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Eating Disorder Pathway
Barnsley CAMHS

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GP Regional Event 16.11.17

With **all of us** in mind.

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NHS England

NHS South West Yorkshire Partnership NHS Foundation Trust

Access and Waiting Time Standard for Children and Young People with an Eating Disorder

Commissioning Guide

Version 1.0

July 2015

Commissioned by NHS England

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Diagnostic features of an eating disorder

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- Refusal to maintain body weight or failure to gain weight during a period of growth
- Intense fear of gaining weight
- Disturbed body perception
- Undue influence of body weight or shape on self-esteem
- Denial of seriousness of current low body weight
- Recurrent episodes of binge eating

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- Rapid exclusion of other conditions e.g. DM, IBD, Tumours
- Physical examination and bloods
- Do not delay referral in order to arrange blood tests and an ECG

Urgent or routine?

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- Rapid weight loss over a short period of time i.e. 15 % of body weight lost within 3 months
- Percentage median BMI
- Severe restriction of dietary and fluid intake
- Degree of physical risk
- Family's ability to manage the disordered eating
- Excessive exercise/loss of periods/laxative abuse/induced vomiting
- Intense suicidality

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Single Point of Access (SPA)

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SPA will request for all young people to have urgently:

- Height
- Weight
- Blood Pressure
- Pulse

- All children should have a routine blood screen including full blood count, electrolytes, liver function, renal function, including calcium, **phosphate** and magnesium, iron status, coeliac antibody screen, inflammatory markers, and thyroid function (Junior Marisiapn)

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Is ECG monitoring needed?

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Assess based on the following risk factors (NICE 2017)

- Rapid weight loss
- Bradycardia
- Hypotension
- Prescribed or non-prescribed medications
- Electrolyte imbalance
- Previous abnormal heart rhythm

Please refer to NICE 2017 for the extensive list of the risk factors

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Access and Waiting Time Standard

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- Routine W4H of 90 % or above : receive a mental health assessment where possible within 15 days with a view of starting a NICE concordant treatment within 4 weeks

- Urgent referrals are those with 80% - 90% W4H or 15% of body weight lost within 3 months. This group receives a mental health assessment within 1 week

- Emergency case initial contact will be made within 24 hours and a comprehensive assessment will take place within 1 working day

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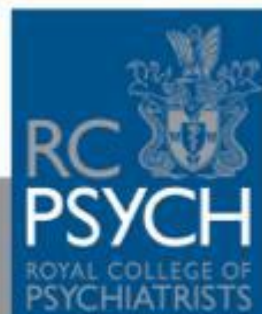

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Junior MARSIPAN: Management of Really Sick Patients under 18 with Anorexia Nervosa

January 2012

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When to refer to Paediatrician

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- Refer to paediatrics any child who has one or more criterion of a high risk with simultaneous referral to CAMHS

- HR<50, QTc>460 in girls, and QTc=400 in boys

- History of recurrent syncope

- T<35.5 (Tympanic temperature)

- Sever biochemical abnormalities including Hypokalaemia, Hypophosphataemia, Hypo-albuminaemia, Hypoglycaemia, Hypo-natraemia, Hypocalcaemia

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Re-feeding Syndrome

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- Re-feeding syndrome is a serious potential complication of commencing feeding
- There is an increased requirement for phosphate as the body switches back to carbohydrate metabolism
- Phosphate levels in the blood begin to fall, and cardiovascular and neurological squela may follow
- Re-feeding syndrome is most likely to occur in the first few days of re-feeding but may occur up to 2 weeks after

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Role of primary care prior to CAMHS assessment

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- Monitor weekly to review BP, pulse and weight and repeat any abnormal bloods until seen by CAMHS

- Liaison with locality paediatrician where uncertain re any physical health concerns or test results

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Role of Primary Care where referral has been from another source

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- GP will be asked to endeavour to undertake the above physical health check within 2 days of a urgent referral being received (by CAMHS) and within 14 days for a routine (AWTS, 2015)

- After diagnosis the GP will receive a comprehensive care plan following the assessment detailing CAMHS treatment plus the GP's role in the child's on-going care

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Role of primary care post diagnosis

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- Monitor physical health minimum monthly; may be weekly for high risk individuals in accordance with the agreed CAMHS care plan

- Where indicated by CAMHS, bloods and ECG to be undertaken by practice

- GP monitor cardiac system for any arrhythmias/murmurs

- CAMHS will undertake monitoring of height, weight and blood pressure pulse temperature

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CAMHS assessment & Interventions

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- Psychiatry
- Nursing
- Family therapy (anorexia-nervosa-focused family therapy
- Dietician
- Individual therapy – Psychotherapy/CBT
- Crisis team for supported eating

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Referral to Ward

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- **Referral criteria for consideration to Tier 4/acute medical ward admission:**
- Medical indications of significant physical compromise eg low potassium, abnormal ECG, recurrent syncope
- Refusal of virtually all food and drink
- Suspected re-feeding syndrome
- Failure of prolonged outpatient treatment
- Risk of suicide
- Before Tier 4 referral consideration should be given to involvement of home based treatment via crisis team if not already involved

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Support Services

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- South Yorkshire Eating Disorder(SYEDA), one to one therapeutic and practical support for people experiencing eating disorders and for families and friends. We also facilitate support groups, offer a befriending service
- www.b-eat.co.uk
- http://anorexiafamily.com/

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Reference:

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- *Junior MARSIPAN – management of really sick patients with anorexia nervosa, http://www.rcpsych.ac.uk/publications/collegereports/cr/cr168.aspx*
- *www.Marsipan.org.uk*
- https://www.nice.org.uk/guidance/ng69/resources/eating-disorders-recognition-and-treatment-pdf-1837582159813

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