rate
- Temperature
- Sit up and squat test
- Look for signs of peripheral shutdown (check feet)
- Skin breakdown

INVESTIGATIONS
- Hb, WCC, platelets (FBC)
- U&E, renal function, LFT (if ab. check PI / INR)
- Glucose
- Mg, Ca, Phosph
- ECG

HIGH RISK
SEE TABLE (for guidance)
Priority should be given to physical examination
- CONSIDER URGENT MEDICAL ADMISSION
- Consult specialist

MODERATE RISK
SEE TABLE (for guidance)
Priority should be given to physical examination
- Weekly Monitoring
- Consider need for admission if weight continues to fall
- Good practice to actively encourage involvement of carers

Physical Risk Assessment

Physical risk guidance - (Priority should be given to the overall physical examination of the patient)

SYSTEM	EXAMINATION	MODERATE RISK	HIGH RISK
Nutrition	BMI	<15	<13
	BMI centiles	<3	<2
	Weight loss / wk	>0.5kg	>1.0kg
	Purpuric rash		+
Circulation	Systolic BP	<90mm Hg	<80 mm Hg
	Diastolic BP	<60mm Hg	<50mm Hg
	Postural drop	>10mm Hg	>20mg Hg
	Pulse rate	<50 BPM	<40 BPM
	Extremities		Dark blue/cold
Musculoskeletal (Squat Test*)	Unable to get up without using arms for balance	+	
	Unable to get up without using arms as leverage		+
	Unable to sit up without using arms as leverage	+	
	Unable to sit up at all		+
Temperature		<35°C	<34.5°C
Investigations	FBC, urea, electrolytes (inc PO4), LFT, Albumin, Creatinine kinase, Glucose	Concern if outside normal limits	K <2.5 Na <130 Po4 <0.5
	ECG	Rate <50	Rate <40 Prolonged QT interval

*The Squat Test gives a clinical indication of muscle power and may be used to monitor progress. The patient lies flat on a firm surface such as the floor and has to sit up without, if possible, using her hands. This is more sensitive to myopathic weakness.

Scoring:
Grade 0: Completely unable to rise
Grade 1: Able to rise only with use of hands
Grade 2: Able to rise with noticeable difficulty
Grade 3: Able to rise without difficulty

DIAGNOSTIC CRITERIA (DSM V)

According to DSM-5 criteria to be diagnosed as having one of the following diagnoses a person must display:

Anorexia Nervosa

- Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health).
- Either an intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain (even though significantly low weight).
- Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Bulimia Nervosa

- Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
  - Eating, in a discrete period of time (eg within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
  - A sense of lack of control over eating during the episode (eg a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Does my client have 'simple' obesity or binge eating disorder?

During an over eating episode does my client:

- **Eat more rapidly than usual? Y/N**
- **Eat until uncomfortably full? Y/N**
- **Eat large amounts of food when not hungry? Y/N**
- **Eat alone or in secret? Y/N**
- **Feel disgusted, depressed or guilty afterwards? Y/N**