

**Eating Disorders:
A Health Needs Assessment and Service Review for Children and
Young People in Derbyshire County and Derby City**

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Executive Summary

Epidemiology

- There is a limited amount of information available related to eating disorders in children and young people
- It is difficult to estimate the expected number of children and young people at risk from or who currently have a diagnosable eating disorder
- The highest risk group for an eating disorder are young females aged 15 – 24. It is currently estimated that over 700 females in this age group across the County and City suffering from an eating disorder
- There would be an estimated 292 new cases of an eating disorder across the County and City every year

Services

- There are specialist CAMHS NHS services available for people under the age of 18 with a diagnosable eating disorder
- There are 2 voluntary/community sector organisations available to support young people with an eating disorder, although one of the services does not accept referrals under the age of 14
- The size of the county and location of the services means that for some people, particularly those without their own transport accessing the services could prove difficult
- All services are based on NICE guidance as appropriate to their level of service provision
- There is a lack of specificity in service specifications relating to provision of services for people under the age of 18
- There is a lack of outcome data available from the services
- The quality of data available means it is problematic to assess service need compared with service provision
- Further insight into the patient/client experience when dealing with eating disorder services is required
- Further information from the services related to outcomes is required in order to measure the success of services in treating/supporting young people with eating disorders
- The referral care pathway is not as clear and accessible for children with eating disorders as it is for adults

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1. Purpose

The purpose of this eating disorders health needs assessment (HNA) for NHS Derby City and NHS Derbyshire County is to:

- Describe the incidence and prevalence of eating disorders in order to understand the level of need for eating disorder services amongst children and young people
- Describe the local services and their activity and identify gaps in the current and planned provision for children and young people
- Make recommendations to commissioners and providers to ensure services meet the need of children and young people within Derby City and Derbyshire County

1.1 Aims and Objectives

Stakeholders identified the following objectives from this HNA:

- Take account of prevention and early detection of eating disorders, including the role of GPs and school nurses and how this can be developed and implemented
- Review current levels of activity and outcomes in CAMHS
- Explain the increase and reasons for tier 4 Eating Disorder admissions and ensure the findings inform local service delivery models to minimise the need for admissions
- Explore and make recommendations regarding the interface with paediatric services, including in patient care for children and adolescents with Eating Disorder and physical complications
- Examine interface and transition to adult mental health services and make recommendations as appropriate
- Propose a set of outcome measures that would be useful for service providers of CAMHS Eating Disorder services and to commissioners
- Review other support services (voluntary sector mostly) to patients and families and make recommendations regarding their effectiveness and priority for resourcing
- Describe the transition arrangements between child and adult eating disorder services and identify any potential issues with regard to this. (This may need rewording, or this may form part of a separate report/briefing outside the HNA)

2. Background/Introduction

Following the HNA carried out in October 2011 which looked at eating disorders across the population of Derbyshire with a focus on epidemiological data, a recommendation was made for a HNA to be carried out focusing exclusively on the population aged 18 and younger. This HNA is the response to that recommendation.

- 'To review the support offered to individuals under the age of 16 including the transition to adult services.'

This HNA will focus exclusively on the estimated need and service provision for children and young people aged 18 and younger in Derbyshire County and Derby City. Furthermore the HNA will review the transition process from children's to adult services for those individuals with an eating disorder.

3. Methodology

In order to conduct this HNA a variety of methods were used, as follows:

A literature search designed to identify the relevant research papers covering the epidemiology of eating disorders in children and young people.

A range of key national documents were identified as an important reference point for this HNA including but not exclusively limited to:

- NICE guidance
- Junior Marsipan: Management of Really Sick Patients under 18 with Anorexia Nervosa
- Eating disorders in the UK: service distribution, service development and training

To develop insight into the provision of eating disorder services across the county and city a number of meetings with key stakeholders were arranged:

Face to face meetings took place with:

- Assistant Director of Commissioning (Derbyshire County Council/Derbyshire PCT)
- Clinical Director for CAMHS (Derbyshire Mental Health Services) – Derby City and south Derbyshire
- Clinical Psychologist CAMHS/Derbyshire eating Disorder Service (Derbyshire Mental Health Care Services) – Derby City and South Derbyshire
- Head of Patient Safety (Chesterfield Royal Hospital)
- Clinical Psychologist/CAMHS Lead (Chesterfield Royal Hospital) covering Chesterfield and the North of Derbyshire
- Children's Psychiatric Nurse CAMHS (Chesterfield Royal Hospital)
- Social Worker CAMHS (Chesterfield Royal Hospital)
- Chief Executive – Freed Beeches
- Head of Specialised Commissioning EMSCG (Mental Health)
- Commissioning Manager EMSCG

The following individuals were contacted by email and/or telephone:

- Service Improvement Manager (Derbyshire County Council)
- Commissioning Officer (Bassetlaw PCT)
- Senior Commissioning Manager (Derbyshire County PCT)
- Commissioning Manager - Mental Health (Derbyshire County PCT)
- Chief Executive – First Steps Derbyshire

3.1 Data Collection

The following eating disorder treatment/support services were identified by the service improvement steering group:

- Chesterfield/North Derbyshire CAMHS
- Derby City/ South Derbyshire CAMHS
- First Steps Derbyshire
- Freed Beeches

The service improvement group requested that each of the services listed above be included in the HNA.

In order to gain data specific service usage by children and young people from the services listed above a data collection tool was created.

The data collection tool was developed in consultation with two members from the service improvement group. The tool was created in order to collect information deemed relevant to this HNA.

- Derby City/South Derbyshire CAMHS and Freed Beeches completed the data collection tool
- First Steps Derbyshire used the data collection tool as a template and provided aggregated data from their service
- Chesterfield/North Derbyshire CAMHS were unable to complete the data collection tool 'due to heavy workload', but provided data for a 3 year period that formed part of an audit in 2010

4. Eating Disorders – General Practice

A request was made to the primary care informatics team for data relating to the number of General Practice appointments related to an eating disorder across Derbyshire County and Derby City.

This information would allow an overview of the use of General Practice that is linked to an eating disorder. The data requested would allow an understanding of the demand on General Practice related to an eating disorder, and the proportion of that demand related to individuals aged 18 or under.

In the timeframe available for the completion of this HNA it was not possible to include this information. However if this information is considered to be of significant importance by the eating disorder review group then the following options are available for accessing the data:

1. A MIQUEST query set designed to specification
2. Individual practices setting up individual searches in their practice
3. Central Reporting Functionality – The PCT staff can search practice databases to the specification

Information supplied by the primary care informatics team included as appendix 1 hints at some of the associated risks/benefits of each approach.

4.1 Primary Care

The CAMHS teams in the North and South of the county had some issues with completeness of GP referral forms. It appeared to the teams that the GPs were not sure what information was required or how to manage an eating disorder case in some instances. This anecdotal information was similar to both services and may present an opportunity for offering some brief intervention training to GPs in identifying and referring patients with an eating disorder.

Anecdotal information from interviews with community and voluntary sector services stated that some of their clients had felt that their GP did not take their initial presentation at their practice seriously and there was a feeling of being 'palmed off' by the GP. However it should be recognised that this information is very limited in its 'scope'

Information provided by First Steps Derbyshire (one of the eating disorder services included in this HNA) from GP workshops they have conducted in 2011/12, found that:

- 94% of clinical staff in General Practice were not confident about what eating disorder service were available in Derbyshire (including NHS services) n=72.
- Following attendance at the First Steps workshop the confidence of General Practice staff in relation to this issue increased substantially.

It is important that local GPs recognise the vital role they have in identifying, ensuring appropriate referral and monitoring eating disorder patients', as highlighted in the Junior Marsipan document:

'The role of the primary care team is to monitor patients and refer them to the appropriate services early.' (p. 8)

Junior Marsipan emphasises the significance of the role of the GP:

'... By the time help is sought, the young person is often very unwell, and a single consultation about weight and eating concern is a strong indicator of a possible eating disorder. A wait and see attitude is contraindicated.' (p. 34)

Section 4 Recommendations

1. Commissioners to work with GPs to develop straightforward guidance on services for eating disorder patients and referral method.

5. Epidemiology/Literature Review

The knowledge services manager was asked to undertake a literature search on the epidemiology of eating disorders in children and young people.

4 sources were searched:

- Cochrane Library
- NHS Evidence
- Medline
- PsycINFO

The search criterion was; studies that had been published after the year 2000 including the words, children/young people/adolescents, eating disorder, epidemiology (see appendix 2).

Overall there were a lack of studies in this area of research, and of those identified the majority were from America, with some from Europe but only a couple from the UK. The largest British study appears to be the “Childhood eating disorders: British national surveillance study” published in the British Journal of psychiatry 2011, the study was conducted by Nicholls et al.

Eating disorders are relatively rare in the general population and include all types of disordered eating. However they are disproportionately prevalent in the adolescent population particularly amongst adolescent females (Rosen, 2003). Nicholls et al (2011) highlighted that data on incidence, clinical features and outcome of eating disorders in children and young people is limited.

Valid and reliable data enables improved decision making with regard to prevention programmes, screening interventions, and possible treatment options. Good epidemiological data can improve the way resources are allocated, inform policy, and better enable service planning to reduce inequalities (Norris et al, 2011). This is true for eating disorder services as it is for other areas of healthcare, the lack of robust epidemiological data, particularly in the area of eating disorders amongst children and young people must be acknowledged. The estimations of prevalence and incidence contained within this section of the HNA must be read with this caveat in mind.

The study conducted by Nicholls et al (2011) focused on early onset eating disorders and found that data on incidence, clinical features and outcome of eating disorders in children and young people is limited. Through the established British Paediatric Surveillance System and a purpose built child and adolescent psychiatry surveillance system. Nicholls et al (2011) estimated the overall incidence of eating disorders amongst children and adolescents under the age of 13 in the UK to be 3.01/100,000. 37% of these met the criteria for anorexia nervosa, 1.4% for bulimia nervosa, and 43% for an eating disorder not otherwise specified, 19% showed determined food avoidance.

Hoek (2006) reviewed literature on the incidence and prevalence of eating disorders. The study found that the average prevalence of anorexia nervosa among young females (aged 15-24) was 0.3%, and the prevalence of bulimia nervosa amongst the same population group was 1%. In the general population Hoek (2006) estimated the incidence of anorexia nervosa to be approximately 8 per 100,000 persons per year.

The Royal College of Psychiatrists (2009) estimate that eating disorders will affect 7 teenage girls in every 1,000 and 1 teenage boy in every 1,000.

Swanson et al (2011) examined the prevalence of eating disorders in adolescents, in the United States. They highlighted that although eating disorders are serious conditions, with potentially severe outcomes little is known about the prevalence of such disorders amongst the adolescent population. The study was cross-sectional, participants were aged 13 – 18, the lifetime prevalence estimates were found to be; 0.3% for anorexia nervosa, 0.9% for bulimia nervosa and 1.6% for binge eating disorder. The authors state that ‘The unmet treatment needs in the adolescent population place these disorders as important public health concerns.’ (p. 714)

The limited number of studies and limited amount of information available pertaining to eating disorders makes it difficult to determine the expected number of cases there would be in a given

population. However in order to give a local population perspective to this information, the various rates from the studies summarised have been applied to the populations of Derby and Derbyshire. This is an inexact science and so this information should be viewed in the context of being estimates based on limited amounts of data. Where possible 95% confidence intervals are used to represent a range in which the true figure for the population is likely to be. The population data is from the Exeter system and relates to the GP registered population of Derby City and Derbyshire County as of October 2011.

Types of Eating Disorder

The definitions below are taken from the previous HNA (Sokal, 2011), for further information please see the previous HNA.

Anorexia Nervosa

Anorexia nervosa is a syndrome defined by a pre-occupation with body weight in which the individual maintains a low weight and a body mass index (BMI, weight in kgs divided by height in metres squared) below 17.5. Weight loss is usually achieved through the avoidance of foods and in some cases individuals exercise excessively, induce vomiting or use laxatives.

Typically the condition starts with dieting and low weight provides positive reinforcement for individuals. Gradually dieting is progressed and individuals become withdrawn and may suffer from emotional difficulties and become socially isolated; depression is a common co-morbidity. As a result of poor nutrition individuals develop endocrine disorders which become apparent through amenorrhoea in females and a loss of sexual desire in men. In pre-pubertal children growth and puberty are delayed and individuals suffer from muscular weakness and loss of bone density. Diagnosis is made on the basis of history, physical examination and behaviour observation if required.

Bulimia nervosa

Bulimia nervosa is characterised by recurrent episodes of binge eating and compensatory behaviour including vomiting, purging, fasting and exercise. This may occur with or without weight loss. Patients are often distressed and ashamed by their eating and may delay seeking treatment for many years. Depression and anxiety are common co-morbidities and individuals may engage in self-harm or substance misuse.

The majority of sufferers do not receive any help and many suffer chronic or relapsing episodes. Following treatment around half recover, 30% will suffer intermittently and 20% continue with a full form. The mortality rate is uncertain but is presumed to be higher than the general population.

Atypical eating disorders (Also referred to as Eating Disorder Not Otherwise Specified)

Atypical eating disorders include those that resemble anorexia nervosa and bulimia nervosa but do not meet the diagnostic criteria. Individuals have some concern regarding weight although control of eating appears to be the most important factor. Although these individuals may not have a diagnosed condition it may be as severe and last as long as anorexia nervosa and bulimia nervosa. Atypical eating disorders include the increasingly recognised disorder of binge eating where individuals engage in uncontrolled episodes of eating but do not use compensatory methods as in bulimia.

5.1 Prevalence

Definitions:

Point prevalence (in this text prevalence refers to point prevalence unless otherwise stated) – It is the total number of cases of a disease/condition/disorder in a given population at a specific point in time.

Period prevalence – Is the number of people with the disease/condition/disorder in the population, and those who develop the disease/condition/disorder during the specified time period. It therefore records all instances of the outcome of interest in the population during a specified period of time.

Table 1 shows the estimated prevalence of anorexia nervosa, bulimia nervosa and binge eating disorder in 13 – 18 year olds in Derby City and Derbyshire County.

PCT Area	Population 13 - 18 years of age	Estimated 12 month period prevalence of anorexia nervosa based on the Swanson et al study (2011)	Estimated 12 month period prevalence of bulimia nervosa based on the Swanson et al study (2011)	Estimated 12 month period prevalence of binge eating disorder based on the Swanson et al study (2011)
Derby City	21,620	43	130	195
Derbyshire County	51,628	103	310	465

The period prevalence estimates (table 1) from the Swanson et al (2011) study grouped both males and females together aged 13 – 18. However, most studies and expert opinion identifies that young females are the highest risk group for eating disorders.

The figures in table 1 are based on period prevalence estimates, period prevalence is the combination of existing cases within the population and incident (new cases) of eating disorder in a specified time period, in relation to this study the time period was 12 months.

The point estimates in table 1 should be viewed with extreme caution in relation to their accuracy, as they have no confidence intervals to present a range of figures within which we are confident the true period prevalence lies, and the study on which these estimates are based was flawed. However due to the lack of information relating to eating disorders in this age group, table 1 at least gives an idea of the possible number of eating disorder cases within the local population. There was a distinct lack of information in the identified literature relating to prevalence that was applicable to a population under 13 years of age.

Table 2 shows the estimated prevalence of anorexia nervosa and bulimia nervosa respectively in the 15 – 24 year age female population of Derby City and Derbyshire County.

PCT Area	Population 15-24 years of age	Estimated prevalence of anorexia nervosa based on the Hoek study (2006)	Estimated prevalence of bulimia nervosa based on the Hoek study (2006)
Derby City Females	20,312	61 (47 - 79)	203 (177 - 234)
Derbyshire County Females	40,220	121 (101 - 145)	402 (366 - 442)

(Estimated range in parenthesis)

In order to provide more information the predicted prevalence from the Hoek (2006) study was applied to the 15 – 24 year old female population of Derby and Derbyshire. This age group is considered to be the most at risk of developing an eating disorder. Although the age range of 15 – 24 stretches beyond that which this HNA is focused on, these estimated prevalence figures highlight the possible level of unmet need amongst young people in Derbyshire County and Derby City. This information builds on that presented in table 1 and begins to develop a picture of the spread of eating disorders amongst the local population.

5.2 Incidence

Definition:

Incidence – Refers to the number of new cases of disease/condition/disorder in a population. It is calculated by dividing the number of new cases of the outcome of interest in the specified population during a specified period of time.

Table 3 shows the estimated incidence of eating disorders in Derby City and Derbyshire County, in children under the age of 13.

PCT Area	Population <13 years of age	Estimated incidence of eating disorders based on Nicholls et al study (2011)
Derby City	46,621	1.5 cases per year
Derbyshire County	97,752	3 cases per year

Table 3 shows the small number of expected eating disorder cases in a 12 month period, in the youngest age group for which there is study data available. Although there are only a small number of cases estimated for this young age group, those affected are more likely to be diagnosed with anorexia nervosa or eating disorder not otherwise specified. Whereas in the older age groups (over 13 years of age) bulimia nervosa and eating disorder not otherwise specified are more likely, according to the study data currently available. The Nicholls et al study on which the data in table 3 is based grouped boys and girls together, therefore sex specific data is unavailable for this age group. In the Nicholls et al study the term eating disorder is used to include; anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified.

Table 4 shows the estimated incidence of eating disorders in Derby City and Derbyshire County in young people by gender aged 13 – 18.

PCT Area	Population 13 - 18 years of age	Estimated incidence according to the Royal College of Psychiatrists
Derby City Females	10,539	74 cases per year
Derbyshire County Females	24,927	175 cases per year
Derby City Males	11,080	11 cases per year
Derbyshire County Males	26,701	27 cases per year

Table 4 should be read in conjunction with table 3, as it shows estimates of the incidence of eating disorders for the population of Derby City and Derbyshire County aged 13 – 18 by sex. Table 4 clearly shows the higher estimated incidence of eating disorders in the female population. The estimated incidence is in this case the number of 13 – 18 year olds that would be expected to develop/have clear symptoms of an eating disorder in a defined 12 month period. Again this does not necessarily represent the expected number of people trying to access relevant services. The reluctance of individuals' with eating disorders to engage with healthcare services is well documented (Junior Marsipan, 2012).

The lack of epidemiological data related to eating disorders in young people means it is problematic to build an accurate picture of the incidence and prevalence of eating disorders by sex from a young age through to the age of 18. Furthermore the estimates contained herein relate to eating disorders in the community and not to the estimated demand for services. This does not relate to the number of individuals who are likely to screen positive for an eating disorder in the general population, for further details on this related to the local population please see the previous HNA by R. Sokal (2011). It is important to bear in mind that in patients younger than 18, early intervention is associated with better outcome and higher recovery rate in later years (Junior Marsipan, 2012).

Section 5 Recommendation

2. Signpost front line staff (e.g. GP's, School Nurses) as to where to access reliable information on eating disorders. Providing some information in hard copy (e.g. a leaflet may also be helpful)
3. Ensure training delivered by Primary Mental Health Workers 'Everybody's Business' (National CAMHS Support Service) covers eating disorders as a module in local delivery, as part of the rolling programme.

6. Community and Voluntary Sector Services

6.1 First Steps Derbyshire

First Steps Derbyshire is a service that is partially commissioned by both Derbyshire County and Derby City PCT's. The service is largely funded by grants outside of statutory organisations. First Steps Derbyshire offers a friendly, non-judgmental atmosphere for anyone who is having difficulties with food related issues. The service does not require client's to be diagnosed with a particular eating disorder.

The First Steps Derbyshire Service was founded in January 2004 and is a registered charity. First Steps was initially a small help group which ran twice per month. The service has expanded over time and now offers a wide range of support services to individuals with an eating disorder, with a particular emphasis on the social aspect of support.

The services offered include:

- Support groups
- Drop-in support
- Support for families and friends
- Email, text, phone and facebook support
- Live chat rooms and forums
- Creative expression therapy
- Hypnotherapy
- Befriending
- One to one support
- Training and development for volunteers and health workers
- Social Events
- Workshops for young people
- Educational DVD's
- Community Awareness Raising Events

Support is offered to people of all ages with any type of eating difficulty or eating disorder.

The information included above was taken in part from the First Steps Derbyshire website, further information on this service can be gained from visiting the First Steps website:

<http://www.firststepsderby.co.uk/>

First Steps Derbyshire Data

The data contained within this section of the report was provided by First Steps Derbyshire.

Table 5 shows where the children and young people who use/have used the First Steps Derbyshire service in 2011/12 were referred from or where they found out about the service prior to attending (n=81).

Source of Referral	Proportion of young people referred to the First Steps Derbyshire service
School Nurse	21%
Family/friend	18.5%
Practice Nurse	14%
GP	10%
CAMHS	9%
Internet search	7%
Other incl: Addaction, B-eat, College, Social Worker, Leaflet, Hospital, Dietician, Counsellor, Health Visitor	21.5%

Approximately 24% of referrals are from General Practice, either by a GP or Practice Nurse. It is unknown what proportion (if any) of these clients also meet the referral criteria for CAMHS and the proportion who have also attended CAMHS beyond the 9% that were referred from CAMHS. The variety of ways in which people were either referred or found out about the service indicates that there is a general awareness of the service amongst local services and within the local community. The use of the internet and social media by the service also appears to be raising awareness of the service, which is particularly relevant to the younger age groups.

Table 6 Age range of young people attending the First Steps Service April 2011 – March 2012
10 – 18 years. (n=81)

Age Range	Proportion
10 - 13	6%
14 - 16	36%
17 - 18	58%

There is a clear increase in the proportion of young people who attend First Steps associated with age, with older teenagers making up the largest proportion of service users. This is what would be expected given the literature in this area with teenagers (15+) being more likely to exhibit symptoms of an eating disorder.

However 6% of service users are aged 13 and under. The needs of such young children displaying with early onset eating disorder may be different compared with those of adolescents. This must be considered in service planning, delivery and commissioning.

Table 7 Shows the proportion of young people attending the First Steps service by gender April 2011 – March 2012 (n=81).

Gender	Proportion
Female	88%
Male	12%

There are approximately 7 females aged 18 or under for every 1 male using the First Steps Derbyshire Service. This is the ratio of male to female cases that the Royal College of Psychiatrists estimates in the general population and mirrors the estimate used in the epidemiology section of this HNA.

Table 8 Shows the proportion of ethnic groups represented by the young people attending the service April 2011 – March 2012(n=81).

Ethnicity	Proportion
White British	84%
Asian British	14%
Black British	2%

The majority of service users are White British. It is not possible to establish from the data available if the proportion of service users from other ethnic backgrounds is that which would be expected given the demographics of the local population and the risk profile of different ethnic groups with relation to eating disorders.

Table 9 Shows the types of eating disorder those individuals aged 18 or under and attending the First Steps Service are classified with April 2011 – March 2012(n=81)

Type of Eating Disorder	Proportion
Eating Disorder Not Otherwise Specified	47%
Bulimia nervosa	33%
Anorexia nervosa	20%

Anorexia nervosa accounts for the smallest proportion of eating disorder diagnosis amongst those individuals aged 18 or under accessing the First Steps Derbyshire Service. The breakdown by type of eating disorder reflects that which is represented by most studies, with eating disorder not otherwise specified having the highest prevalence amongst the service users, followed by Bulimia nervosa. However it should be noted, as highlighted in the literature review that amongst those service users aged 13 and younger the diagnosis is more likely to be anorexia nervosa. The data is not available to look at this specifically for the First Steps service users.

Table 10 Shows the length of time the children/young people have been involved with the First Steps Derbyshire Service. This relates to those individuals aged 18 or under who were attending any element of the First steps service between April 2011 and March 2012 (n=81).

Length of time engaged with First Steps	Proportion
0 – 6 months	22%
7 – 12 months	31%
13 – 24 months	36%
Over 24 months	11%

Table 10 highlights that over 45% of service users aged 18 or under have been in contact with the service for over a year.

First Steps Derbyshire – Client Feedback

The data represented in this section of the HNA relates to feedback received and presented by First Steps Derbyshire. The data is self reported by participants in the First Steps Derbyshire Service aged 18 or under and is collected by the service. There is no information as to whether this information was collected through a validated and approved tool. Therefore the information in this section of the HNA should be read with these caveats in mind.

Chart 1. Client feedback regarding the First Steps Service from clients aged 18 and under (n=81).



Chart 1 shows that a 100% of clients aged 18 or under found the service helpful or very helpful, demonstrating very high service user satisfaction.

Chart 2. Shows the perceived emotional well-being improvement of First Steps Derbyshire Service users aged 18 and under (n=81)



Chart 2 highlights that 96% of young people using the First Steps Service feel their emotional wellbeing has improved to some degree. Without further information it is not possible to draw a firm conclusion from this data (i.e. there is no information available on what tool was used to gather this information, there are no objective clinical measures to review in association with this self report data). However the data in chart 2 does suggest that the service helps improve young peoples’ emotional wellbeing.

Nevertheless without objective research data an inference that attending this service resulted in these improvements cannot be made. In order to do this a validated and reliable evaluation tool would have to be used to gather the data and it would have to be administered in a way that would not bias the results. However taking a pragmatic view of the data, the positive improvement in emotional wellbeing amongst young people attending the First Steps Service indicates the positive impact the service has had on these young people.

It should be noted that all charts in this section of the HNA were provided by the First Steps Derbyshire service in the same format that they are presented in this report, there was no raw data provided by the service.

Support for parents and carers

NICE guidance (2004) places emphasis on the importance of involving family members in the treatment of children and adolescents with eating disorders where appropriate. NICE (2004) also highlights the need for information and support to be provided to family members of those people with eating disorders. First Steps Derbyshire offers such support groups to residents of the city and county, the service supported 112 parents from 2011 – 2012. It is important other local services (e.g. General Practices, CAMHS, Paediatrics, Schools etc) realise that this provision for parents is available.

Service Monitoring

The Commissioning Directorate provided service monitoring data from the First Steps Derbyshire Service for the financial year April 2010 – March 2011. This was the last complete year the Commissioning Directorate were able to provide data for. The data provided by the Commissioning Directorate relates to the number of service users aged 18 or older. As the service is not an NHS commissioned service the level of service monitoring data available to the PCT is limited.

The data provided by the First Steps Service for those clients aged 18 and younger for the year 2011/12, was applied to the Commissioning Directorate data provided for 2010/11 on the assumption that there would be little variation in service usage between those years.

- From the data provided clients aged 18 or younger account for approximately 14% (n=561) of First Steps Derbyshire total number of service users

According to information from the Resource and Investment Committee Meeting of Derbyshire County and Derby City PCT's (June, 2011), the funding provided to First Steps is to predominantly work with adults. First Steps have developed an excellent reputation in the area of eating disorders and patient engagement. The service was reviewed in 2010 on behalf of NHS Derby City by Mental Health Strategies, who strongly recommended funding of the service by the PCT.

Service Funding

The following is a statement from Cathy Cleary the founder of First Steps Derbyshire:

'Were our funding to end and no replacement found, the main impact on our services would be a reduction of key front-line services and a reduction in the diversity of support activities for service users and their families. There would be a likely reduction in the number of volunteers deployed in the community and reduced staffing levels contributing to loss of our expertise and strategic planning intervention in Derbyshire wide partnerships.'

Mental Health Commissioning (Derbyshire County and Derby City NHS Cluster) recognises the contribution of the volunteer co-ordinator and service provided by First Steps, and provides £20,000 recurrently to the First Steps Service to support the volunteer co-ordinator role. Mental Health Commissioning acknowledges the added value that volunteering brings to the First Steps Derbyshire Service, estimating its financial value to be over £60,000 from an investment of £20,000.

The Derbyshire County and Derby City NHS Cluster provided First Steps with £15,000 funding per year, this has increased to approximately £35,000 for the financial year 2012/13. This extra £20,000 of funding helps support the volunteering element of the service as outlined in the previous paragraph. First Steps also received a further £20,000 for the financial year 2012/13, making a total PCT investment into the service of £54,121. Furthermore from the financial year 2011/12 a further £80,000 of funding has been sub-contracted to First Steps by Derbyshire Healthcare NHS Foundation Trust, as part of an adult eating disorder service commissioned by NHS Derbyshire County and Derby City.

6.2 Freed Beeches

Freed Beeches is described as; a holistic eating disorder service established for people with eating disorders, but also for those who come into contact with eating disorders, carers, students, professionals and family members.

The service is suitable for young people aged 14 – 16 with a BMI 17-30 kg/m² and individuals aged ≥ 17 with a BMI 15-30 kg/m². Freed Beeches is free to people who access the service, and is described as an adult and adolescent service.

Freed Beeches is a registered charity, the lead commissioner of the service from an NHS perspective is Bassetlaw PCT. Freed Beeches predominantly works with clients from Bassetlaw and Nottinghamshire. Derbyshire County PCT commission part of the service for Derbyshire residents.

The service liaises closely with the clients' GP if there are particular concerns regarding a clients' physical or mental wellbeing. The service accepts both self referral and referral by a health care professional.

Once referred to the service clients undergo an initial 'screening' process. The screening process is designed to ensure the service is appropriate to the client, and that the clients' needs are appropriate to what the service can offer.

Freed Beeches offers a range of services to clients including:

- Counselling
- Psychotherapy
- Cognitive Behavioural Therapy
- Reflexology
- Aromatherapy
- Indian Head Massage
- Reiki
- Drop-in centre
- Self-help group for carers
- Self-help group for sufferers
- Self-help manuals
- Training for professionals
- Health promotion around the topic delivered in schools
- Nutritional/Dietetic advice

Further information on the service can be found at; <http://www.freedbeeches.org.uk/>

Freed Beeches also deliver a health promotion initiative to junior and secondary schools. The aims and objectives of the schools programme are listed below:

- To explore what young people can do to boost their self-esteem
- To investigate how communication can have an affect on young people's self-worth
- To consider media influences and explore how toys may shape young people's thoughts on body image
- To examine what positive qualities each young person has in the eyes of others
- To understand how a young person can improve their self-esteem by reminding themselves of positive aspects of their lives

- To have an awareness of how communication can affect young people's self-esteem
- To distinguish between reality and the evolution of media images
- To enable young people to recognise their own qualities and to values the way they are seen by others

This element of the service is not commissioned for delivery in Derbyshire, but is delivered in Bassetlaw and Nottinghamshire.

Freed Beeches – Service Data

The following data was provided by the Freed Beeches Service using the data collection tool created for this HNA. The data is specific to service users aged 18 or under, and the numbers are very small. Therefore the information contained within this section of the HNA should be interpreted with caution.

- From 1st June 2010 to 31st December 2011 a total of 7 individuals aged 18 or under residing in Derbyshire County accessed the Freed Beeches service

Table 11 shows the referral route of clients aged 18 or under into the Freed Beeches Service, from 1st June 2010 – 31st December 2011.

Source of Referral	Proportion (n=7)
GP Referral	29%
Self Referral	71%

The small number of clients that this information is based on means it is not possible to draw any conclusions from this data. The main observation is that over two thirds of referrals were by self referral, and that the spread of referral sources is limited. However this could be due to the small number of people included in the sample.

Table 12 shows the type of eating disorder clients aged 18 or under attending the Freed Beeches Service had been diagnosed with, from 1st June 2010 – 31st December 2011.

Type of eating disorder	Proportion (n=7)
Bulimia Nervosa	43%
Anorexia Nervosa	29%
Atypical Eating Disorder	29%

Table 12 shows that the majority of clients aged 18 or under entering the Freed Beeches Service have been diagnosed with bulimia nervosa.

Age Range

The age range of Freed Beeches service users was 14 – 18. Due to the small numbers involved no further breakdown of this information is included in this report. Over 50% of those clients in the service from Derbyshire had been attending the service for less than 3 months.

Services Accessed

The services accessed by the Derbyshire referrals aged 18 or under were:

- Reiki
- Counselling
- Reflexology
- Aromatherapy
- Dietician
- Psychotherapy

Service Usage – Freed Beeches

This section of the HNA does not relate directly to services provided to young people, but is still of relevance to the wider provision of eating disorder services across Derbyshire.

During a meeting with the Chief Executive of Freed Beeches, they stated that the current funding from Derbyshire PCT was not enough to sustain the current demand from Derbyshire patients. This issue was at the time being discussed with the PCT commissioning team.

Following a meeting with the NHS Derbyshire County and Derby City Mental Health Commissioning lead, it was stated that issues around funding had been rectified. The level of funding for Derbyshire based clients is 'matched' to the level of referrals the service receives. For the financial year 2012/13 the Freed Beeches Service received £45,754 of PCT funding.

Data provided by Bassetlaw PCT Commissioning Directorate (lead commissioner for this service on behalf of Nottinghamshire and Derbyshire County PCT's), for the time period: April 2011 – January 2012:

- 125 seen clients from Derbyshire County
- 526 contacts made with the service by those 125 clients

This means each client from Derbyshire County had an average of 4 contacts with the Freed Beeches Service. For comparison each client from Bassetlaw had an average of 3.7 contacts with the Freed Beeches Service and Nottinghamshire County averaged 3.4 contacts per client.

The total number of patients during this time period (incl. Bassetlaw and Nottinghamshire residents) was 599.

- Derbyshire County residents account for 21% of the service usage at Freed Beeches. However young people aged 18 or under make up less than 6% (7/125) of those service users from Derbyshire

A review of the way in which the service is commissioned may be of benefit. The current process is linked to activity, but there is no link to level of need in the service specification. For example, an individual could account for 5 appointments in a month with no understanding of their need for the service, and what aspect of the service would offer them the most benefit. An alternative could be to work with the service provider and clinicians to develop a client pathway based on need. The pathway would determine the number of appointments a certain cohort of client would require per month. A robust service monitoring procedure could then be developed to measure outcomes from the service.

Service Review

Freed Beeches was reviewed by Beat on 24th September 2010 (revalidation occurs every 3 years). A detailed report of the Freed Beeches review is available online:

<http://www.b-eat.co.uk/support-us/professional-services/beat-assured/reports/>

Beat was formally known as the Eating Disorders Association, Beat provides helplines, online support, and a network of self help groups nationwide.

Beat offers an assessment process, through which it offers eating disorder related services a mark of quality assurance. The eating disorder service is evaluated against a number of criteria, if the group can demonstrate they meet this criteria they are awarded the Beat assured quality mark.

Beat stated the following of Freed Beeches:

'Freed Beeches has been awarded the Beat Assured Quality Mark, as the service provided was of a high quality, with an excellent focus on the needs of service users, sufferers and carers.' (Beat assured report, 2010, p. 2)

The Beat report lists a series of recommendations that could further improve the Freed Beeches Service; this HNA supports each of these recommendations. One of the main issues regarding the Freed Beeches Service was the length of time a patient was required to wait before they could gain access to the service.

Section 6 Recommendations

4. Further 12 months temporary funding proposed for First Steps, with clarity about expectations leading to a review and consideration for a tender for a tier 1 service
5. There should be an external evaluation of First Steps
6. BME – services should ensure there are no barriers to service for YP with ED's from BME communities – CAMHS providers should be required to ensure that:
 - a) ethnicity is captured
 - b) the take up of services reflects ethnic diversity of the county and city (CAMHS generally and Eating Disorders specifically). There should be a review group that receives information on how well the needs of BME groups are being addressed
7. Countywide coverage of eating disorder services is needed to ensure equitable access
8. CAMHS to specify what is expected of independent providers (First Steps and Freed Beeches)

7. NHS Services

Child and Adolescent Mental Health Services. – CAMHS

- Provided in the North of the County by the CAMHS team at Chesterfield Royal Hospital
- Provided in the City and South of the county by Derbyshire Healthcare Foundation Trust

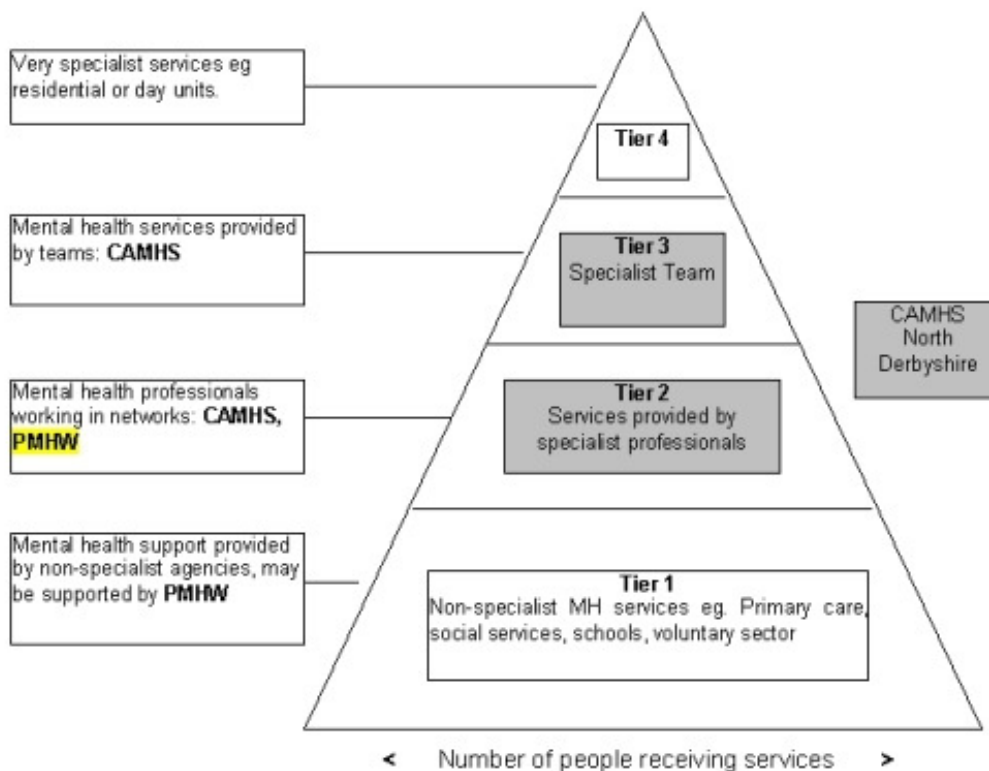
7.1 Chesterfield Royal Hospital – CAMHS

The Chesterfield and North Derbyshire (CAMHS) is based within Chesterfield Royal Hospital. Detailed information relating to the Chesterfield CAMHS team can be accessed from the following web link:

http://www.chesterfieldroyal.nhs.uk/services/clinical-directorates/womens-and-childrens/camhs/index?_ts=51219

The CAMHS service lead stated the main aim of the eating disorder service was to 'keep patients out of secondary care'. Research shows once an eating disorder patient reaches a secondary care setting their outcomes are generally worse, than those individuals treated in the community (Rome et al, 2003, NICE 2004, Junior Marsipan, 2012).

Fig 1. Shows the tiers of Chesterfield/North Derbyshire CAMHS and is taken from: http://www.chesterfieldroyal.nhs.uk/services/clinical-directorates/womens-and-childrens/camhs/what-is-camhs/comprehensive?_ts=899383



PMHW = Primary Mental Health Worker

The Chesterfield CAMHS team have a patient pathway (appendix 3) for eating disorder cases in place. This includes a triage process to assess high and low risk patients in order to determine the appropriate treatment options for each patient.

The Chesterfield CAMHS service stated that they work to the Maudsley and NICE guidelines. The service aims for a weight gain of 0.5 – 1kg per week amongst patients. NICE (2004) recommends an average weekly weight gain of 0.5kg in outpatient settings, and 0.5 – 1kg in inpatient settings as an aim of treatment.

In order to help maintain professional competence in the area of eating disorders there is a supervision meeting for the team once per month.

The Chesterfield CAMHS has two protected eating disorder clinics per week the duration of both clinics is half a day.

- The service lead for the Chesterfield CAMHS team stated that the service has the ability to respond to a referral within “days”

Family Support

The service will always look to involve the family in the treatment process, as per NICE guidance (2004) and Junior Marsipan (2012). There is also a support group available for parents.

There has been some feedback to the CAMHS team from parents, who felt their initial concerns regarding their child’s relationship with food, and eating behaviour were not taken seriously by their GP.

Chesterfield CAMHS – Service Data

The Chesterfield CAMHS team provided a limited amount of summary information from an audit that was conducted on the eating disorder service for the time period June 2007 – June 2010.

The audit information is highlighted in **table 14** below (n=30):

Chesterfield CAMHS Eating Disorder Service – Summary Audit Data. June 2007 – June 2010.	
Total number of cases	30
Proportion of females	80%
Proportion of males	20%
Average age of cases referred	14.8
Proportion of anorexia nervosa cases	40%
Proportion of bulimia nervosa cases	3.3%
Proportion of eating disorder not otherwise specified cases	43.3%
Emotional food avoidance/Feeding problems	13.4%
Average BMI at referral into the service	17.9
Average BMI on discharge	19.2
Average duration of involvement with CAMHS	9.3 months
Proportion of cases referred for in-patient treatment	10%
Proportion of patients receiving physical examination by GP and appropriate referral to the service	73%
Average waiting time	Compliant with the 7 week waiting time Rapid response available within days

The information provided by Chesterfield CAMHS was very limited and based on only a small sample of patients, 30 over a period of 3 years. Given the estimated incidence and prevalence figures, a higher number of cases referred to the CAMHS service would have been expected between June 2007 and June 2010.

There was a ratio of 6 females for every 1 male entering the service. The average age of the service user was just under 15, however no information on the age range of the cases was provided.

The proportion of patients referred for in-patient treatment during the 3 year period was 10%, nationally this is around 35% (Eisler, 2010, unpublished presentation). However due to the small numbers involved the reliability of making any judgements from this information is compromised.

The average length of support for a patient in the Chesterfield CAMHS eating disorder service is 9 months.

The information in table 14 indicates that 27% of referrals into CAMHS did not have all the appropriate physical examinations undertaken; meaning that the referral process was incomplete. The CAMHS team felt that some GPs are not comfortable with eating disorder patients' and that there may be training need in this area. There had also been some problems with incorrectly completed or inadequately completed referral forms from GPs. The eating disorder community specification covering both Derbyshire County and Derby City states that referral information should include:

- Summary of presenting condition
- Detailed history
- Any significant psychiatric or physical co-morbidity
- Height, weight and BMI
- Results of diagnostic investigations i.e. ECG, blood tests and serology
- Any special needs
- Medication

Junior Marsipan (2012), the Maudsley Guidelines (2009), and Nice Guidance (2004) all highlight the limitation of BMI as the sole risk marker for an eating disorder, particularly anorexia nervosa. Therefore it is important the list of factors highlighted above are taken into account when determining the referral route of the patient and to ensure the service has all relevant and appropriate information relating to the patient.

7.2 CAMHS – Service Transitions

The Chesterfield CAMHS team will usually keep patients in the service for longer than their 18th birthday if necessary. This is an informal arrangement which CAMHS negotiate on an individual case basis. Chesterfield CAMHS highlighted that the main issue is the lack of an adult service to refer patients into once they have had their 18th birthday. The service entry criteria for the adult mental health services eating disorder service is a BMI <13.5. The service entry criteria for the adult service (Derbyshire Eating Disorder Service), is actually a BMI of 15, although clients with a higher BMI may be accepted into the service if they meet certain criteria.

The East Midlands Specialised Commissioning Group (EMSCG) have in place a policy and protocol document, for the transition of young persons passing from child and adolescent mental health services to adult mental health services in the East Midlands. The policy allows for and stresses the importance of flexibility when patients are transferring between children and adult services.

EMSCG are using the Marsipan Guidance to look at policy development around how CAMHS and Adult Mental Health Services link with paediatric and adult wards in secondary care settings across the region.

7.3 Derbyshire Healthcare Foundation Trust - CAMHS

The Derby City and Southern Derbyshire CAMHS team delivers services from a number of sites across the City and Southern Derbyshire as well as delivering services in patients' homes. Diagram 1 below was provided by the CAMHS team to demonstrate the eating disorder patient pathway within the service. The regional care pathway is included as appendix 4.

Diagram 1 Eating Disorders Care Bundle Derby City and Southern Derbyshire

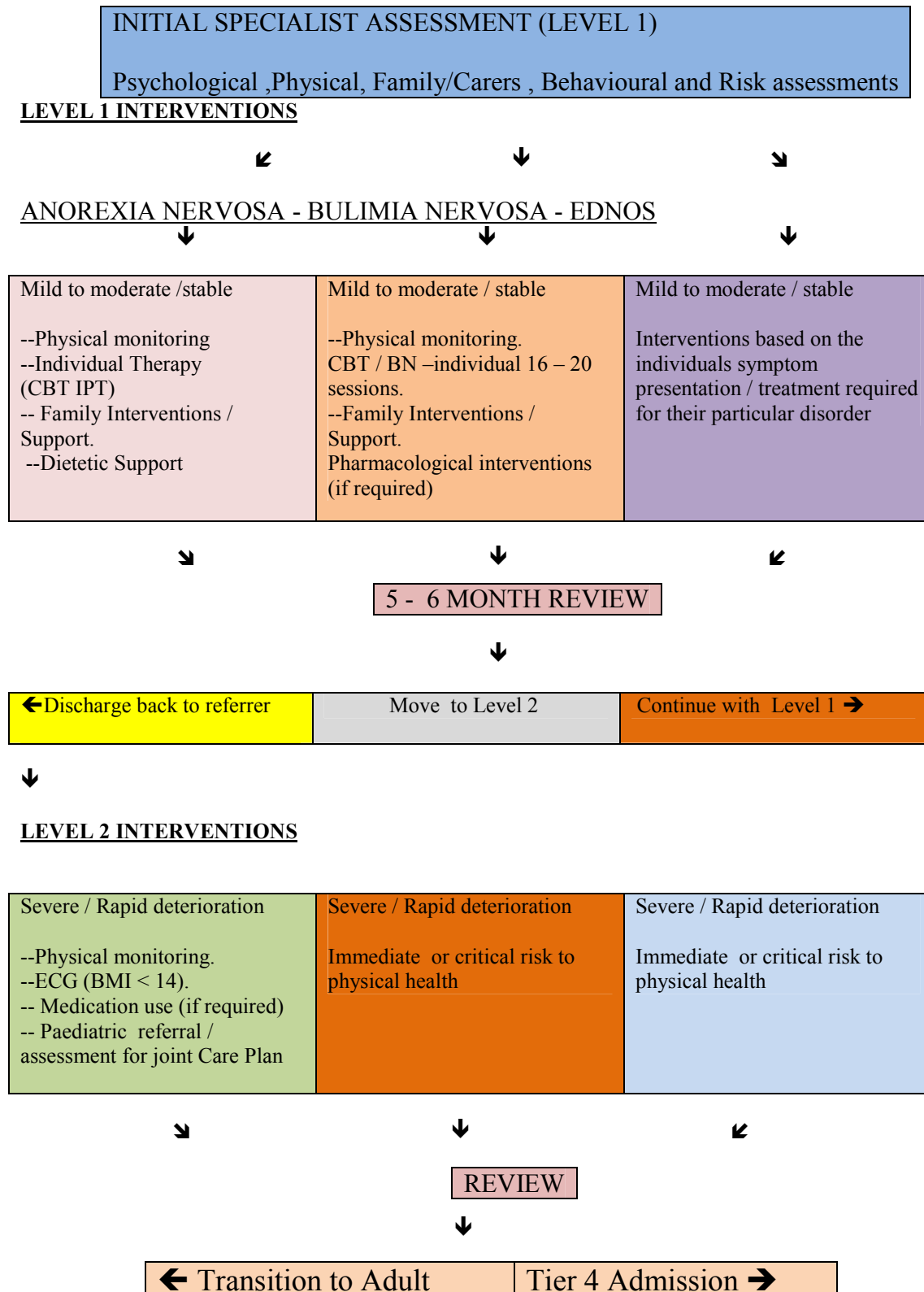


Diagram 1 highlights the treatment pathway followed by referrals to the service. The level of assessed severity of the eating disorder determines the treatment programme undertaken with each patient.

Derby City/Southern Derbyshire CAMHS – Service Data

Derby City and Southern Derbyshire CAMHS were very helpful in aiding the development of the data collection tool used to gather the information contained within this section of the HNA. Information provided by the Derby City/Southern Derbyshire CAMHS team is for the 18 month period from 1st June 2010 – 31st December 2011. The information was collected specifically for this document and was gathered by a Specialty Registrar and Junior Doctor working in the CAMHS team. The data was collected from a number of sites across the city and south of the county. Most of the information was not available electronically and had to be found from clinical paper notes and in some cases the information was from memory (e.g. until recently diagnosis was not registered). The Service Lead wished to make it clear that this data is likely to be an underestimate of the number of eating disorder cases treated by the CAMHS team.

Table 15 age range and age breakdown of the CAMHS eating disorder patients

Age	Proportion of Patients (n=43)
10 – 12	16% (7)
13 – 15	40% (17)
16 – 17	44% (19)
Age Range 10 - 17	

(Actual number in parenthesis)

- Table 15 highlights that CAMHS eating disorder patients are likely to be teenagers, with a smaller proportion under the age of 13.

Table 16 waiting time to access the CAMHS team from referral

Waiting Time	Proportion of Patients (n=43)
6 days or less	35%
7 - 14 days	28%
15 – 21 days	21%
22 - 28 days	9%
29 days or more	7%

- Table 16 shows that 84% of patients waited less than 3 weeks to be assessed by the CAMHS team.
- 7% of patients had to wait longer than 4 weeks to access the service, from the information available it is not possible to ascertain if these were high risk patients or not. However the data does show that none of these patients were admitted as inpatients.

Table 17 type of eating disorder diagnosed

Eating Disorder	Proportion of Patients (n=43)*
Anorexia Nervosa	70%
Bulimia Nervosa	26%
Atypical Eating Disorder	5%

**Proportion may add up to more than 100% due to round*

- As would be expected from the evidence base the majority of CAMHS patients were diagnosed with anorexia nervosa.

Table 18 source of initial referral to the CAMHS team

Referral Source	Proportion of Patients (n=43)*
GP	51%
Practice Nurse	2%
School Nurse	9%
Other Healthcare Professional	37%

**Proportions may not equal 100% due to rounding*

- GPs were responsible for approximately half of all referrals to CAMHS in Derby City/Southern Derbyshire.

Table 19 shows proportion of correctly completed referral forms

Referral Form Correctly Completed	Proportion of Referrals (n=43)*
Yes	40% (17)
No	28% (12)
Don't Know	33% (14)

**Proportions may not equal 100% due to rounding
(Actual numbers shown in parenthesis)*

- Issues with accurately identifying this information from written case notes mean that the way in which a third of referral forms were completed is unknown.
- The small numbers involved make it problematic to draw any conclusions. However even if all the referral forms classed as 'don't know' were correctly completed, nearly 30% of referral forms were incorrectly completed.

Table 20 shows the proportion of referral forms correctly completed by source of referral

Referral Source	Proportion of referral forms correctly completed	Proportion of referral forms incorrectly completed	Proportion of referrals forms where the quality of the referral is unknown
GP (n=17)	71%	18%	12%
Other Healthcare Professional (n=16)	25%	44%	31%
Practice Nurse (n=1)	100%	0%	0%
School Nurse (n=4)	0%	50%	50%

- GPs were responsible for the majority of referrals, and had correctly completed 71% of those referral forms.
- School Nurse is the only referral source to have no referral forms correctly completed, however due to the questionable quality of the data and small numbers it is not possible to determine anything specific to School Nurses' as a referrer to CAMHS for eating disorders.

Table 20 taken in conjunction with information from Chesterfield CAMHS highlights the potential need for training in referring a child or young person to CAMHS with an eating disorder. This training should be aimed at all potential referrers and not just GPs.

Table 21 shows the duration of time spent within CAMHS by eating disorder patients

Duration of Time Spent in CAMHS	Proportion of Patients (n=43)*
3 months or less	5%
4 – 6 months	9%
7 – 9 months	14%
10 – 12 months	23%
13 – 15 months	2%
16 – 18 months	5%
Over 18 months	42%

**Proportions may not equal 100% due to rounding*

- Although the overall numbers of CAMHS eating disorder patients are small they are resource intensive, with over 50% of the cases remaining in the service after 1 year. Similarly the average contact time in the north of the county/Chesterfield was just over 9 months.

Table 22 shows the number of contact sessions CAMHS eating disorder patients have had.

Number of CAMHS contact sessions	Proportion of Patients (n=43)*
≤10	12%
11 – 25	12%
26 – 40	21%
41 – 55	21%
≥56	35%

**Proportions may not equal 100% due to rounding*

- Table 22 further highlights the amount of contact required when working with eating disorder patients.

Table 23 shows the proportion of patients admitted for inpatient care and number of admissions

Number of Inpatient Admissions	Proportion of Patients (n=43)
0	60%
1	35%
2	2%
3	0%
4 or more	3%

- The majority (60%) of CAMHS patients were not admitted as inpatient, of those that were admitted (n=17) 88% had a primary diagnosis of anorexia nervosa.
- 40% of patients were admitted over the 18 month period that this data covers, nationally it is approximately 35% per annum (Eisler, 2010, unpublished presentation).
- A small proportion of patients were admitted more than once.

Table 24 shows the proportion of CAMHS eating disorder patients who were transferred to adult mental health services

Transferred to Adult Services	Proportion of Patients (n=43)
Yes	2%
No	26%
Discharge prior to 18 th birthday	72%

- Table 24 highlights the very small proportion of CAMHS eating disorder patients who are transferred to adult services.

7.4 Derbyshire Eating Disorders Service

Derbyshire Eating Disorder Service is a service offered to adults with a diagnosable eating disorder and a BMI ≤ 15 , although clients with a higher BMI may be accepted into the service if they meet certain criteria. Derbyshire Eating Disorder Service is commissioned by the Derbyshire County/Derby City PCT cluster.

Individuals aged 18 or under account for approximately 9% of all clients (n=74) in the service during the time period January 2011 – December 2011.

Chesterfield/North Derbyshire CAMHS and Derby City/Southern Derbyshire CAMHS can both refer into the service. However the service has very few CAMHS referrals from either CAMHS teams.

There are also two self-help/support groups that operate within the county (these are not services commissioned by the PCT), but are promoted to Derbyshire Eating Disorder Service clients. The support groups are:

- Image, Chesterfield
- Amber Valley Mutual Support Group

Derbyshire Eating Disorder Service is an adult service and therefore is not reviewed in depth in this report. However it is a service that may be appropriate for some of those CAMHS patients who are 18 or older. It is important for CAMHS providers to note that the BMI entry criterion for this service is 15, and this is somewhat flexible dependent on co-morbidities and other risk factors (e.g. rapid weight loss).

Section 7 Recommendations

9. CAMHS providers should provide information on their Eating Disorder Services /local pathways and ensure dissemination to primary care and other key services eg School Nursing
10. CAMHS providers should ensure that their staff are aware of the Adult Eating Disorder Pathway and the transitional planning arrangements
11. A single patient pathway is required for eating disorder patients across Derbyshire County and Derby City. This will help ensure that patients with an eating disorder end up in the right service and the right time. A single pathway will also make the process of referral more straightforward and allow consistency across the area.

8. Highly Specialised Services (Tier 4 Services)

Tier 4 CAMHS refers to the highly specialised provision that may be required by children and young people suffering from a severe mental health disorder including eating disorders (DH, 2007).

The Department of Health (DH) defines that highly specialised tier 4 services may meet the needs of the children and young people they are treating in a variety of ways including; intensive outpatient services, assertive outreach, inpatient psychiatric provision, residential and secure provision or other highly specialised assessment consultation and intervention services. There is no tier 4 specialist inpatient service provision within Derbyshire County or Derby City. If a Derbyshire patient is referred for inpatient treatment for their eating disorder this will be provided in an adjoining county. This means that the patient and their family may have a significant distance to travel to access these services. Commissioners will always try and place the patient as close to their home as possible within a suitably specialist unit.

8.1 Tier 4 Admission Rates

Derbyshire County and Derby City

Table 25 shows the tier 4 admissions provided by Derbyshire County and Derby City Commissioning Directorate covering the time period; April 2008 – March 2011.

Age Group	Number of admissions	Proportion of total admissions
Under 18	39	30%
18 and over	91	70%

- The under 18 age group accounts for 30% of total tier 4 eating disorder admissions
- 79.5% of the admissions in the under 18 year olds are female

The number of tier 4 admissions across both the County and City is relatively low, considering this data covers a 3 year period.

It would have been useful to have rates of admission to tier 4 intervention for both Derbyshire County and Derby City PCT's a long with comparison PCT's to help determine the rate of admission to Tier 4. There has been past evidence to suggest Derby City had a statistically significant higher referral rate to tier 4 intervention than would be expected. The data to allow this to be investigated was not made available.

There is no information on outcomes relating to this cohort of patients. An audit of some of these cases may help identify if any of them could have been diverted from tier 4 services had they been targeted for early intervention.

Section 8 Recommendations

12. There is no tier 4 provision for Eating Disorder patients within Derbyshire County and Derby City. Commissioners should work with EMSCG to ensure Derbyshire County and Derby City residents have access to tier 4 service provision that is within reasonable travelling distance.

9.0 Summary

In order to meet the aims/objective of the service improvement stakeholder groups this report has been part health needs assessment and part service review. There are a number of limitations to this report most of which have been outlined within the text. Overall due to time pressures this report has been limited in scope in terms of analysing service data. However there were a number of issues in gaining the relevant data for this report, given the information available this report represents a pragmatic approach to the area of eating disorder service for children and young people in Derbyshire.

A future HNA looking at the issue of Eating Disorders should look to have service user involvement from the outset. A number of factors prevented that from being the case in this HNA.

In trying to find out the services available across the county and city for young people and children with eating disorders, it has proven difficult to develop a clear picture of what services are available and how they link together. This difficulty could help to be rectified by the development of a clear patient pathway.

The full list of recommendations contained within this document is listed on the following two pages a long with their location in the main body of the text.

This report has highlighted the complexity of eating disorders within the community, particularly when addressing these issues in children and young people. This has culminated in a list of 12 recommendations relating to eating disorders in children and young people across Derbyshire. The report has not highlighted the opportunity cost of pursuing these recommendations. It is now up to the stakeholder group to determine what steps are necessary to be taken moving forward.

Recommendations

Section 4

1. Commissioners to work with GPs to develop straightforward guidance on services for eating disorder patients and referral method.

Section 5

2. Signpost front line staff (e.g. GP's, School Nurses) as to where to access reliable information on eating disorders. Providing some information in hard copy (e.g. a leaflet may also be helpful)
3. Ensure training delivered by Primary Mental Health Workers 'Everybody's Business'(National CAMHS Support Service) covers eating disorders as a module in local delivery, as part of the rolling programme

Section 6

4. Further 12 months temporary funding proposed for First Steps, with clarity about expectations leading to a review and consideration for a tender for a tier 1 service
5. There should be an external evaluation of First Steps
6. BME – services should ensure there are no barriers to service for YP with ED's from BME communities – CAMHS providers should be required to ensure that:
 - a) ethnicity is captured
 - b) the take up of services reflects ethnic diversity of the county and city (CAMHS generally and Eating Disorders specifically). There should be a review group that receives information on how well the needs of BME groups are being addressed
7. Countywide coverage of eating disorder services is needed to ensure equitable access
8. CAMHS to specify what is expected of independent providers (First Steps and Freed Beeches)

Section 7

9. CAMHS providers should provide information on their Eating Disorder Services /local pathways and ensure dissemination to primary care and other key services eg School Nursing
10. CAMHS providers should ensure that their staff are aware of the Adult Eating Disorder Pathway and the transitional planning arrangements
11. A single patient pathway is required for eating disorder patients across Derbyshire County and Derby City. This will help ensure that patients with an eating disorder end up in the right service and the right time. A single pathway will also make the process of referral more straightforward and allow consistency across the area.

Section 8

12. There is no tier 4 provision for Eating Disorder patients within Derbyshire County and Derby City. Commissioners should work with EMSCG to ensure Derbyshire County and Derby City residents have access to tier 4 service provision that is within reasonable travelling distance.

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Appendix 1 – Data Collection General Practice

Options for collecting data on General Practice appointments across Derbyshire County and Derby City PCT areas.

Information supplied by the primary care informatics team hints at some of the associated risks/benefits of each approach, each of which could be discussed further if this was seen as a worthwhile venture.

Option 1 - MIQUEST query writing is complex and a third party supplier would have to be commissioned to perform this, which usually has a lead time of 3 months but once written would provide an automated data extraction mechanism that would be deployed to provide the data.

Option 2- carries with it the risk that each practice may construct their searches slightly differently and therefore the results provided would not be comparable. The logistics of collating the information from over 100 practices would also be problematic.

Option 3 - the PCT do not currently have access to this functionality although developments are underway, this is not likely to be available in the short term.

All of the options would need Information Governance approval and consent to participate from all the practices. The options would need appraisal in detail to determine the most appropriate course of action.

The search would not be able to link to appointments, but would be able to link age bands with the presence of an eating disorder linked to the Read code.

Appendix 2

Literature Search Results

Title: Epidemiology of eating disorders in children and young adults.

Sources searched: Cochrane Library, NHS Evidence, Medline, PsycINFO

Summary:

Having searched the databases above, the documents attached and the references below were found were found.

Most studies found were from America, some from Europe but only a couple from the UK. The NICE guidelines for Eating Disorders are attached, in the "Incidence and prevalence" section it also quotes from foreign studies. The largest British study appears to be "Childhood eating disorders: British national surveillance study", published in the British Journal of Psychiatry 2011.

Any references that are available full text on the Internet have a highlighted link, although you will need an NHS Athens username and password to access them. If you require the full text of any others please send the details to the email box knowledge.services@dchs.nhs.uk

If you have any queries regarding this search please contact myself.

David Watson

Knowledge Manager

16/03/12

Search History:

1. MEDLINE; EATING DISORDERS/ep [ep=Epidemiology]; 1767 results.
2. MEDLINE; 1 [Limit to: Publication Year 2000-Current and (Age Groups All Child 0 to 18 years)]; 849 results.
3. MEDLINE; prevalence.ti,ab; 309262 results.
4. MEDLINE; 2 AND 3 [Limit to: Publication Year 2000-Current and (Age Groups All Child 0 to 18 years)]; 262 results.
5. PsycINFO; EATING DISORDERS/; 9859 results.
6. PsycINFO; EPIDEMIOLOGY/; 32304 results.
7. PsycINFO; 5 AND 6; 525 results.
8. PsycINFO; 7 [Limit to: Publication Year 2000-Current and (Age Groups 100 Childhood birth to age 12 yrs or 200 Adolescence age 13 to 17 yrs)]; 142 results.

Title: Childhood eating disorders: British national surveillance study.

Citation: British Journal of Psychiatry, April 2011, vol./is. 198/4(295-301), 0007-1250;1472-1465 (Apr 2011)

Author(s): Nicholls, Dasha E, Lynn, Richard, Viner, Russell M

Language: English

Abstract: [Correction Notice: An erratum for this article was reported in Vol 198(5) of British Journal of Psychiatry (see record 2011-22399-020). In the original article, there were two errors. Page 295, summary, Method should read: Surveillance over 14 months through the established British Paediatric Surveillance Unit, and a novel child and adolescent psychiatry surveillance system set up for this purpose. Page 298, column 2, second paragraph under Incidence. The third sentence should read: Our data for 0- to 9-year-olds was two and a half times higher (0.75/100 000).] Background: The incidence of eating disorders appears stable overall, but may be increasing in younger age groups. Data on incidence, clinical features and outcome of early-onset eating disorders are sparse. Aims: To identify new cases of early-onset eating disorders (<13 years) presenting to secondary care over 1 year and to describe clinical features, management and 1-year outcomes. Method: Surveillance over 14 months through the established British Paediatric Surveillance System, and a novel child and adolescent psychiatry surveillance system set up for this purpose. Results: Overall incidence was 3.01/100 000 (208 individuals). In total, 37% met criteria for anorexia nervosa; 1.4% for bulimia nervosa; and 43% for eating disorder not otherwise specified. Nineteen per cent showed determined food avoidance and underweight without weight/shape concerns. Rates of comorbidity were 41%; family history of psychiatric disorder 44%; and early feeding difficulties 21%. Time to presentation was >8 months. A total of 50% were admitted to hospital, typically soon after diagnosis. Outcome data were available for 76% of individuals. At 1 year, 73% were reported improved, 6% worse and 10% unchanged (11% unknown). Most were still in treatment, and seven were hospital in-patients for most of the year. Conclusions: Childhood eating disorders represent a significant clinical burden to paediatric and mental health services. Efforts to improve early detection are needed. These data provide a baseline to monitor changing trends in incidence. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Current Opinion in Psychiatry:

Incidence, prevalence and mortality of anorexia nervosa and other eating disorders
Hoek, Hans Wijbrand

Purpose of review: The purpose of this review is to evaluate the recent literature on the incidence and prevalence of and mortality associated with eating disorders.

Recent findings: General-practice studies show that the overall incidence rates of anorexia nervosa remained stable during the 1990s, compared with the 1980s. Some evidence suggests that the occurrence of bulimia nervosa is decreasing. Anorexia nervosa is a common disorder among young white females, but is extremely rare among black females. Recent studies confirm previous findings of the high mortality rate within the anorexia nervosa population.

Summary: The incidence of anorexia nervosa is around eight per 100 000 persons per year. An upward trend has been observed in the incidence of anorexia nervosa in the past century till the 1970s. The most substantial increase was among females aged 15-24 years, for whom a significant increase was observed from 1935 to 1999. The average prevalence rates for anorexia nervosa and bulimia nervosa among young females are 0.3 and 1%, respectively. Only a minority of people with eating disorders, especially with bulimia nervosa, are treated in mental healthcare.

Title: Economic evaluation of a randomised controlled trial for anorexia nervosa in adolescents.

Citation: British Journal of Psychiatry, November 2007, vol./is. 191/(436-40), 0007-1250;0007-1250 (2007 Nov)

Author(s): Byford S, Barrett B, Roberts C, Clark A, Edwards V, Smethurst N, Gowers SG

Language: English

Abstract: BACKGROUND: Young people with anorexia nervosa are often admitted to hospital for treatment. As well as being disruptive to school, family and social life, in-patient treatment is expensive, yet cost-effectiveness evidence is lacking. AIMS: Cost-effectiveness analysis of three treatment strategies for adolescents with anorexia nervosa. METHOD: UK multicentre randomised, controlled trial comparing in-patient psychiatric treatment, specialist out-patient treatment and general out-patient treatment. Outcomes and costs assessed at baseline, 1 and 2 years. RESULTS: There were 167 young people in the trial. There were no statistically significant differences in clinical outcome between the three groups at 2 years. The specialist out-patient group was less costly over the 2-year follow-up (mean total cost 26 738 UK pounds) than the in-patient (34 531 UK pounds) and general out-patient treatment (40 794 UK pounds) groups, but this result was not statistically significant. Exploration of the uncertainty associated with the costs and effects of the three treatments suggests that specialist out-patient treatment has the highest probability of being cost-effective. CONCLUSIONS: On the basis of cost-effectiveness, these results support the provision of specialist out-patient services for adolescents with anorexia nervosa.

Publication Type: Comparative Study, Journal Article, Multicenter Study, Randomized Controlled Trial, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text:

Available in *fulltext* at [Highwire Press](#)

Title: The rising prevalence of comorbid obesity and eating disorder behaviors from 1995 to 2005.

Citation: International Journal of Eating Disorders, March 2009, vol./is. 42/2(104-8), 0276-3478;1098-108X (2009 Mar)

Author(s): Darby A, Hay P, Mond J, Quirk F, Buttner P, Kennedy L

Language: English

Abstract: OBJECTIVE: To measure the cooccurrence of obesity and eating disorder (ED) behaviors in the South Australian population and assess the change in level from 1995 to 2005. METHOD: Two independent cross-sectional single stage interview based population surveys were conducted a decade apart. Self-reported height, weight, ED behaviors, and sociodemographics were assessed. Changes between the two time points were analyzed. RESULTS: From 1995 to 2005 the population prevalence of comorbid obesity and ED behaviors increased from 1 to 3.5%. Comorbid obesity and ED behaviors increased more (prevalence odds ratio (POR) = 4.5; 95% confidence interval (CI) = 95% CI = [2.8, 7.4]; $p < .001$) than either obesity (POR = 1.6; 95% CI = [1.3, 2.0]; $p < .001$) or ED behaviors (POR = 3.1; 95% CI = [2.3, 4.1]; $p < .001$) alone. DISCUSSION: Comorbid obesity and ED behaviors are an increasing problem in our society. Prevention and treatments efforts for obesity and EDs must consider and address this increasing comorbidity.

Publication Type: Historical Article, Journal Article

Source: MEDLINE

Title: Eating disorder symptoms among college students: prevalence, persistence, correlates, and treatment-seeking.

Citation: Journal of American College Health, November 2011, vol./is. 59/8(700-7), 0744-8481;1940-3208 (2011 Nov)

Author(s): Eisenberg D, Nicklett EJ, Roeder K, Kirz NE

Language: English

Abstract: OBJECTIVE: To examine the prevalence, correlates, persistence, and treatment-seeking related to symptoms of eating disorders (EDs) in a random sample of college students. PARTICIPANTS: A random sample of students at a large university were recruited for an Internet survey in Fall 2005 and a follow-up survey in Fall 2007. METHODS: ED symptoms were measured using the SCOFF screen and adjusted for nonresponse using administrative data and a nonresponse survey. RESULTS: 2,822 (56%) students completed the baseline survey. Among undergraduates the prevalence of positive screens was 13.5% for women and 3.6% for men. Among students with positive screens, 20% had received past-year mental health treatment. In the follow-up sample (N = 753), ED symptoms at baseline significantly predicted symptoms 2 years later. CONCLUSIONS: Symptoms of EDs were prevalent and persistent among college students in this study. These findings suggest that brief screens can identify a large number of students with untreated EDs.

Publication Type: Journal Article

Source: MEDLINE

Title: Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement.

Citation: Archives of General Psychiatry, July 2011, vol./is. 68/7(714-23), 0003-990X;1538-3636 (2011 Jul)

Author(s): Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR

Language: English

Abstract: CONTEXT: Eating disorders are severe conditions, but little is known about the prevalence or correlates of these disorders from population-based surveys of adolescents. OBJECTIVES: To examine the prevalence and correlates of eating disorders in a large, representative sample of US adolescents. DESIGN: Cross-sectional survey of adolescents with face-to-face interviews using a modified version of the Composite International Diagnostic Interview. SETTING: Combined household and school adolescent samples. PARTICIPANTS: Nationally representative sample of 10,123 adolescents aged 13 to 18 years. MAIN OUTCOME MEASURES: Prevalence and correlates of eating disorders and subthreshold conditions. RESULTS: Lifetime prevalence estimates of anorexia nervosa, bulimia nervosa, and binge-eating disorder were 0.3%, 0.9%, and 1.6%, respectively. Important differences were observed between eating disorder subtypes concerning sociodemographic correlates, psychiatric comorbidity, role impairment, and suicidality. Although the majority of adolescents with an eating disorder sought some form of treatment, only a minority received treatment specifically for their eating or weight problems. Analyses of 2 related subthreshold conditions suggest that these conditions are often clinically significant. CONCLUSIONS: Eating disorders and subthreshold eating conditions are prevalent in the general adolescent population. Their impact is demonstrated by generally strong associations with other psychiatric disorders, role impairment, and suicidality. The unmet treatment needs in the adolescent population place these disorders as important public health concerns.

Publication Type: Journal Article, Research Support, N.I.H., Extramural, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text:

Available in *fulltext* at [Highwire Press](#)

Title: Dieting and disordered eating behaviors from adolescence to young adulthood: findings from a 10-year longitudinal study.

Citation: Journal of the American Dietetic Association, July 2011, vol./is. 111/7(1004-11), 0002-8223;1878-3570 (2011 Jul)

Author(s): Neumark-Sztainer D, Wall M, Larson NI, Eisenberg ME, Loth K

Language: English

Abstract: BACKGROUND: Disordered eating behaviors are prevalent in adolescence and can have harmful consequences. An important question is whether use of these behaviors in adolescence sets the pattern for continued use into young adulthood. OBJECTIVE: To examine the prevalence and tracking of dieting, unhealthy and extreme weight control behaviors, and binge eating from adolescence to young adulthood. DESIGN: Population-based, 10-year longitudinal study (Project EAT-III: Eating Among Teens and Young Adults,

1999-2010).PARTICIPANTS/SETTING: The study population included 2,287 young adults (55% girls, 52% nonwhite). The sample included a younger group (mean age 12.8+/-0.7 years at baseline and 23.2+/-1.0 years at follow-up) and an older group (mean age 15.9+/-0.8 at baseline and 26.2+/-0.9 years at follow-up).STATISTICAL ANALYSES PERFORMED: Longitudinal trends in prevalence of behaviors were tested using generalized estimating equations. Tracking of behaviors were estimated using the relative risk of behaviors at follow-up given presence at baseline.RESULTS: In general, the prevalence of dieting and disordered eating was high and remained constant, or increased, from adolescence to young adulthood. Furthermore, behaviors tended to track within individuals and, in general, participants who engaged in dieting and disordered eating behaviors during adolescence were at increased risk for these behaviors 10 years later. Tracking was particularly consistent for the older girls and boys transitioning from middle adolescence to middle young adulthood.CONCLUSIONS: Study findings indicate that disordered eating behaviors are not just an adolescent problem, but continue to be prevalent among young adults. The tracking of dieting and disordered eating within individuals suggests that early use is likely to set the stage for ongoing use. Findings suggest a need for both early prevention efforts before the onset of harmful behavioral patterns as well as ongoing prevention and treatment interventions to address the high prevalence of disordered eating throughout adolescence and young adulthood. Copyright Copyright 2011 American Dietetic Association. Published by Elsevier Inc. All rights reserved.

Publication Type: Journal Article, Research Support, N.I.H., Extramural

Source: MEDLINE

Title: The body image, weight satisfaction, and eating disorder tendency of school children: the 2-year follow-up study.

Citation: Journal of the American College of Nutrition, April 2011, vol./is. 30/2(126-33), 0731-5724;1541-1087 (2011 Apr)

Author(s): Wong Y, Chang YJ, Tsai MR, Liu TW, Lin W

Language: English

Abstract: OBJECTIVE: This 2-year follow-up study was conducted to enhance our understanding of changes and rates of disturbed eating attitudes/behaviors, weight satisfaction, and prevalence of obesity in elementary school students between the ages of 10 and 12 years.METHODS: Questionnaires consisted of the following sections: (A) Demographics, (B) Body image, (C) Pubertal Development Scale, and (D) Children's Eating Attitudes Test-26 (ChEAT-26). School-based randomly selected participants completed the questionnaire at 10 years of age and repeated the same questionnaire 2 years later, at 12 years of age.RESULTS: The following findings were reported: (1) when changes at 2 years were compared, it was seen that the actual body weight of boys tended to increase, and perceived body size and desired body weight showed significant changes; (2) the percentage of children who wanted to be thinner increased, especially among girls; and (3) the percentage of participants with a tendency toward eating disorders (measured by ChEAT-26, >=20) decreased from 10.4% to 10.1% in boys, and increased from 10.9% to 12.3% in girls.CONCLUSION: Nutritional education should emphasize the importance of correct body image and eating attitudes for the prevention of unhealthy body weight concerns and eating disorders in children. Caregivers' attitudes about weight and how caregivers deliver information on weight issues to children should be recognized as important factors related to healthy body image and eating attitudes among children.

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: Epidemiology of eating disorders in children and adolescents.

Citation: Eating disorders in children and adolescents: A clinical handbook., 2011(63-89) (2011)

Author(s): Norris, Mark L, Bondy, Susan J, Pinhas, Leora

Language: English

Abstract: (from the chapter) The documentation of the incidence and prevalence of eating disorders is vital for health care workers, policymakers, educators, and administrators. It assists in the understanding of these illnesses both as they currently appear and how they may evolve in the future. Valid and reliable data allow for better decisions related to the necessities of prevention programs, screening interventions, and treatment options. Good epidemiological data can result in improved advocacy as well as planning for resource allocation and treatment by policymakers and health care providers. Incidence and prevalence statistics are related measures that describe important aspects of the burden of disease in a given population. The incidence of disease is typically defined as the number of new cases in a population over a specified time interval, often 1 year. "Disease prevalence" refers to the total number of people with the disease, which includes new, continuing, and recurring events in the population. Prevalence estimates may describe one moment in time, point prevalence, or an annual rate. High prevalence of disease may be driven either by a high incidence of new cases or by a long duration of the disorder. Both rates may variously be reported as a percentage or per 10,000 or 100,000 population. Both incidence and prevalence may also be estimated in terms of the lifetime rate or risk. It is important to understand the challenges associated with epidemiological research in eating disorders to appreciate why such seemingly simple questions are difficult to answer. This chapter summarizes and presents, where possible, the existing available epidemiological literature for children and adolescents. However, given the paucity of data available and the gaps that remain, studies that have included young adult data are also cited in an effort to be as informative as possible. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Publication Type: Book, Edited Book

Source: PsycINFO

Title: Twenty-year follow-up of bulimia nervosa and related eating disorders not otherwise specified.

Citation: International Journal of Eating Disorders, September 2010, vol./is. 43/6(492-7), 0276-3478;1098-108X (2010 Sep)

Author(s): Keel PK, Gravener JA, Joiner TE Jr, Haedt AA

Language: English

Abstract: **OBJECTIVE:** This study reports 20-year outcome of bulimia nervosa (BN) and related eating disorders not otherwise specified (EDNOS) and point prevalence of BN and EDNOS for a cohort of women and men in late adolescence (mean age = 20 +/- 2 years), adulthood (30 +/- 2 years), and mid-life (40 +/- 2 years). **METHOD:** N = 654 women and men,

73% of those assessed in 1982, completed 20-year follow-up in a two-stage design including questionnaires and structured clinical interviews. RESULTS: Approximately 75% of women with BN were in remission at 20-year follow-up, and outcome did not differ significantly between BN and EDNOS. Eating disorder point prevalence declined in women but not men from late adolescence to mid-life. DISCUSSION: Despite patterns of improvement in women, 4.5% reported a clinically significant eating disorder at mid-life, suggesting the need for more research on potential risk factors in this age group, such as pressures for women to maintain a youthful appearance. Copyright 2009 by Wiley Periodicals, Inc.

Publication Type: Journal Article

Source: MEDLINE

Title: Eating Disorder Examination Questionnaire (EDE-Q): norms for undergraduate men.

Citation: Eating Behaviors, April 2010, vol./is. 11/2(119-21), 1471-0153;1873-7358 (2010 Apr)

Author(s): Lavender JM, De Young KP, Anderson DA

Language: English

Abstract: Normative data on the Eating Disorder Examination Questionnaire for samples of undergraduate men in the United States are presented. Participants were 404 undergraduate men aged 18-26 who completed the EDE-Q as part of two larger survey studies. Mean scores, standard deviations, and percentile ranks for the Global score and four subscale scores are provided. Data regarding the frequency of objective binge eating episodes and compensatory behaviors also are reported. Although the overall prevalence of full threshold eating disorders remains lower in men than in women, body dissatisfaction and disordered eating behaviors are fairly common among young men. These results will help researchers and clinicians interpret the EDE-Q scores of undergraduate men. Copyright 2009 Elsevier Ltd. All rights reserved.

Publication Type: Journal Article

Source: MEDLINE

Title: Prevalence of eating disturbance and body image dissatisfaction in young girls: An examination of the variance across racial and socioeconomic groups.

Citation: Psychology in the Schools, September 2009, vol./is. 46/8(767-775), 0033-3085;1520-6807 (Sep 2009)

Author(s): DeLeel, Marissa L, Hughes, Tammy L, Miller, Jeffrey A, Hipwell, Alison, Theodore, Lea A

Language: English

Abstract: Eating disorder research has predominantly focused on White adolescent females. More recent research suggests that eating disorders occur in various racial and age groups. The current study examines prevalence and stability of body image dissatisfaction and eating disturbance in 9- and 10-year-old girls and whether there is variability by racial group or

socioeconomic status (SES). Five hundred eighty-one girls completed the Children's Eating Attitude Test (ChEAT) and the Body Image Measure (BIM). Results showed that 11% of the sample scored in the Anorexic range at age 9 and about 7% at age 10. When examining body image, 35% of the sample at age 9 and 38% at age 10 selected Ideal Figures that were smaller than their Real Figures on the BIM. There was a significant difference between the racial groups in their reports of eating disturbance, but not body image dissatisfaction. Specifically, the Minority group had higher eating disturbance scores on average at ages 9 and 10 when compared to the White group. SES did not account for eating disturbance or body image dissatisfaction. These results challenge the maxim that eating disturbance and body image dissatisfaction occur primarily in White females from middle and upper SES populations. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Title: The prevalence, incidence and development of eating disorders in Finnish adolescents: a two-step 3-year follow-up study.

Citation: European Eating Disorders Review, May 2009, vol./is. 17/3(199-207), 1072-4133;1099-0968 (2009 May)

Author(s): Isomaa R, Isomaa AL, Marttunen M, Kaltiala-Heino R, Bjorkqvist K

Language: English

Abstract: OBJECTIVE: To investigate the prevalence, incidence and development of eating disorders and subclinical eating pathology.METHOD: A two-step three-year follow-up study on eating disorders in adolescence (N = 595) was conducted in western Finland. A screening questionnaire followed by a semi-structured interview was used to determine the prevalence, incidence and development of eating disorders.RESULTS: The lifetime prevalence rates for females age 18 were 2.6% for anorexia nervosa (AN), 0.4 for bulimia nervosa (BN), 7.7% for AN-NOS, 1.3% for BN-NOS and 8.5% for subclinical eating disorders. No prevalent case of DSM-IV eating disorders was found among the male participants. The incidence rate of any eating disorder in females age 15-18 was 1641 per 100 000 person-years.CONCLUSION: Eating disorders are relatively common in female adolescents. As many as one in five adolescent females are or have been struggling with eating disorder related issues during their teenage years.

Publication Type: Journal Article

Source: MEDLINE

Title: Feeding disorder of infancy or early childhood: How often is it seen in feeding programs?

Citation: Children's Health Care, April 2009, vol./is. 38/2(123-136), 0273-9615;1532-6888 (Apr 2009)

Author(s): Williams, Keith E, Riegel, Katherine, Kerwin, Mary Louise

Language: English

Abstract: To date, there is little consensus in the literature on defining childhood feeding disorders. The definition of feeding disorder of infancy and early childhood included in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision [DSM-IV-TR]) assumed the disorder is due to a nonorganic etiology. The goal of this study was to examine the prevalence of feeding disorder of infancy and early childhood as defined by the DSM-IV-TR in a sample of 234 children referred to a feeding program. The results showed only 19 of these children met the DSM-IV-TR definition. The implications of this finding are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Full Text:

Available in *fulltext* at [EBSCOhost](#)

Title: Adolescent eating disorders: Definitions, symptomatology, epidemiology and comorbidity.

Citation: Child and Adolescent Psychiatric Clinics of North America, January 2009, vol./is. 18/1(31-47), 1056-4993 (Jan 2009)

Author(s): Herpertz-Dahlmann, Beate

Language: English

Abstract: Eating disorders have morbidity and mortality rates that are among the highest of any mental disorders and are associated with significant functional impairment. This article provides an up-to-date review on recent developments and expanding knowledge in adolescent anorexia nervosa, bulimia nervosa, and related disorders. It covers diagnoses and assessment, recognition of typical symptoms, medical and psychiatric comorbidities, and current trends in epidemiology. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Title: Epidemiology of eating disorders: A two year follow up in an early adolescent school population.

Citation: European Child & Adolescent Psychiatry, December 2007, vol./is. 16/8(495-504), 1018-8827;1435-165X (Dec 2007)

Author(s): Sancho, C, Arijia, M. V, Asorey, O, Canals, J

Language: English

Abstract: Objective: The aims of this study were to determine the prevalence of eating disorders (ED) in a representative school population of early adolescents of both sexes and to evaluate persistence and incidence after two years. Method: An initial sample of 1336 (mean age = 11.37) was assessed in a two-phase design. The Children Eating Attitudes Test was used to select 258 participants (T1) from the initial sample who were followed-up two years later (T2; n = 200). Diagnoses of ED were obtained using the Diagnostic Interview for Children and Adolescents- Children and Parent Version (DICA-C and DICA-P) at T1, and

Adolescent Version (DICA-A) at T2. At T2, participants were also assessed with the Eating Attitudes Test, the Bulimic Investigatory Test, and the Eating Disorders Inventory. The Body mass index (BMI) was obtained for all participants. Results: The estimated prevalence of any ED according to DICA-C (T1) and DICA-A was 3.44% and 3.81%, respectively. The most frequent diagnoses were syndromes that were not full-blown. Biannual incidence of any ED was 2.02%. Amongst those with an ED, 52.17% persisted. Females showed a higher incidence and persistence of any ED than males. Participants who had the highest BMI were those who had a persistent diagnosis of ED. Conclusion: ED that began at early ages in less severe forms and in females often persisted with increasing severity. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Full Text:

Available in *fulltext* at [EBSCOhost](#)

Title: Rural/urban differences in the distribution of eating disorder symptoms among adolescents from community samples.

Citation: Australian & New Zealand Journal of Psychiatry, June 2007, vol./is. 41/6(525-35), 0004-8674;0004-8674 (2007 Jun)

Author(s): Preti A, Pinna C, Nocco S, Pilia S, Mulliri E, Micheli V, Casta MC, Petretto DR, Masala C

Language: English

Abstract: OBJECTIVE: Rural/urban differences in the prevalence of mental disorders have often been reported in the last 30 years, among others in the distribution of eating disorder symptoms and suicide rates. The role of sex, age and socioeconomic status in the differences by place of residence has often been neglected in past studies.METHOD: Two independent community samples of students (mean age=17.4 years, SD=1.4), taken from among those attending high school in an urban district (Cagliari; n=817) and in a rural one (Carbonia; n=507) of south Sardinia, Italy, were invited to fill in the Eating Attitudes Test (EAT), the Bulimic Investigatory Test of Edinburgh (BITE), the Body Attitudes Test (BAT) and the revised Hopkins Symptom checklist (SCL-90-R).RESULTS: Female students scored higher than male students on all inventories. In male participants, the scores on the EAT were higher in the urban than in the rural sample. Conversely, in both male and female students the rural sample reported higher scores on the BITE symptoms subscale. When the comparison was confined to the fraction of those who scored higher than the suggested cut-off on the EAT and the BITE, students in the urban sample outnumbered those in the rural sample. No other differences were found. Socioeconomic status and age did not influence the differences in the reporting of eating disorder symptoms by place of residence.CONCLUSIONS: Although caution is required when reading the findings drawn from self-report instruments, it is evident that the factors influencing the distribution of eating disorder symptoms and their psychological correlates by place of residence are far more complex than currently thought.

Publication Type: Journal Article

Source: MEDLINE

Full Text:

Available in *fulltext* at [EBSCOhost](#)

Title: The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication.

Citation: Biological Psychiatry, February 2007, vol./is. 61/3(348-58), 0006-3223;0006-3223 (2007 Feb 1)

Author(s): Hudson JI, Hiripi E, Pope HG Jr, Kessler RC

Language: English

Abstract: BACKGROUND: Little population-based data exist on the prevalence or correlates of eating disorders. METHODS: Prevalence and correlates of eating disorders from the National Comorbidity Replication, a nationally representative face-to-face household survey (n = 9282), conducted in 2001-2003, were assessed using the WHO Composite International Diagnostic Interview. RESULTS: Lifetime prevalence estimates of DSM-IV anorexia nervosa, bulimia nervosa, and binge eating disorder are .9%, 1.5%, and 3.5% among women, and .3% .5%, and 2.0% among men. Survival analysis based on retrospective age-of-onset reports suggests that risk of bulimia nervosa and binge eating disorder increased with successive birth cohorts. All 3 disorders are significantly comorbid with many other DSM-IV disorders. Lifetime anorexia nervosa is significantly associated with low current weight (body-mass index <18.5), whereas lifetime binge eating disorder is associated with current severe obesity (body-mass index > or =40). Although most respondents with 12-month bulimia nervosa and binge eating disorder report some role impairment (data unavailable for anorexia nervosa since no respondents met criteria for 12-month prevalence), only a minority of cases ever sought treatment. CONCLUSIONS: Eating disorders, although relatively uncommon, represent a public health concern because they are frequently associated with other psychopathology and role impairment, and are frequently under-treated.

Publication Type: Journal Article, Research Support, N.I.H., Extramural, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: Eating and weight control behaviors among middle school girls in relationship to body weight and ethnicity.

Citation: Journal of Adolescent Health, May 2006, vol./is. 38/5(631-3), 1054-139X;1879-1972 (2006 May)

Author(s): Shisslak CM, Mays MZ, Crago M, Jirsak JK, Taitano K, Cagno C

Language: English

Abstract: This study examined the links among body mass index (BMI), weight control practices, binge eating, and eating disorders in 1164 middle school girls. Both the prevalence and frequency of weight control behaviors increased as BMI increased, but binge eating was reported approximately equally by girls across the BMI spectrum.

Publication Type: Comparative Study, Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: Eating disorder traits in obese children and adolescents.

Citation: Eating & Weight Disorders: EWD, March 2006, vol./is. 11/1(45-50), 1124-4909;1590-1262 (2006 Mar)

Author(s): Lundstedt G, Edlund B, Engstrom I, Thurfjell B, Marcus C

Language: English

Abstract: The aim of the present study was to investigate the prevalence of eating disorder (ED) traits among obese children and adolescents. The Swedish version of the Eating Disorder Inventory for Children, consisting of 11 subscales, was administered to 150 obese patients during an extensive investigation of causes and risk factors in obesity at the Karolinska University Hospital at Huddinge. Patients aged 17-18 years (N=24) had a mean body mass index (BMI) of 40.7, SD 5.31, and patients aged 8-16 (N=126) had a mean body mass index standard deviation score (BMI SDS) of 6.18, SD 1.69. These patients were compared with 201 girls with a diagnosed ED from the COEAT project and with a control group of schoolchildren. The comparison between obese girls and boys showed that adolescent obese girls scored higher than obese boys on Drive for Thinness, Bulimia and Body Dissatisfaction. They also scored higher on Ineffectiveness, Interoceptive Awareness and Impulse Regulation. Obese girls were close to the girls with an ED on six of the subscales. Obese boys had a lower score of Asceticism than boys in the control group. The conclusion is that psychological traits associated with disordered eating appear among obese patients, particularly among the girls. However, these patients rarely satisfy any diagnostic criteria for ED during childhood or adolescence. Since obesity treatment currently assumes rational behavior, i.e. no EDs, it is important to discover ED traits at an early age in order to adapt treatment accordingly.

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: The prevalence of eating disorders among university students and the relationship with some individual characteristics.

Citation: Australian & New Zealand Journal of Psychiatry, February 2006, vol./is. 40/2(129-35), 0004-8674;0004-8674 (2006 Feb)

Author(s): Kugu N, Akyuz G, Dogan O, Ersan E, Izgic F

Language: English

Abstract: **OBJECTIVE:** The purpose of this study was to determine the prevalence of eating disorders (EDs) among university students in a rural area of Turkey and to compare groups based on the sociodemographic data, history of child abuse and neglect, family roles and self-esteem with a normal control group regarding EDs.**METHOD:** Subjects who were chosen by simple random sampling method were consisted of 980 Cumhuriyet University students who agreed to participate out of the 1003 total students and were given a sociodemographic information form and an Eating Attitudes Test (EAT). Students who scored above a cutoff level on the EAT were interviewed using the Structured Clinical Interview for DSM-IV axis I Disorders (SCID-I), Clinical Version. The Rosenberg Self-Esteem Scale, Family Assessment Device (FAD) and Childhood Abuse and Neglect Questionnaire Form were given to subjects in the control and study groups.**RESULTS:** Seventy-one of the 951 students (492 female, 459 male) who correctly filled out the EAT had a score above the cutoff level of 30 or higher. Of these 71 students, 21 (2.20%) were found to have an eating disorder based on the SCID-I. No subjects were found to have anorexia nervosa. Eighteen of

the 21 subjects were female. Of these 18 female students, 15 (1.57%) were found to have bulimia nervosa and three (0.31%) were found to have binge eating disorder (BED). All of the three male subjects were diagnosed with BED (0.31%). The self-esteem of those in the study group was lower than those in the control group ($p < 0.001$). Subjects in the study group had more frequent histories of sexual and emotional abuse in childhood ($p < 0.05$). Also, in the study group scores showing communication in FAD families, unity and emotional attachment were statistically significantly lower than the control group ($p < 0.001$). CONCLUSIONS: It has been observed from the results of this research that the frequency of bulimia nervosa and BED in this sample is so similar to Western samples. Besides that, self-esteem, child abuse and neglect, and family functions must be examined in detail because they are risk factors for EDs and affect the course of treatment.

Publication Type: Journal Article

Source: MEDLINE

Full Text:

Available in *fulltext* at [EBSCOhost](#)

Title: Eating disorders. Prevalence and risk profile among secondary school students.

Citation: Social Psychiatry & Psychiatric Epidemiology, December 2005, vol./is. 40/12(980-7), 0933-7954;0933-7954 (2005 Dec)

Author(s): Vega Alonso AT, Rasillo Rodriguez MA, Lozano Alonso JE, Rodriguez Carretero G, Martin MF

Language: English

Abstract: BACKGROUND: Eating disorders (EDs) are an important public health problem in developed countries. Despite the amount of epidemiological studies and causal theories, there is a great disparity of estimates and many questions remain still unclear. The aim of this study was to estimate the prevalence of the population at risk of developing EDs and describe the risk profiles among adolescents and young people. METHODS: A transversal design using a two-stage cluster sample of secondary education students aged between 12 and 18 years was used. The survey consisted of a socio-demographic questionnaire along with the Eating Attitudes Test (EAT)-40 index and was carried out between May and June 1999. RESULTS: Results showed that 7.8% of the secondary school population had a high risk of developing eating disorders (EAT-40 higher than 30). Females presented a higher percentage [12.3%; 95% confidence limits (CL) 10.4-14.3%] than males (3.2%; 95% CL 2.1-4.2%) at the highest risk levels. A decreasing risk gradient was observed with age. CONCLUSIONS: The estimates show an important difference between the risk in females and in males and suggests that the risk is incremented above all in the last few years of infancy and the first years of adolescence, when these boys and girls are more vulnerable to socio-cultural influences and do not yet have defined image and "behaviour models".

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: Prevalence of eating disorders in female and male adolescents (14-15 years).

Citation: Eating Behaviors, January 2004, vol./is. 5/1(13-25), 1471-0153;1471-0153 (2004 Jan)

Author(s): Kjelsas E, Bjornstrom C, Gotestam KG

Language: English

Abstract: OBJECTIVE: The main aim of the present study is to establish the prevalence of eating disorders (ED) in adolescents of both genders. To our knowledge, such data have not previously been published using both DSM-IV and DSM-III-R criteria. METHOD: The study sample consisted of 1960 adolescents (1026 girls and 934 boys), 14-15 years of age. The participants completed the Survey for Eating Disorders (SEDs), including DSM-III-R and DSM-IV diagnoses for all subcategories of ED. RESULTS: Lifetime prevalence of any ED among girls was 17.9% anorexia nervosa (AN) 0.7%, bulimia nervosa (BN) 1.2%, binge eating disorder (BED) 1.5%, and EDs not otherwise specified (EDNOS) 14.6%. Corresponding numbers for boys for any ED is 6.5%, AN 0.2%, BN 0.4%, BED 0.9%, and EDNOS 5.0%. DISCUSSION: Our prevalence rates on AN, BN, and BED largely support previous school/community-based studies, while our figures on EDNOS were rather high. Generally, we found high numbers for boys with ED.

Publication Type: Journal Article

Source: MEDLINE

Title: The spectrum of eating disorders in young women: a prevalence study in a general population sample.

Citation: Psychosomatic Medicine, July 2003, vol./is. 65/4(701-8), 0033-3174;1534-7796 (2003 Jul-Aug)

Author(s): Favaro A, Ferrara S, Santonastaso P

Language: English

Abstract: OBJECTIVE: The present study aims to evaluate the prevalence and characteristics of the whole spectrum of eating disorders (ED) in a representative sample of young women. METHOD: All female subjects aged 18 to 25 who resided in two areas (urban and suburban) of a large city were involved in the study. All women (N = 934) underwent a clinical interview which included the structured clinical interview for DSM-IV. RESULTS: Lifetime anorexia nervosa (AN) and bulimia nervosa (BN) were diagnosed respectively in 2.0% and 4.6% of the subjects. The prevalence of lifetime atypical ED was 4.7% and that of binge eating disorder (BED) was 0.6%. The degree of urbanization has a significant impact on the prevalence of AN, BN, and BED. Social class, professional status, and education were not associated with an increased risk of reporting an ED, whereas the number of hypocaloric diets, having been a victim of childhood abuse, and, in BN, ever being overweight are significantly associated with ED. CONCLUSIONS: Our findings have confirmed the importance of community studies to improve our knowledge about factors that have some influence on pathogenesis, treatment referral, and outcome.

Publication Type: Journal Article

Source: MEDLINE

Full Text:

Available in *fulltext* at [Highwire Press](#)

Title: Eating disorders in the adolescent population: An overview.

Citation: Journal of Adolescent Research, May 2003, vol./is. 18/3(209-222), 0743-5584;1552-6895 (May 2003)

Author(s): Reijonen, Jori H, Pratt, Helen D, Patel, Dilip R, Greydanus, Donald E

Language: English

Abstract: Although eating disorders often begin during adolescence, characteristics of this population can complicate early detection by clinicians. The purpose of this article is to selectively review the literature on the diagnostic criteria for eating disorders (anorexia nervosa, bulimia nervosa, and binge-eating disorder) as described in Diagnostic and Statistical Manual of Mental Disorders (4th ed.) and International Classification of Diseases (10th ed). The prevalence and course of eating disorders, theories regarding their etiology, and issues of comorbidity and differential diagnosis are also discussed (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Title: Prevalence, incidence and prospective risk factors for eating disorders.

Citation: Acta Psychiatrica Scandinavica, August 2001, vol./is. 104/2(122-30), 0001-690X;0001-690X (2001 Aug)

Author(s): Ghaderi A, Scott B

Language: English

Abstract: OBJECTIVE: To examine the prevalence, incidence and prospective risk factors for eating disorders (ED) among young adult females. METHOD: Using a prospective design, a randomly selected sample of 1157 females (18-30 years) from the general population was examined with questionnaires for establishing ED diagnoses, self-esteem, body concern, coping and perceived social support. RESULTS: The prevalence of ED was 3.2% and the 2-year first-time incidence was 0.0105 (n=8). Subjects in the extended incidence group (n=34) reported significantly lower self-esteem and perceived social support, and higher body concern and relative use of escape-avoidance coping, at the onset of the study in 1997, compared to controls (n=643). Furthermore, they reported a significant increase in body concern and relative use of escape-avoidance coping, and a significant decrease in self-esteem compared to controls from 1997 to 1999. CONCLUSION: These factors may be considered as risk factors for later development of ED among young adult women.

Publication Type: Journal Article

Source: MEDLINE

Title: Prevalence and dimensionality in adolescent eating problems.

Citation: Eating & Weight Disorders: EWD, June 2000, vol./is. 5/2(87-91), 1124-4909;1124-4909 (2000 Jun)

Author(s): Engelsens BK

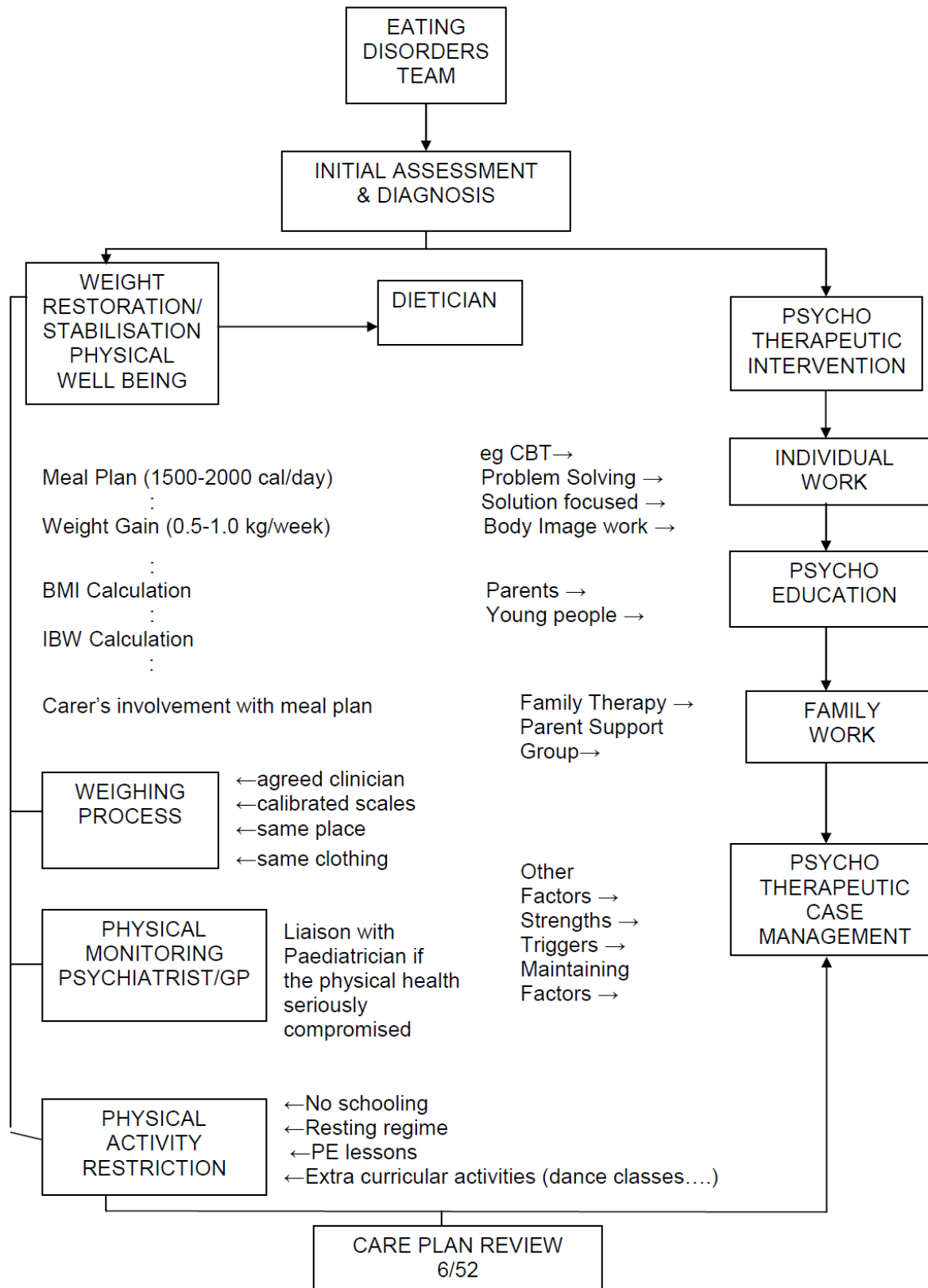
Language: English

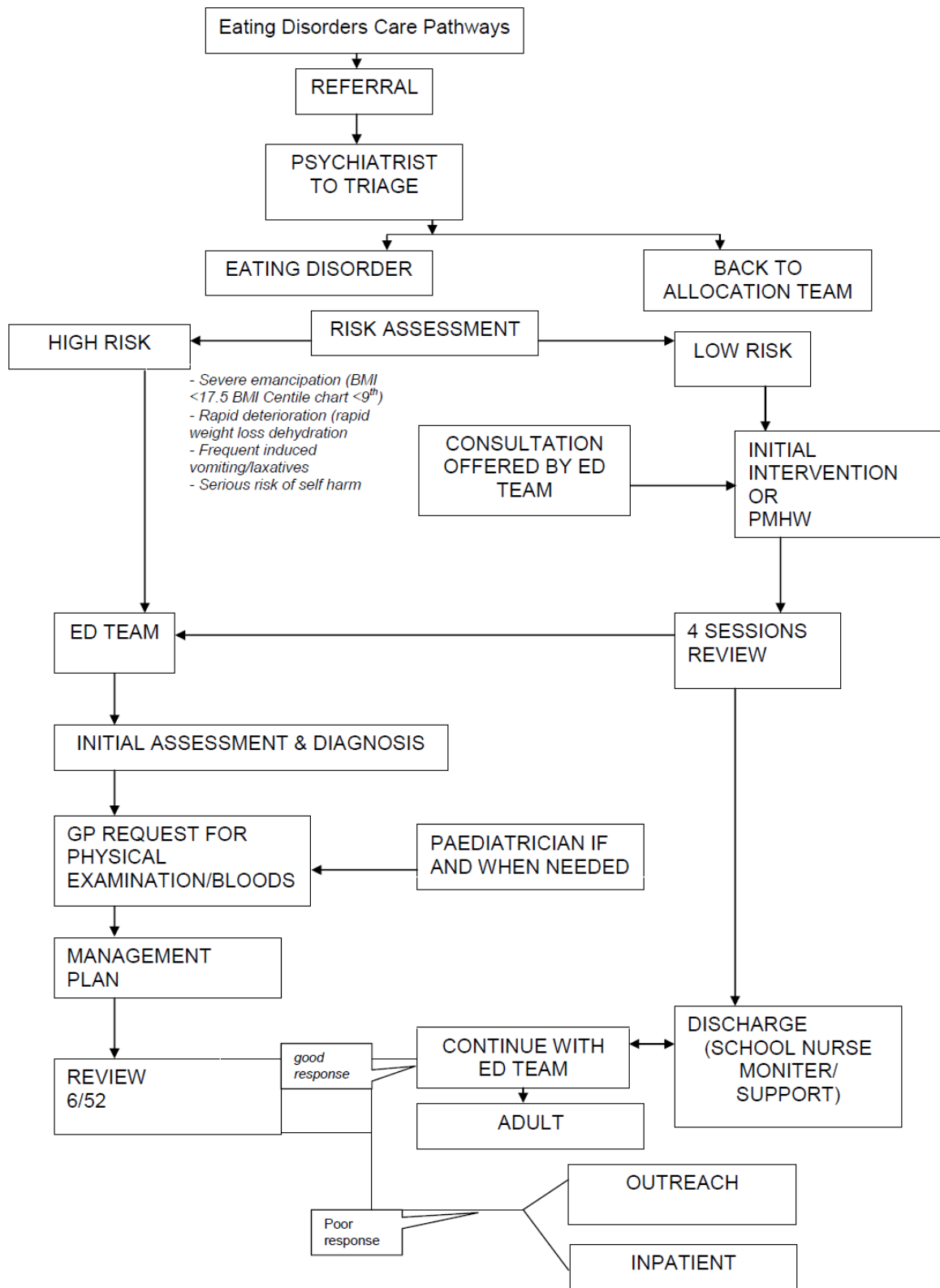
Abstract: Prevalence of three eating problem dimensions (body concerns, dieting, and loss of control over eating) was studied in a Norwegian sample consisting of 4129 normal adolescents aged 12-16. The existence of eating problem dimensionality had been demonstrated in an earlier study of the same sample, and is in line with the reasoning presented in both restraint theory and the continuum hypothesis for eating disorders. Body concern was the most dominant dimension in both genders in the present study, whereas loss of control over eating was the least dominant for girls. For boys, both the dieting and the loss of control over eating dimension showed a low dominance. Older girls reported significantly more eating problems than younger girls, but this difference was not found for boys. The results are discussed and taken to support restraint theory and the continuum hypothesis. It is concluded that the study gives support to the view of the relationship between the three dimensions as cumulative and developmental, and that longitudinal research should be conducted to examine how these eating problems are related to later eating disorders.

Publication Type: Journal Article

Source: MEDLINE

Appendix 3





Appendix 4

Regional Care Pathway for Eating Disorders

