EATING DISORDER SERVICE

Annual Service Report

2017 - 18

Plymouth & W Devon

Registered Charity No: 1057424

Eating Disorder Service, Plymouth (EDS) is a community-based charity established in 1995. The service is currently funded by the NEW Devon NHS Clinical Commissioning Group, to support those with a recognisable eating disorder.

As a team of dedicated professionals, we aim to offer individuals aged 18 upwards, short to medium-termed NICE Guidelines recommended psychotherapy, as well as specialist dietetic guidance/ support. There two separate arms to the service:

- Community Therapy Service providing individual and/or group psychotherapy alongside specialist dietetic support.
- Community Day Service providing intensive 3-day per week 'step-up' or 'step-down' group therapeutic and meal support

EDS' main office is based in Plymouth and largely serves the population of Plymouth and the West Devon localities.

EDS Mission Statement

To provide an opportunity for individuals (regardless of their background, culture and creed) to address and manage their eating disorder in a safe and supportive manner that seek to improve their quality of life.

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Director's Summary and Highlights for 2017-18

As previous year, I will begin by thanking the Board of Trustees, the staff team and our NHS partners namely SEDCAS, Livewell SW teams and NEW Devon CCG and all those who contributed and supported the continual work of EDS. Since the move to our Mt Gould site, we have achieved excellent working relationship with the Mt Gould Estate Department who now provide all our ancillary building maintenance and utility contracts.

As we settled in 2017-18, the service continued to develop in the following areas:

- Responsive to the new NICE Guidelines (2017) recommendations, resulting in the transition from existing DBT programme to the new MANTRA model for AN. Three therapists and the Director undertook training in London in January 18 to facilitate this delivery. The Director also completed the supervisor's training in February to provide clinical support for therapists using MANTRA.
- We were successful in bidding jointly with SEDCAS, for a poster presentation on the Plymouth ED Care Pathway at B-eat International Conference in March 2018.
- EDS also jointly planned and hosted the Southwest Eating Disorder Forum in April 2018. This was well attended by all specialist ED services in the SW peninsula.
- Three additional in-house CPD training were offered to the team. The topic areas covered were 'The role of OT'; 'Bariatric Surgery' and 'Body Image input'. These were run by EDS staff and well received by the team as valuable knowledge to enhance their daily work with clients.
- EDS provided training placements for one MSc OT student as well as 3 medical students. The Feedback from the students was positive and all found the experience intense but invaluable to their training.
- Development of an EDS website which contains various useful information for users, carers and professionals.
- We were also successful in securing a small sum of funding from the Co-op Community Fund for the purchase of additional resources for the self-catering group in the day programme.

To summarise, the dedication of our staff team has not only met the daily demands of both arms of the service, everyone in their varied capacities has also contributed to the speedy but smooth and safe transition from our DBT programme to the new MANTRA programme. Without such professional commitment, it would not be feasible for EDS to continue to function as a local specialist service for our users.

Terry Lawrence, Director
July 2018

Annual Activity Summary – Community Therapy Service

A total of **221 (an increase of 12.2%)** referrals were received between April 2017 and March 2018 from Plymouth; amongst this, **135** were accepted to be processed.

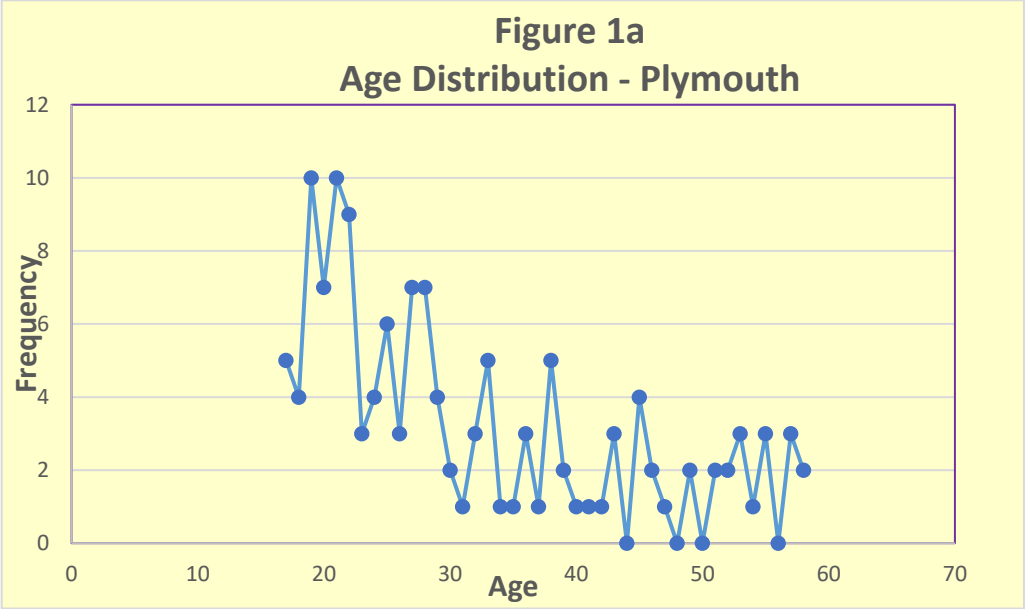
For West Devon area, **27 (decrease of 15.6%)** referrals were received, and **19** were accepted for processing.

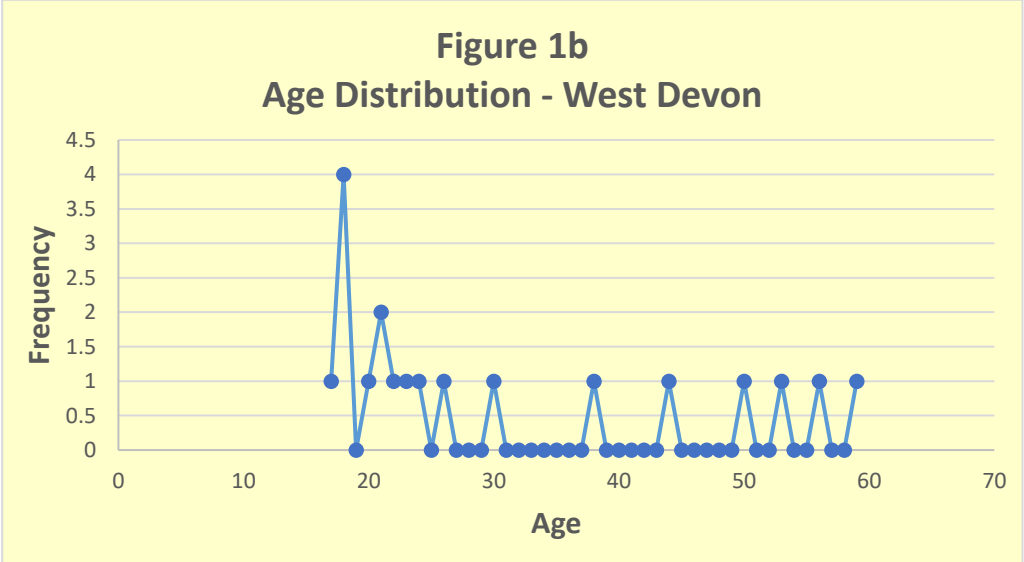
There were 42 (31%) re-referral from Plymouth and 5 (26.3%) from W Devon.

15 male clients were referred in the Plymouth area and none from W Devon.

Out of the overall referrals, 4 were white European and 1 Asian-Chinese from the Plymouth area and in the W Devon area, all were of white British origin.

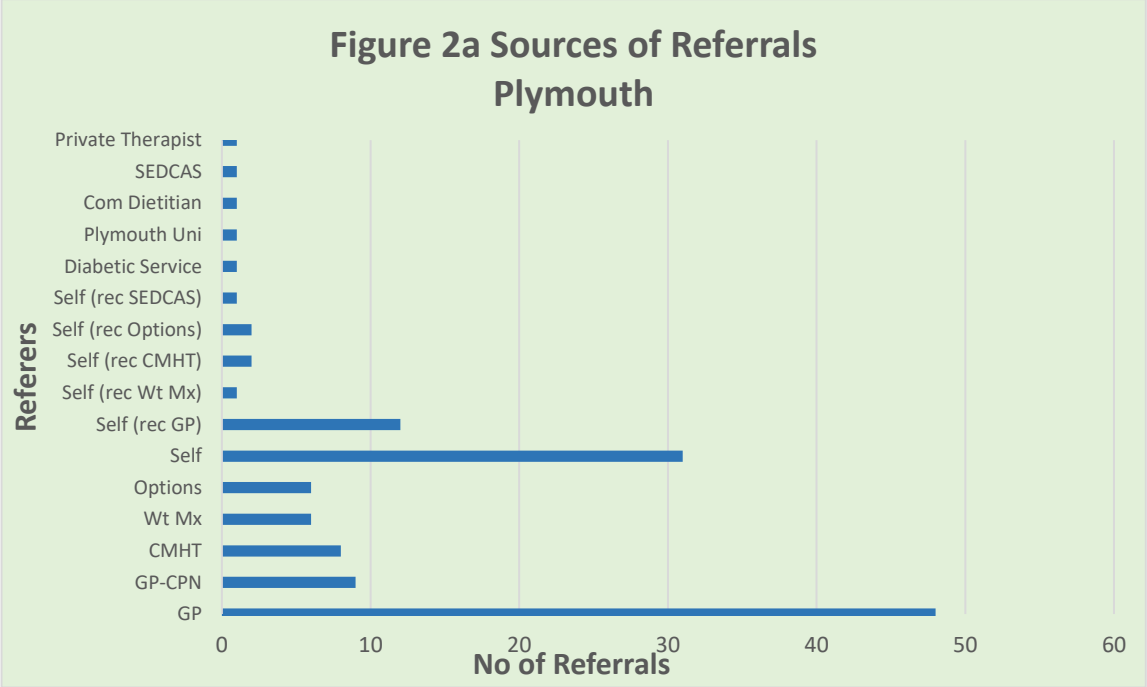
Age Distribution and Student Referrals

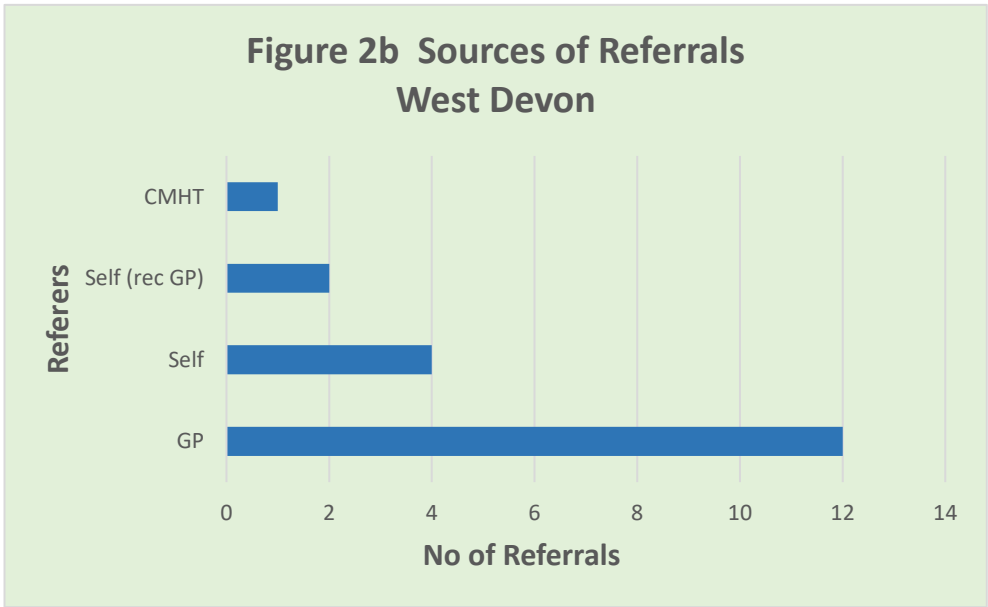




As seen in the above figures, there was a pattern of high percentage of referrals around the 20 - 22 age group in both geographical areas. For Plymouth, this is 33.3% and for W Devon, this is 47.4% of total referrals. There was a total of 43 student referrals (39 from Plymouth and 4 from W Devon). These referrals were distributed fairly evenly from April to November, with a rise around December.

Sources of Referrals





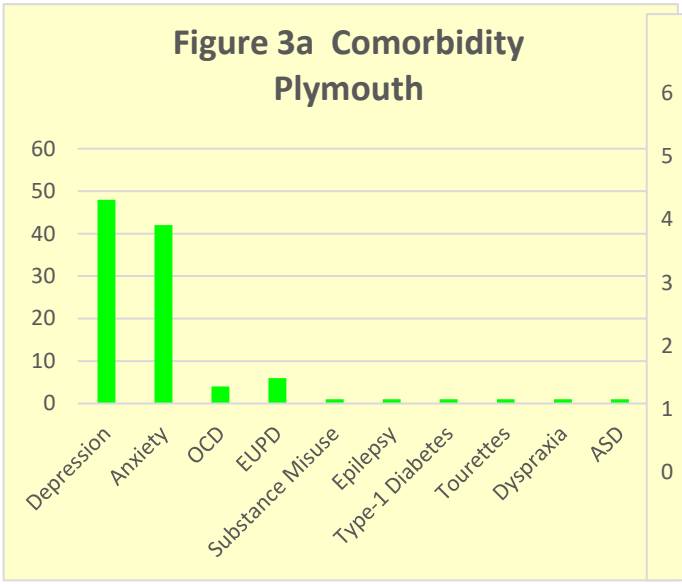
As previous, referrals for this year came from a variety of sources. As seen in Figure 2a & b, referrals from general practices were higher than the other sources with self-referrals as the next most common source.

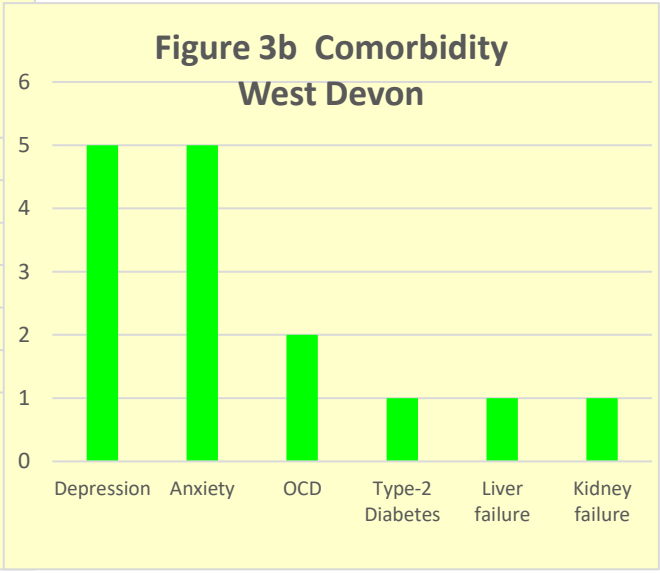
Non-Referral activities

There was a total of 86 non-accepted referrals from Plymouth and 8 from the W Devon area. Despite not being accepted, these referrals nonetheless have generated 104 (Plymouth) and 8.5 (W Devon) hours of administration and organisational activity during the decision-making process.

Co-morbidity

As shown in both figures below, anxiety and depression were commonly seen mental health co-morbidity for our client group with 29 Plymouth clients and 5 W Devon clients suffering with multiple problems. Some clients also reported physical problems which either intensified or were the result of their eating difficulties.





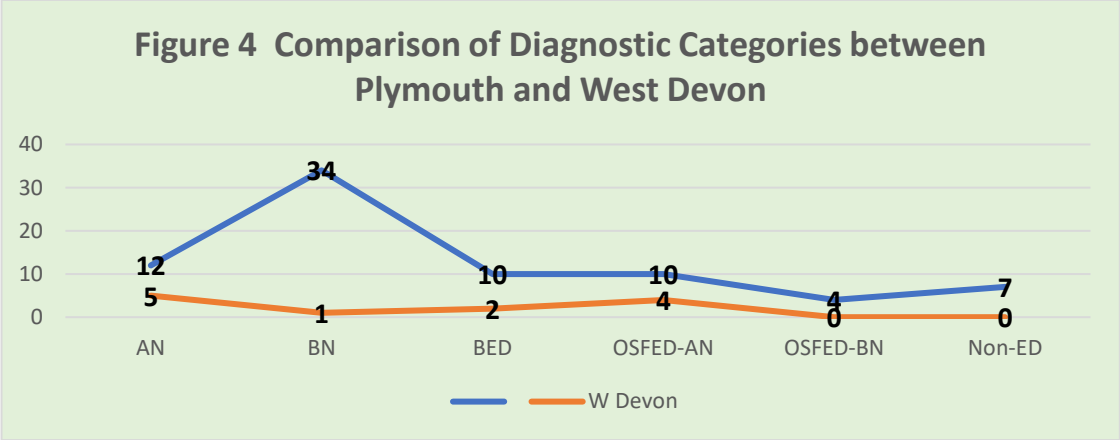
Nature of Eating Disorders

Using DSM-5 criteria, of the 77 Plymouth clients assessed, Bulimia Nervosa was the commonest whereas the proportion of Anorexia Nervosa and Binge Eating Disorder were rather evenly distributed. However, as the total number was much smaller in W Devon, the distribution was rather skewed towards the anorexic category. See Figure 4 below.

As for the OSFED (Other specified feeding or eating disorder) category, despite the symptoms at assessment deemed not satisfying the full diagnostic criteria for the individual categories, their symptoms were severe and significant enough that warrant therapeutic input. There were 10 clients from Plymouth who were subsumed under OSFED-AN and formed the largest sub-group. These individuals' difficulties thus required input to halt the risk of potential decline. In W Devon

area, there were 4 clients who were categorised within the OSFED-AN category and offered input for their problems.

The Non-Eating Disorder category remain low, 7 for Plymouth and none for W Devon. This was most likely the result of thoughtful initial screening process which demanded extra administration hours so that clients who benefit from a different service input were recommended to be redirected to these services by their referrers.



Multi-disciplinary Team Involvement

Agencies Involved

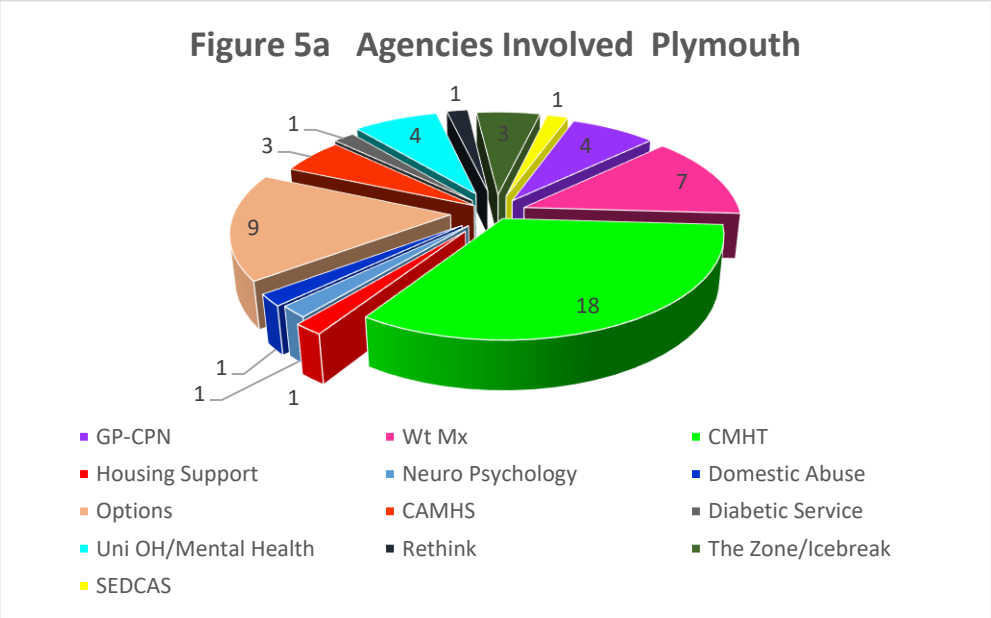


Figure 5a showed that the largest professional group was CMHT, this was followed by Plymouth Options and Weight Management Service. Several services who are involved with young people were also in the mix e.g. the University O/H and Mental Health service, CAMHS and the CPN based in University GP practices.

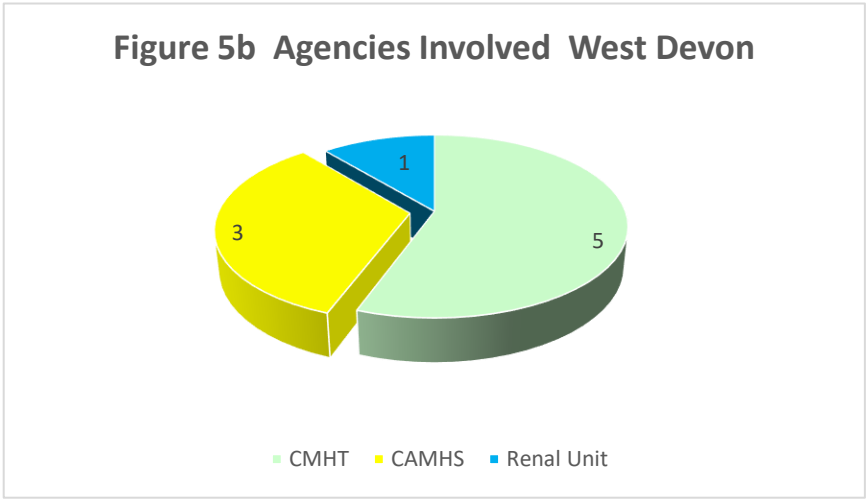


Figure 5b reflects similar pattern with CMHT as the highest proportion followed by CAMHS.

EDS work collaboratively with multiple agencies to support the clients within our service. This enables EDS and others to manage potential or existing risks safely and responsibly. This link-in process includes involvement in pre-discharge planning, transitions between services like CAMHS or MDT meetings to share progress and discuss on-going care packages for the clients.

In Plymouth, the Eating Disorder Care Pathway facilitates smooth and safe communication/working between agencies. In West Devon area, unfortunately, the continual lack of a care pathway meant client referrals were at times not 'picked up' by professionals at the early stage, this delayed could lead to deterioration to a point where clients were unable to be held safely within the community. With this group of clients, EDS attempt to support the professionals involved to identify clients' specialist needs and make decision regarding possible hospital admissions or other more intensive care packages.

Discharges from EDS

During this year, there were 119 discharges from Plymouth and 12 from W Devon. Of the 39 discharges in Plymouth from 'No Response' category, 16 were direct GP referrals, an increase to 41%. This may possibly reflect the closure of several GP practices resulting in the remaining surgeries under increasing strain and demands. In W Devon, there were 4 'No Response' closures that were direct GP referrals. See Figure 6a and b below.

Figure 6a Discharge Categories Plymouth

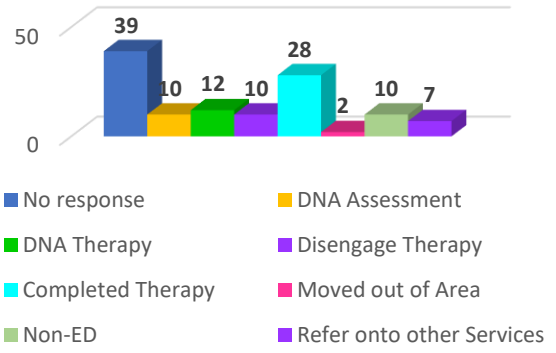
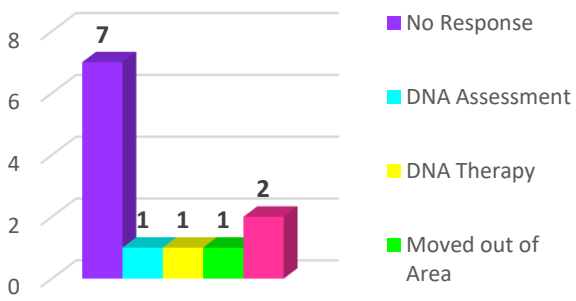


Figure 6b Discharge Categories West Devon



Therapy Offered

During the client's assessment, EDS used a combination of psychometric assessment tools and a semi-structured interview schedule to identify and determine the nature and severity of their eating difficulties. Whilst EDS is not able to make formal diagnosis for those assessed, we do seek to support our decision to offer input based on the criteria set out by DSM-5 (2013).

In 2017-18, a range of therapies (some of which were recommended within NICE guidelines for Eating Disorders 2004, 2018) were offered to 53 assessed Plymouth clients:

Figure 7a Types of Therapies Offered - Plymouth

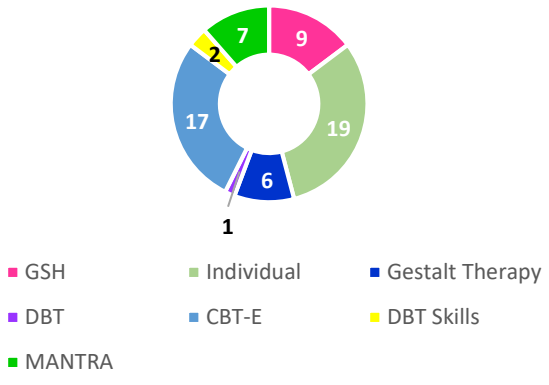
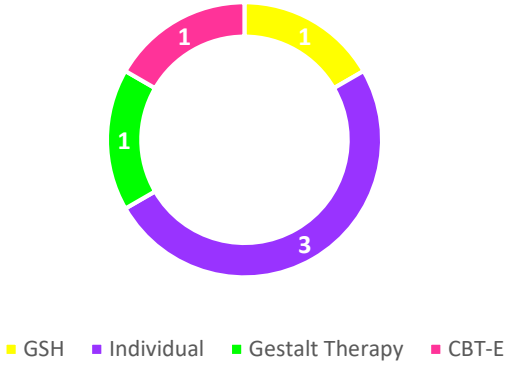


Figure 7b Types of Therapies Offered - West Devon



<u>Body Image Group</u>

Over the 12-month period, 11 clients attended three separate 12-week Body Image CBT group where they explored various aspects of body related difficulties and learned ways of challenging their distorted thinking pattern. This year, based

on recent research findings/recommendations, mirror work was successfully incorporated into the programme.

Dietetic Input

During this period, all clients were offered a minimum of one dietetic session with our Specialist Dietitian either during or towards the end of their therapy input. A total of 157 dietetic sessions were offered to 54 Plymouth clients and 11 sessions have been utilised by 6 clients in the W Devon locality.

Completion of Therapy

In the past 12 months, out of the 61 clients being offered therapy, 28 Plymouth clients (45.9% treatment adherence) and no W Devon client have completed their individual therapy (see Figure 6a & b above). On average, these clients received 26.3 sessions per episode of treatment/therapy.

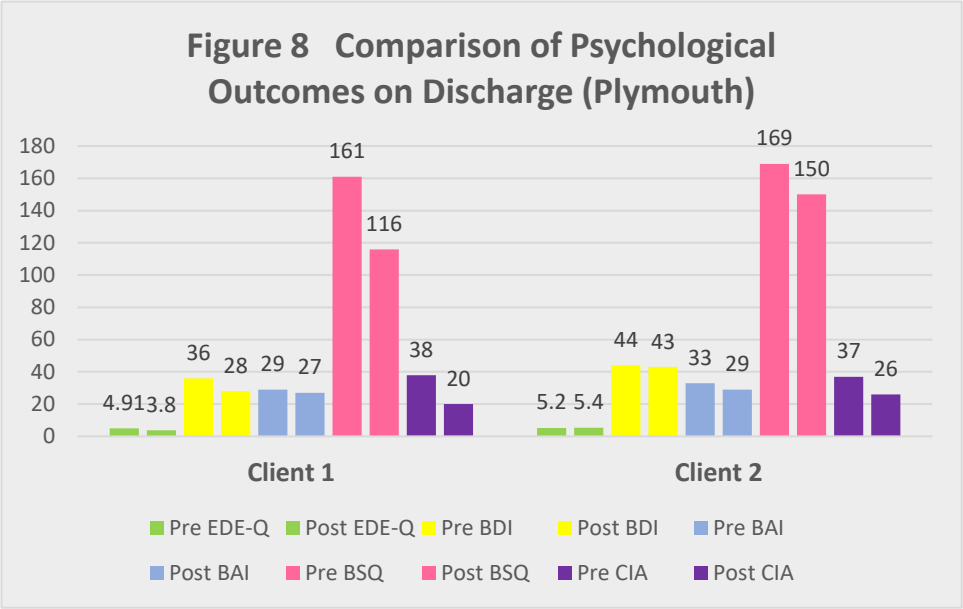
Quantitative/Statistical Analysis (Wilcoxon Test)

At the end of their input, apart from the relapse prevention work, clients are invited to complete qualitative evaluation form and repeat psychometric assessments completed at referral. This year, a host of additional psychometric tests were introduced and were completed by 2 clients. Due to the small number, instead of processing in a quantitative manner, the results would be analysed and discussed separately below.

26 clients from Plymouth completed and returned post-therapy scores (92.9% return rate) of EDE-Q/EHC (whichever was relevant to their eating disorder) and GHQ.

Plymouth **Types of Variables**	**Plymouth** **Level of Significance** **(1-tailed)**
EDE-Q (N = 21)	$p \leq 0.01$
EHC (N = 5)	Number too small for analysis, please see discussion below.
GHQ (N = 24)	$p \leq 0.01$

The 5 clients who repeated the Eating Habit Checklist (EHC) for binge eating all scored significantly lower at the end of their input. Although statistical calculation was not possible, one can infer that there was much improvement in their binge eating difficulties.



As seen in Figure 8, the 2 clients who completed the additional range of psychometric scores this year, all post therapy scores were lower than initial measurements, except for EDE-Q scores which was slightly raised for Client 2 who was a known individual with entrenched and chronic eating struggles. The rest of her scores were all at an improved level indicating that the input has enhanced her quality of life to an extent.

<u>Qualitative Service Evaluation and Client Feedback</u>

26 sets of qualitative evaluation forms from Plymouth were completed and returned. All clients have found the location at Mt Gould excellent in its accessibility and transport link to all areas.

One client commented that the location was not easy to find as he first thought the service was part of Mt Gould Hospital.

All were also satisfied with the referral, assessment as well as the initial service information offered. One client advised that resulting from the speedy response to her referral, she was able to work on her problems and benefitted from the input. Another client felt that it would be quicker if the paper work were sent via email.

All expressed that they would be happy to recommend the service to their friends or family.

Most commented on the positive changes they have made as a result of their input, these includes, “having hope in a future by using skills learnt and not eating behaviours to manage their emotions; differentiate between healthy and ED

thinking; more in control of thoughts and feelings around food, able to identify triggers before escalation; more productive living, being able to enjoy food and not compensate after; feeling free and generally found the experience life changing".

Three clients who have complex background felt that they would have liked longer period of therapy, but all made constructive improvement to their eating disorder that they recognised that they need to continue to maintain the progress they have made with the skills/knowledge they gained.

Client Stories

In addition to the above evaluation/feedback, clients regularly sent 'Thank you' cards and letters to EDS and shared more personal feelings regarding their journey:

"*…it is difficult to put into words how much you have helped me…I do know that things are very different to when we first started work together…I may still have a way to go in sorting out this brain of mine, but you have definitely helped me to take steps on the right path."* (24-year-old medical student who has complex mental health and eating problems)

"*…You have all helped me change my life and I will be forever grateful. The service you provide is so valuable to people like me…over the 6 months, I have developed essential skills, habits and courage and acceptance."* (42-year-old female client who has had problem for 20+ years)

"*I wanted to let you know that I have finally had a little baby after successful treatment last year. X would not be here had I not had the support from your service and I am forever indebted to you…I am proud to say that I managed the stress without relapsing and now we are home, I am enjoying every second of motherhood."* (update a year on from a 33-year-old health care professional who suffered from severe anorexia nervosa)

"…with help from all of you, I have managed to retrieve some parts of me that not only myself, but family and friends thought was gone, possibly forever. I can now set realistic goals and know not to knock myself down…" (21-year-old who had a subclinical presentation of anorexia nervosa, OSFED-AN)

"I feel comfortable with eating which I never thought I would, and I'm working on body image every day…I am more assertive with XX and things do seem to be improving because of it. I am more confident within myself-I make my own

decisions…that's the way I like it." (20-year-old suffered with OSFED-AN presentation)

The above is only a few of many examples of how individuals experienced their support at EDS and the changes they have made to their on-going recovery.

Carers Support

In line with NICE recommendations, EDS believes that involving partners and family members in family therapy/work, is beneficial to the overall outcome of our clients. All carers are offered our Carers Booklet which highlights the nature of eating disorders and information to support their roles.

During this financial year, after some careful consideration, 5 carers were offered psycho-educational sessions to help them in their supportive roles with the clients which we recognise as difficult and demanding on their own well-being. They were also given the opportunity to make further appointments should they feel the need, but all felt that the discussion was helpful in enabling their supportive roles.

Annual Service Report - EDS Day Service

EDS Day Service has been in operation for 18 months in March 2018. During the past year, there were a total of 11 referrals, all from the Plymouth area.

Amongst these, there were 2 repeated female and 1 male referrals. Male clients made up 27.3% of the total referrals from Plymouth.

All were of white British origin.

Age Distribution

6 out of the 11 clients (54.5%) referred were aged between 21-22, 1 was aged 28, the rest were aged 41, 49, 51 and 57 respectively.

The above appeared to echo the increase of 61% of hospital diagnosis for females aged 19 to 25 in the period between April 2015 to March 2016 (NHS Digital 2017).

Severity and Degree of the Nature of Eating Disorder

At the point of referral, all 11 clients have a potential diagnosis of Anorexia Nervosa, 4 out of this group did not have a clear diagnosis and after in-depth assessment were not accepted into the day programme. Nine clients were initially referred on the 'Step-up' category with potential risky physical and psychological problems. The aim of the day programme for this group was to halt further decline and stabilise their symptoms to prevent the need of in-patient admission.

The remaining 2 were in-patients at referral so were in the 'step-down' category. The aim was to enable them to maintain and continue recovery by improving their physical and psychological health and prevent deterioration whilst reintegrating back in the community.

Out of the 7 who were accepted onto the programme, 3 clients repeated their 12-week rotation once due to their physical vulnerability and the severity of their eating disorder struggles.

<u>BMI (Body Mass Index) and MUAC (Mid Upper Arm Circumference)</u>

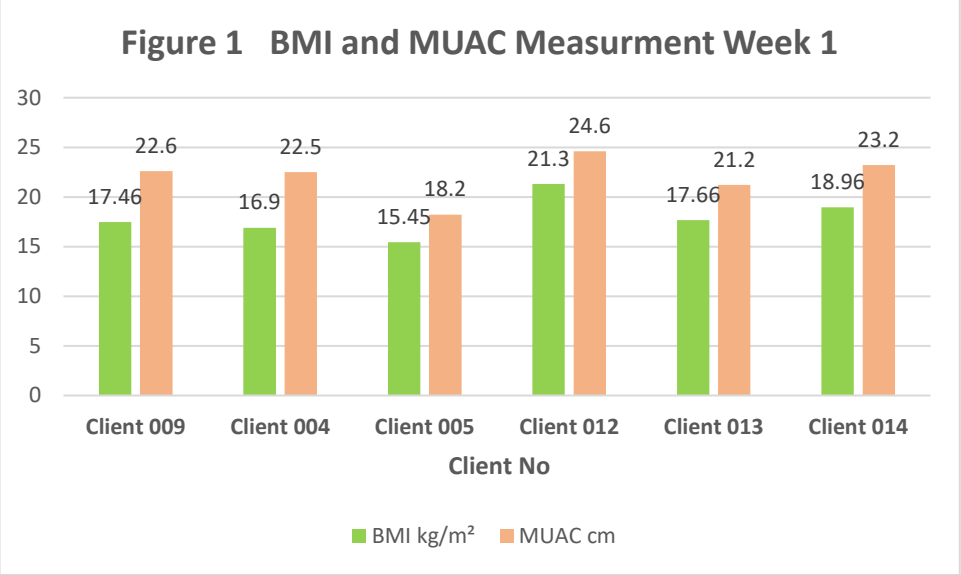
The initial BMI and MUAC measurements were taken by the Dietitian at the commencement of the programme. These were repeated weekly for monitoring the effectiveness of the dietetic input for this group. The physical monitoring for this high risk group however remained the responsibility of their respective GP's.

On week one of their attendance, the initial BMI ranges from 15.45 kg/m² to 21.3 kg/m².

MUAC ranges between 18.2 cm to 24.6 cm. See Figure 1 below.

Considering the healthy BMI range as 20 kg/m² to 25 kg/m², all but one of these clients' weight was significantly lower than average and thus posing a threat primarily to their physical health. One client has BMI of 21.3 but due to her excessive exercise regime, it was estimated that her BMI would be lower due to muscle mass. Her restrictive eating pattern at the time could potentially lead to rapid decline, hence day programme was offered as the preferred treatment.

Weight manipulation is one of the strategies used by this client group. Mid-upper arm circumference (MUAC) is employed for tracking objective weight changes (especially the increases) as a more accurate reflection of differences in their weight gain/loss trend.



Psychometric Measurements

In addition to the above, during assessment, clients were asked to complete several psychometric tools relating to their:

a) Eating disorder symptomatologies (EDE-Q);
b) Cognitive functioning (CIA – Cognitive Impairment Assessment);
c) Body image problems (BSQ – Body Shape Questionnaire);
d) Severity of mood disturbance (BDI – Beck Depression Inventory);
e) Anxiety level (BAI – Beck Anxiety Inventory).

These were then repeated on a 6 weekly basis to allow the team to closely monitor/review the clients' progress as well as being useful for clients to see any

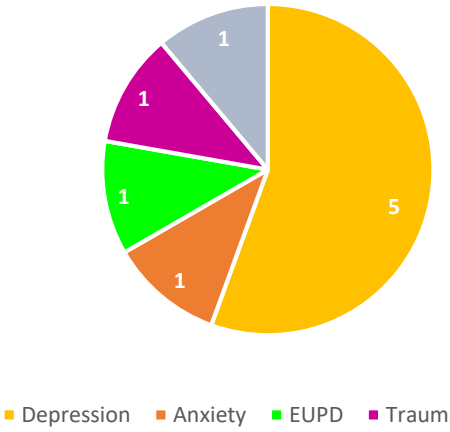
changes made during their stay in the day service. Comparisons of pre and post treatment scores were also made after client's discharge.

Co-morbidity

Similar to the community therapy clients, due to the complex nature of their illness, majority of these individuals struggled with mental health difficulties in addition to their eating disorder.

The most common problem was depression (45.5%) exacerbated by their eating disorder thinking and behaviours. Anxiety, EUPD, ASD and trauma were other mental health problems experienced by the referred clients. Skill-based group therapy within the programme challenged both the maladaptive behaviours and helped clients to learn more appropriate coping strategies such as distress tolerance and self-soothing skills.

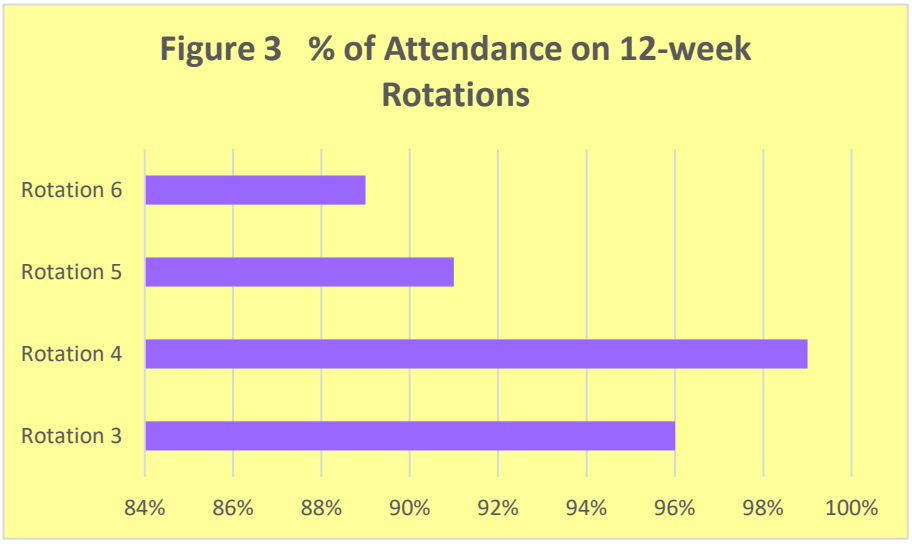
Figure 2 Psychiatric Comorbidity



Weekly Attendance Level

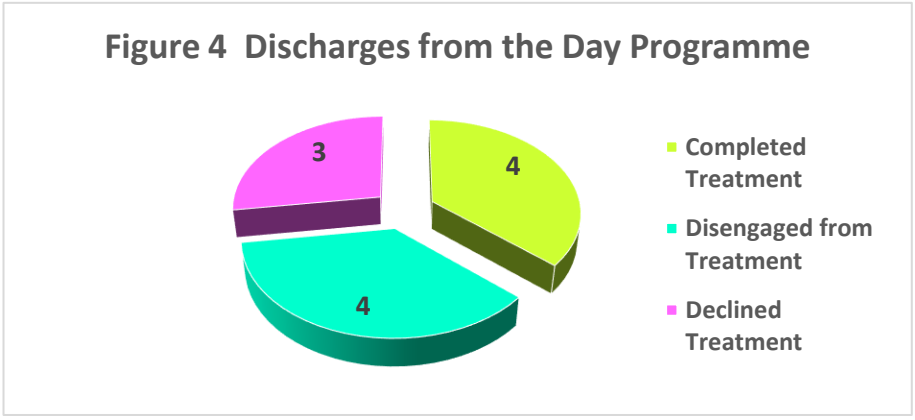
During this financial year, we have completed three and a half 12-week rotations.

As seen in Figure 3, the average attendance level for these 3½ rotations range between 89% to 99%. Out of the total of 42 weeks of the programme, there were 100% attendance on 31 weeks, 74% which we consider as high for this group of clients who were not only more entrenched in their eating disorder, but they also found addressing their difficulties more challenging and thus had tendencies to withdraw.



Discharges from the Day Programme

In 2017-18, there was a total of 11 discharges within the 3½ (12-week) rotations. 4 clients completed the programme and had a planned closure form the service. 4 disengaged from the programme prematurely; 3 were referred onto another service as they were deemed unsuitable for the day programme as they did not feel able to commit to this intensive level of treatment.

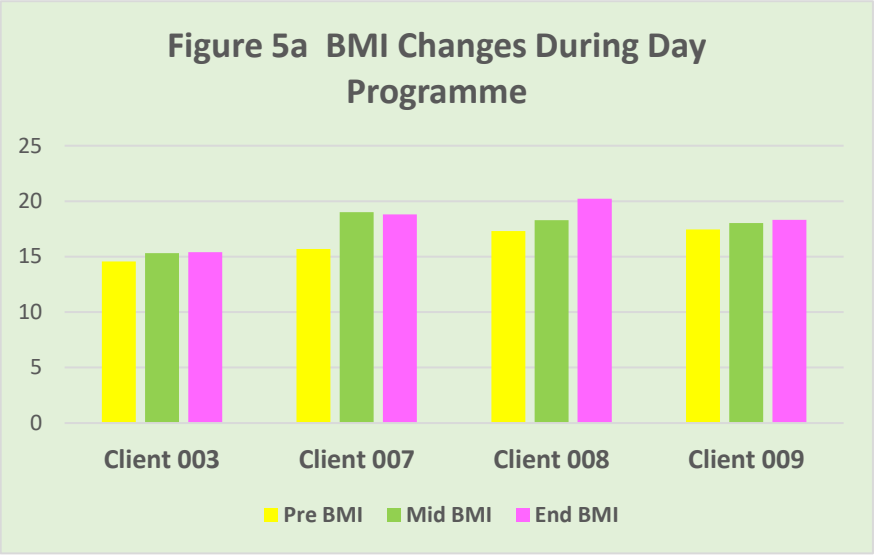


On completion, various psychometric tests scores and physical health information were collected for comparison with those obtained periodically at the beginning, mid-way and at the end of their input.

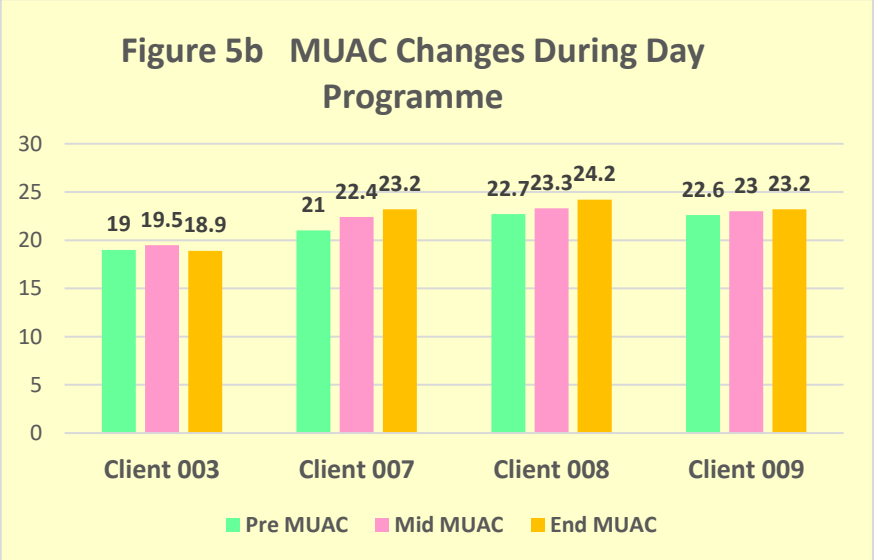
BMI/MUAC Changes

As indicated in Figure 5a and b, all clients have shown improvements in both their BMI and MUAC measurements during their treatment on the programme.

Client 7 showed an initial drastic improvement to her BMI mid-term. With the help of the Dietitian, she was able to return to a steadier pace but still maintained an improvement to her original pre-treatment BMI.



With reference to MUAC measurements (Figure 5b), all except Client 3 showed a gradual improvement from commencement to discharge. Client 3 achieved small increase initially, but her end measurement has fallen just below her initial MUAC. It is however important to note that Client 3 has been suffering with Anorexia for most of her life and has had multiple episodes of in-patient admissions. The fact that she has maintained her commitment on the programme was significant in her recovery. Client 7, 8 and 9 were all in their early 20's and experienced a first episode of their eating disorder so it is hopeful that such physical improvement would be maintained after discharge.



<u>Body Image Changes</u>

Similar to other measurements, clients completed the Body Shape Questionnaire (BSQ-34) at the beginning, midway and at the end of their input on the programme.

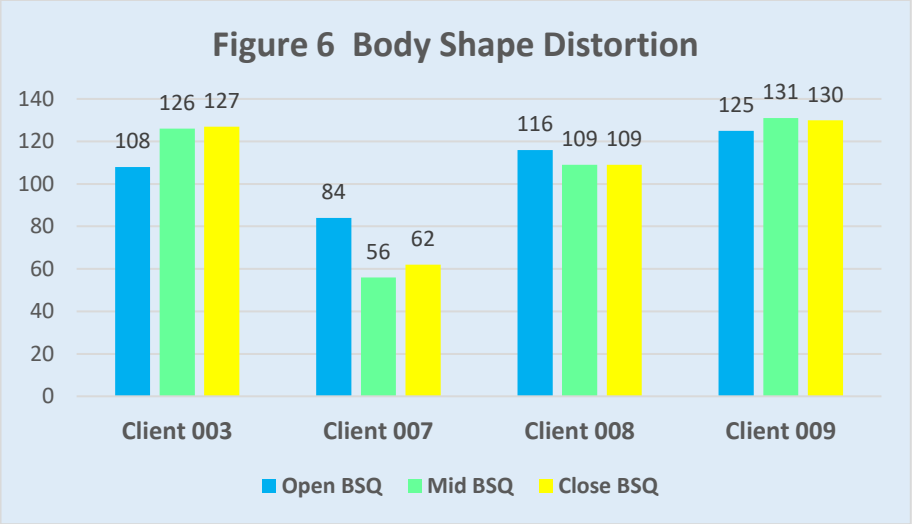
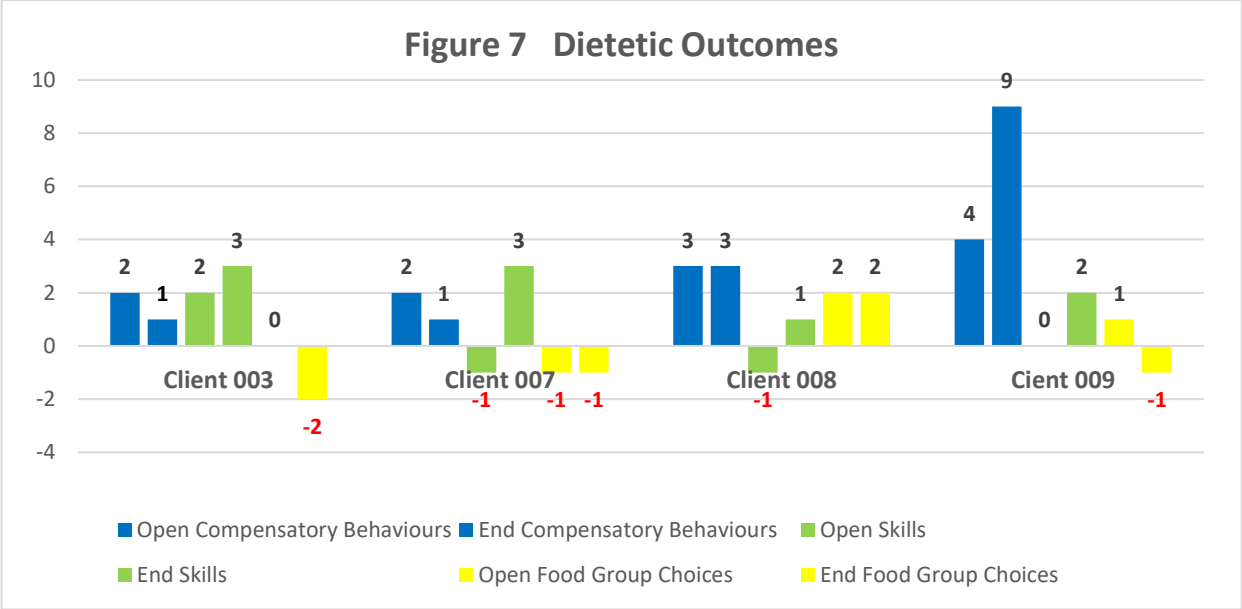


Figure 6 reflects the changes in the 4 discharged clients' body shape distortion. A reduction in scoring indicates an improvement. Again, Client 3 who suffers with enduring Anorexia became more uncomfortable as her weight increased during treatment despite the support with body image issue. As for Client 9, there was a small increase in her BSQ indicating that she was not wholly comfortable with her changed shape, her improvement in her BMI and MUAC were small, the team felt she could benefit from additional therapy input to cement her gains but she was keen to be discharged to focus on her life outside her Anorexia. Both Client 7 and 8 have reduced their body distortion and managed to accept their changed body shape.

<u>Dietetic/Nutritional Outcomes</u>

During the 12 weeks programme, clients were asked to complete a weekly dietetic questionnaire which assesses elements within 3 categories: Eating disorder behaviours; Skills to improve healthy eating and their choice around specific essential food groups. Positive numbers from 1 upwards indicated satisfactory/improved outcomes; negative numbers reflected poor/deteriorated outcomes. The information was collated, and changes presented in Figure 7 below.

Client 3 and 7 have deteriorated in their compensatory behaviours during their stay on the day programme, this showed the conflicting nature of achieving a balance between weight gain with general improvement in physical health and a desire to return to their 'old' body weight.



As mentioned earlier, due to the nature of her ED chronicity, Client 3 struggled with choosing healthy food for herself, this was further complicated by her long-termed depression and OCD comorbidity. However, she did gain some insights into skills for healthy eating.

Client 7's outcome score for compensatory behaviours declined during the 12-week rotation as her weight increased; but her skills for improving healthy eating have improved but the score for her poor food choices remained unchanged.

Client 8 has either stabilised or improved in all her dietetic outcomes as she returned to her university studies.

Despite improvements in compensatory behaviours and skills for healthy living, Client 9 has deteriorated in her food group choices. As noted before, it may have been useful for her to have further psychological input, but she was anxious to return to part-time employment and to manage independently.

<u>Occupational Therapy</u>

On commencement of client's day service attendance, a detail OT assessment was made to identify the individual's occupational needs, which range from finding lost or establishing new enjoyment or social engagement/relationships. For some clients, this may also involve exploring pursuant of employment or academic studies. A plan is then designed in collaboration with the clients, those specific and realistic OT goals they would like to work on during their time on the programme. With the overview of the group's needs, the Occupational Therapist then plans in weekly group activities incorporating individual's preferences.

During the 3½ rotations in 2017-18 period, after initial individual assessments, 2 clients were offered additional individual OT input to work on improving their social engagement as well as exploring their future career paths. Within OT groups, there were planned creative activities such as arts/crafts, visiting galleries, outdoor photography. The OT activities also supported self-catering, outings for food shopping, coffee/snacks and lunch on the weekly programme. Where the activities overlap with nutritional support, such as self-catering, the OT worked closely with the Dietitian to formulate a plan for the group to accommodate the client needs as a whole. Over the festive seasons, e.g. Christmas, the group agreed to have a Christmas buffet and a cooked Christmas dinner which has helped them greatly to challenge themselves to get involved with 'normal' social activities. All clients acknowledged that although food-related activities were difficult, they were valuable experiences. They also appreciated the opportunities to re-discover their past interest which has been lost in the midst of their eating disorder.

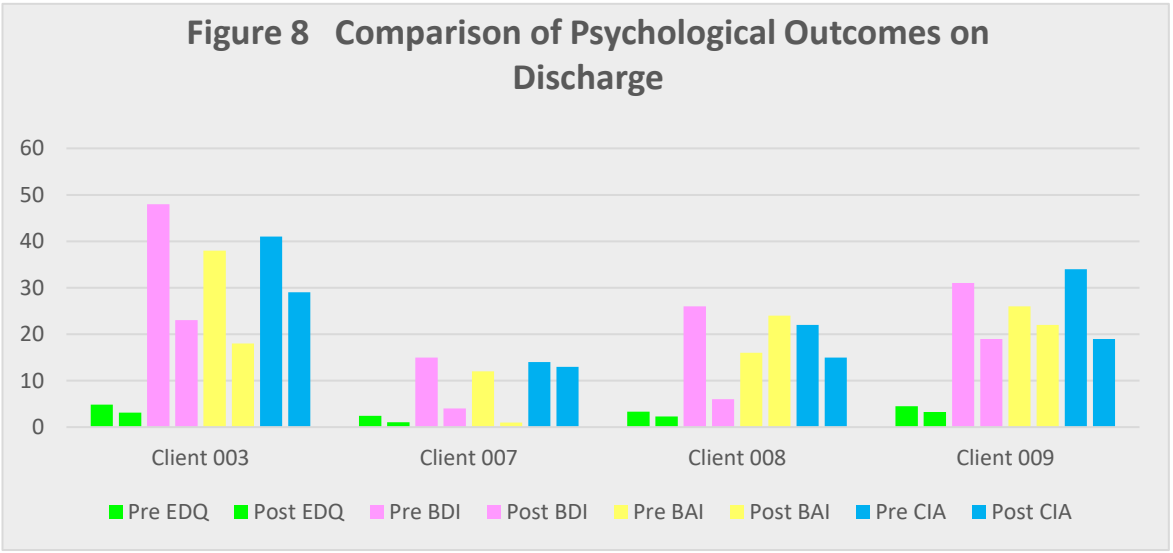
<u>Psychological Changes</u>

A host of self-report rating scales were utilised to identify symptoms and monitor progress/changes over the time of the clients' engagement.

- Eating disorder symptoms – Eating Disorder Examination Questionnaire (EDE-Q)
- Cognitive functions – Cognitive Impairment Assessment (CIA)
- Depression and anxiety presentation – Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI)
- Body image distortion - Body Shape Questionnaire (BSQ). Separately discussed above

In Figure 8, most of the scores were reduced at the end of the 4 clients' input.

Figure 8 Comparison of Psychological Outcomes on Discharge



Most significantly for Client 3 whose depression score was rather high initially but dropped by almost half on discharge. This pattern was also observed in Client 7, 8 and 9 with their depression scores reduced by a considerable degree.

Client 8's anxiety score was increased towards discharge, this may be explained by her uncertainty regarding her ability to return to her university study after a year's interruption.

Summary for Day Programme

2017-18 is the first completed year for our day programme. During this period, we have continuously modified our weekly schedule to adapt to the needs of our client group at the given time. This often required the staff to remain flexible on a daily basis to change/adjust input which was planned beforehand.

During the past 12 months, we have seen both achievements and conflicts in our clients, e.g. anxiety/panic attacks, 'tantrums', difficult dynamics and at times tears, all of which staff managed to support tirelessly. We acknowledged this is a group of our most 'vulnerable' as well as 'demanding' clients so it was never about 'quick fixes' but continual individualised support to keep the treatment for this group, to the best of our ability, within their local home environment.

Board of Trustees

In order to operate within safe and legal parameters, EDS is managed by a Board of Trustees to ensure that the service is operating in a professional and benevolent fashion for the benefit of public welfare.

Our current Board members consist of a group of professionals who provided the service with a variety of vital management skills and relevant health related knowledge. Our Chair who is also our Treasurer has experience in finance and management, other members include an approved mental health social worker, a social worker, a speech and language therapist, an ex-client who also has IT expertise, a lay member who possesses various business acumen. The Board continues to work tirelessly for the benefit and interest of EDS staff and clients.