



SYEDA

SOUTH YORKSHIRE EATING DISORDERS ASSOCIATION

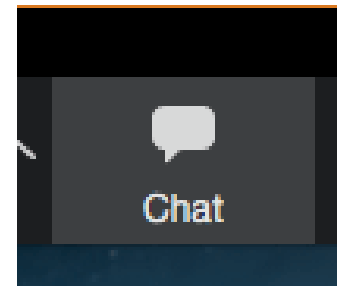
GP Training

An Introduction to Understanding Eating Disorders

WELCOME!

Please remember:

- **Microphones** – on mute when not speaking
- **Confidentiality** – no names or identifying information
- **Questions** – there are no silly questions
- **Slides** – you will receive a copy of these
- **Look after yourselves** – the content of the session can be emotive, please take time out if you need to



Welcome

Abbie Twomey – Education & Training Worker

Maria Flude – Prevention & Early Intervention Manager

Michelle Hinde – Clinical Lead



Learning Objectives

- 1. To have an improved knowledge of eating disorders.**
- 2. To feel more confident talking about eating disorders and related issues.**
- 3. To have increased confidence in supporting individuals who may be experiencing distress in relation to their body image, food and/or exercise.**
- 4. To gain practical tips to use in practice.**
- 5. To understand how to refer to local support services.**

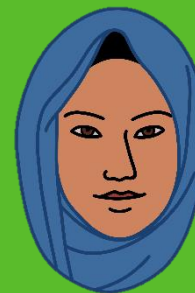
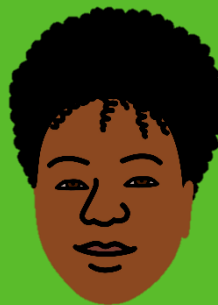
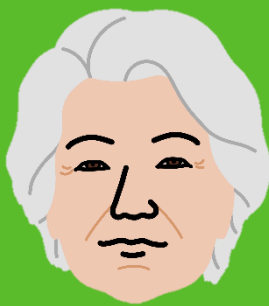
What are Eating Disorders?

“Anyone who feels that their relationship with food, body image and / or exercise causes them emotional distress.”

- Psychological illness.
- Expression of emotional turmoil.
- Can be a distraction method or coping strategy for uncomfortable thoughts and feelings.
- Often a secretive illness.
- Can last a number of years.
- Can develop at any age.

A way to manage feelings, not about food

Who gets an Eating Disorder?



Statistics

- Around **1.25 million** people in the UK have an Eating Disorder .
- **25%** of people with an Eating Disorder are male.
- The number of young men in hospital with an eating disorder increased by **98%** between 2010 – 2018.
- There was a **69% rise** in ED hospital admissions for young people between 2019 – 2021.
- Eating Disorders have the **highest mortality rate** of any mental illness.
 - Between **10-20% mortality rate** for **anorexia** (the highest of any ED). Causes include organ failure & suicide.

Types of Eating Disorder

Which Eating Disorder is the most common?

Type of Eating Disorder

Other Specified Feeding and Eating Disorder (OSFED)

Avoidant/Restrictive Food Intake Disorder (ARFID)

Binge Eating Disorder

Anorexia Nervosa

Bulimia Nervosa

Types of Eating Disorder

Which Eating Disorder is the most common?

Type of Eating Disorder	%
Avoidant/Restrictive Food Intake Disorder (ARFID)	5%
Anorexia Nervosa	8%
Bulimia Nervosa	18%
Binge Eating Disorder	22%
Other Specified Feeding and Eating Disorder (OSFED)	47%

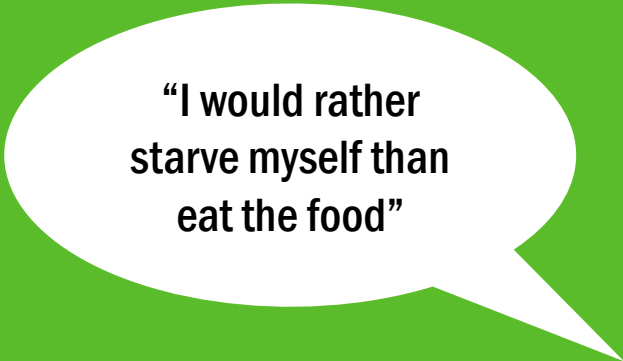
Anorexia Nervosa (AN)

- Restricts food due to fear of weight gain
- Anorexia affects your whole body
- Weight gain not always indicative of recovery



Avoidant / Restrictive Food Intake Disorder (ARFID)

- Restriction of food by eating only small amounts or eliminating certain food groups
- Restriction not connected to body image and fear of weight gain
- Can result in nutrition or energy deficiencies
- Less likely to present with eating disorder behaviours e.g. extreme exercise or purging



**“I would rather
starve myself than
eat the food”**

Binge Eating Disorder (BED)

- Recurrent and persistent episodes of binge eating
 - Eating until feeling uncomfortably full or when not physically hungry
 - Excessive amount of food
-
- *Emotional numbness*
 - *Often eat alone or in secret*
 - *Lack of control during binges*



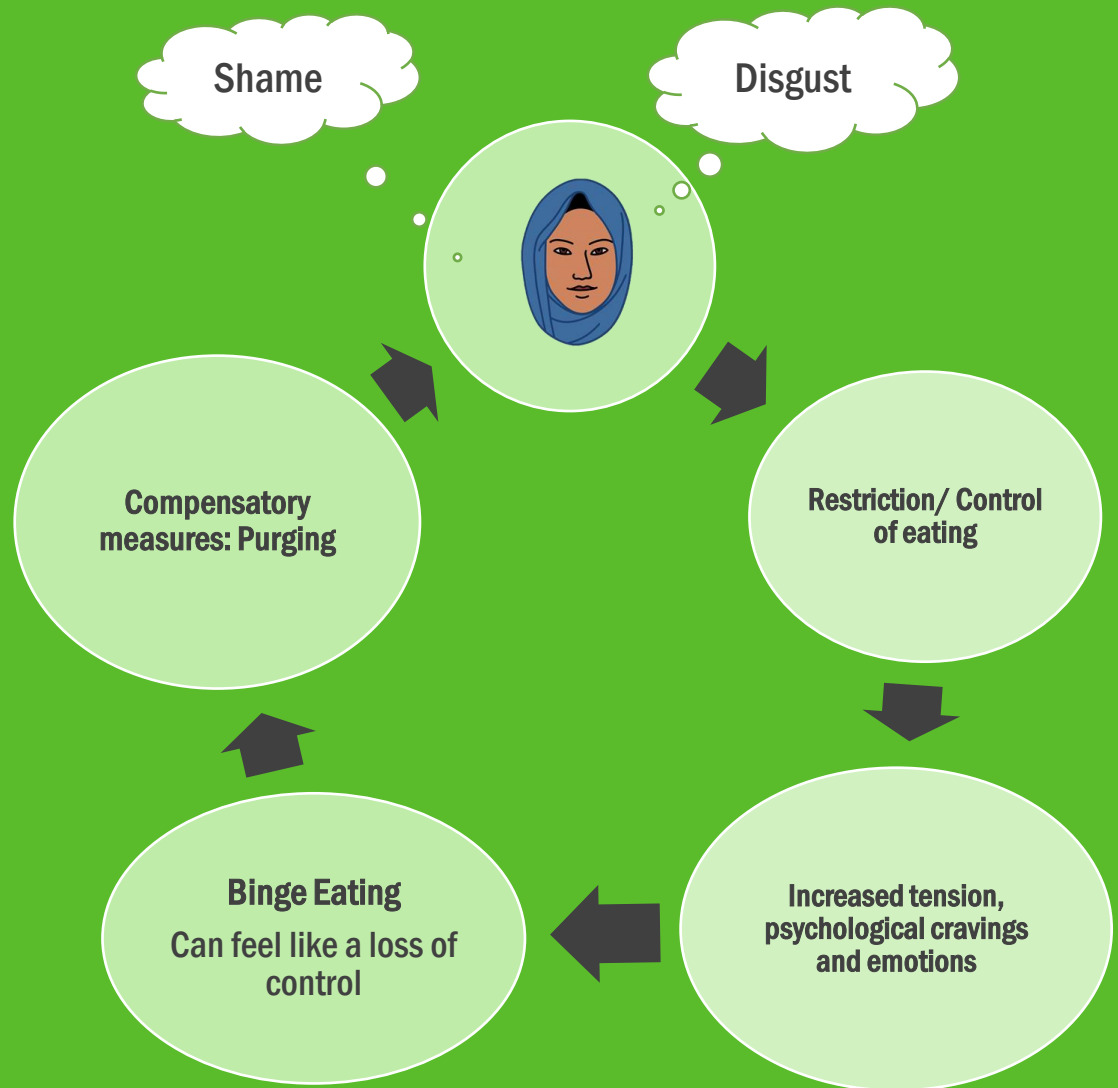
Living with Binge Eating Disorder



<https://www.youtube.com/watch?v=yWHIAQ84AZM&t>

Bulimia Nervosa

- **Compensatory measures:** behaviours to make up for having eaten and consumed calories.
- This is done by **purging:** attempting to eliminate food. E.g. self-induced vomiting / laxative use / excessive exercise / fasting following binges.
- Self-evaluation based on shape and weight



Other Specified Feeding or Eating Disorder (OSFED)

- Symptoms characteristic of a feeding or eating disorder.
- But – don't meet the criteria of any other diagnosis.
- Cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E.g. atypical anorexia, atypical bulimia, purging disorder.




PICA & Rumination Disorder

PICA

- Persistent eating of non-nutritive substances
- Inappropriate to developmental level
- Not part of a culturally supported or socially normative practice

Rumination Disorder

- Repeated regurgitation of food
- Re-chewed, re-swallowed, or spit out
- Not due to a medical condition



**“It stopped me
being honest with
people”**

Recovery

Eating disorders are treatable and recovery is possible.

The sooner someone gets treatment, the more likely they are to begin their journey towards recovery.

Recovery is personal and looks different for each person.



Risk Factors

Social

- Life transitions
- Pressure to succeed and achieve
- Relational trauma
- Bullying
- Weight stigma
- Discrimination

Cultural

- Cultural attitudes towards appearance
- Westernisation
- Cultural oppression
- Health Literacy
- Diet culture & trends

Psychological

- Perfectionism
- Low self-esteem
- Obsessive compulsiveness
- Stress
- Depression
- Social anxiety
- Behavioural Inflexibility

Biological

- Type 1 Diabetes
- Sexuality and gender
- Serotonin may influence eating behaviours
- Family history of ED / mental health
- Puberty

Emotional and Behavioural Signs

You may notice:

- **Change in eating habits**
- **Change in behaviour e.g. person becomes irritable or displays erratic behaviour**
- **Hiding their body under baggy clothes**
- **Dramatic increase in exercise**
- **Becoming avoidant of social situations, withdrawing from peer group**
- **Spending increased time alone**
- **Hiding food**
- **Having difficulty concentrating**
- **Making comments suggesting distorted body image**

Physical Signs

- Dry lips and skin
- Difficulty sleeping and tiredness
- Feeling dizzy
- Stomach pains
- Constipation and bloating
- Feeling cold or have a low body temperature
- Growth of downy (soft and fine) hair all over the body (called Lanugo)
- Hair falls out
- Weakness or constantly feeling tired
- Swelling in the feet, hands or face (known as oedema)
- Low blood pressure
- In girls and women, periods stop or are irregular (amenorrhea)

FREED

- National early intervention service
- Gives young people (16-25) rapid access to specialised evidence-based treatment for eating disorders and support tailored to their needs.
- For the early stages of an ED (less than 3y duration).
- Includes rapid referral process, assessment and treatment.
- SYEDA are working in partnership with FREED.

Additional resources from FREED:

>Assessing Medical Risk for GPs

>Information for GPs



GP Consultations for EDs



Eating Disorder Information for GPs from FREED

<https://www.youtube.com/watch?v=2iMW-fpx75Y&t=125s> -

Conversation Tips

- Make sure you **do not convey any fat prejudice** or **reinforce a desire to be thin.**
- If they say they feel fat or want to lose weight, don't say "You're not fat."
Instead, suggest they **explore their fears** about being fat and **what they think they can achieve by being thin.**
- Try to ask **open questions** to identify any potential difficulties they may be experiencing e.g. home, school, work, relationships, transitions.
- **Avoid giving simple solutions.** E.g. "If you just start eating, then everything would be fine".
- Show **sensitivity, compassion** and **empathy**

Support Resources

BEAT

Helpline open 365 days

Web Chat



Further Reading:

- www.NHS.uk/conditions/eating-disorders
- www.nationaleatingdisorders.org
- www.anorexiabulimiare.org.uk
- www.anorexiafamily.com
- www.arfidawarenessuk.org
- www.firststepsed.co.uk
- www.youngminds.org.uk
- youngminds.org.uk/media/1712/young-minds-conversation-starters_final-003.pdf



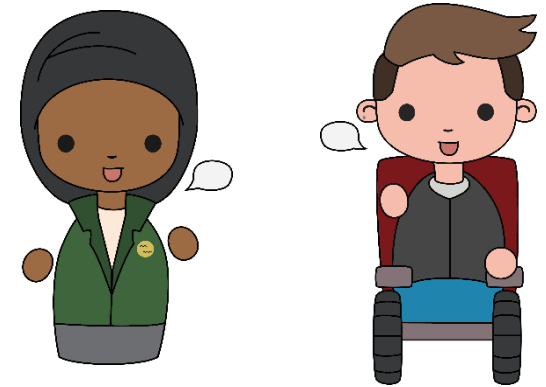
Supporting Positive Body Image

- **Boundaries on comments on weight and appearance**
- **Don't talk about diets or limiting certain foods because they are 'bad'.**
- **Create space to talk about feelings/emotions and listening**



Supporting Positive Body Image

- Create an **inclusive and welcoming environment for all** – are the images used in your practice representative of all bodies & ethnicities?
- Promote the things that feel good for the body, including **self-care and self-compassion.**





SYEDA

SOUTH YORKSHIRE EATING DISORDERS ASSOCIATION

**Michelle Hinde -
Clinical Manager at SYEDA**

What SYEDA offers



Support for Carers:

Friends and Family support group (monthly)

'Treading on Eggshells' course

Counselling for carers

Prevention:

- Education
- Training
- Campaigning

Early Intervention:

Eating difficulties identified and treated early

Barnsley CYP ED framework

1:1 Support:

- Counselling
- Cognitive Behavioural Therapy (CBT-10)
- Occupational Therapy
- Goal-focused Therapy
- Guided Self-help
- Dietetics

Group Support:

Peer Support Group (monthly)

Providing non-judgemental support

ED Referrals in Barnsley

SYEDA

18+ across Barnsley

To refer: (self-refer or GP referral), visit www.syeda.org.uk/referrals

In consultation to make a more equitable offer – what this will mean (potentially from April/May2022):

- **11+** across Barnsley – refer via Barnsley Single Point of Contact
- SYEDA Referral Criteria & working with CAMHS and Compass (Barnsley CYP ED Framework)

SEDS

Adult ED NHS Community Service across South Yorkshire

16+

16-17 year olds can self-refer via website www.shsc.nhs.uk/services/eating-disorder-service

Barnsley GPs can refer directly to SEDS, ensure bloods done



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Any Questions?