**Wiltshire & Swindon Adult Community Eating Disorder Pressures Summary,**

**Recovery Management Plan & Referral Guidance**

**Root Cause Analysis of Service Pressures:**

* Covid-19 impact on individuals exacerbating ED
* Covid-19 restrictions ceasing the ability to deliver outpatient/day service intervention, resulting in requirement to manage higher acuity in the community which is more time consuming
* x3 maternity leave from a team of 6.8 WTE
* Recruitment challenges
* Pathway interface pressures between MH services for patients with disordered eating in the context of other MH conditions i.e. depression

**Recovery Management Plan:**

* **Risk stratification of waiting list**
  + Assessment timescales for urgent and emergency referrals remains unaffected.
  + OHFT will triage all routine referrals in on a weekly basis to assess the individual’s clinical need, prioritise the more clinically vulnerable and personally make contact with each patient at the point of referral to ensure they know the service is holding them and will get to them as soon as they are able.
  + Any patients who begin to struggle and falter in their trajectory will be re-assessed via OHFT if they or their Health Care Professional (HCP) make contact.
* **Additional Resource & Forms of Support**
  + Recruitment of Bank/Agency Service to attempt to recruit short or long term specialist nurses/AHPs.
  + Resume delivery of guided self-help group interventions for binge eating disorders and a ‘getting started’ psycho education group.
  + Third Sector waiting list support offer being scoped.
  + GPwSI - would require a special interest in EDs Oxford Health would help support around triage / assessment and treatments.
* **Longer-term; Service Transformation**
  + Remodelling the Eating Disorder service as part of the Community Services Framework; in year investment of £366k. Recruitment to expansion posts is underway.

**Referring to the Service:**

Below are other factors which we may consider as indicators for more urgent referral or requiring screening/advice from OHFT:

|  |
| --- |
| - Significant weight loss (more than 1 kg a week for the past 4 weeks or longer)  - Deteriorating blood tests results (FBC, LFT, U& E, bone profile) and physical health monitoring (BP, pulse, HR..) according to table on medical monitoring (below)  -low weight and BMI with trajectory down (not stable low weight)  - BMI dropping below 15 in patients with symptoms of severe restriction  - Purging (vomiting or laxative abuse) more than 5 times a week or frequent attendance to A & E for potassium infusions  - Transitioning from other services and relapsing  - Significantly severe comorbidity with MH disorder (we may liaise with MH team involved) or medical disorder (Example: diabetes) or pregnant  - Significant obesity associated with binge eating disorder (patient waiting for bariatric surgery). Bear in mind that obesity is not always associated with Binge eating disorder so it’s worth discussing with us if unclear |

In case of any doubts about physical monitoring or increased risk which escalate the referral, I am happy to be contacted via phone or via the email;

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## Blood Monitoring Guidance:

The blood tests we recommend include FBC, U+Es, LFTs and bone profile. Below is a copy of our concern and alert ranges for your information. Results of concern that we often see in low weight patients include:

* Low Hb, WCC (low platelets of more concern)
* Low glucose
* Low potassium (due to purging)
* Low sodium (due to fluid overload)
* Low albumin, protein, creatinine
* High LFTs (more concerning, can rise rapidly)

We recommend weekly blood monitoring when BMI is below 15, fortnightly when BMI is 15-17 (which can be reduced if weight is being restored and there are no abnormalities), and monthly bloods at BMI 17-18. Blood tests can be stopped if completely normal for 3 months and the patient carries on making progress. Patients maintaining a BMI above 18 do not need routine bloods unless clinically indicated.

For someone normal weight purging once a day please complete monthly blood test. If consistently normal over a period of 3 months, there is no need to carry on with testing unless the patient is symptomatic. Please increase frequency if vomiting gets worse or she/he is experiencing physical symptoms such as palpitations, dizziness, feeling light headed, chest pain. Blood tests should be repeated more frequently (at least twice a week) if the patient is on potassium supplements so that supplementation can be adjusted accordingly.

Please could patients with a BMI under 17.5 be advised to take multivitamins and minerals, omega 3, Thiamine 50mg and calcium.

The Management of Potassium Balance:

|  |  |  |  |
| --- | --- | --- | --- |
| **Serum levels** | ***Mild***  Higher than 3mmol/L | ***Moderate*** asymptomatic  2.6 – 3mmol/L | ***Severe***  Less than 2.6mmol/L ***or*** symptomatic |
| **Treatment** | Potassium effervescent tablets  Two tablets twice daily (48mmol)  **E.g. SandoK ii b.d.** | Potassium effervescent tablets  Two tablets three times daily (72mmol)  **E.g. SandoK ii t.d.s.** | Call medical registrar to arrange iv therapy |

Please could patients with a BMI under 15 and who are on medication have an ECG completed.

Please refer patients whose weight has been below BMI 17.5 and/or in absence of menstrual periods for 6 months-1 year for a DEXA scan. DEXA scans should be repeated every 2 years.

## Medical Monitoring of Eating Disorder Patients

*Blood tests recommended: Full blood count, U+E, bone profile, LFTs,*

|  |  |  |  |
| --- | --- | --- | --- |
| **SYSTEM** | **Test or Investigation** | **Concern** | **Alert** |
| Nutrition | BMI | **<14** | **<12** |
| Weight loss per week | **>0.5kg** | **>1.0kg** |
| Skin Breakdown | **>0.1cm** | **>0.2cm** |
| Purpuric – purplish colour |  | **+** |
| Circulation | Systolic BP | **<90** | **<80** |
| Diastolic BP | **<70** | **<60** |
| Postural drop (sit –stand) | **>10** | **>20** |
| Pulse Rate | **<50** | **<40** |
| Extremities |  | **Blue/ cold** |
| Musculo-skeletal  (squat Test  Sit up test) | Unable to get up without using arms for balance | **+** | **+** |
| Unable to get up without using arms as leverage | **+** | **+** |
| Unable to sit up at all |  | **+** |
| Temperature |  | **<35C** | **<34.5** |
| Bone Marrow | White blood count | **<4.0** | **<2** |
| Neutrophil count | **<1.5** | **<1.0** |
| Haemoglobin | **<11** | **<9.0** |
| Acute Hb drop  (MCV and MCH raised – no acute risk) |  | **+** |
| Platelets | **<130** | **<110** |
| Salt /water  balance | K+ | **<3.5** | **<3.0** |
| Na+ | **<135** | **<130** |
| Mg++ | **<0.7** | **<0.5** |
| PO4-- | **<0.8** | **<0.6** |
| Urea | **>7** | **>10** |
| Liver | Bilirubin | **>20** | **>40** |
| Alkaline phosphatase | **>110** | **>200** |
| Aspartate transaminase (AST) | **>40** | **>80** |
| Alanine transaminase (ALT) | **>45** | **>90** |
| GGT | **>45** | **>90** |
| Nutrition | Albumin | **<35** | **<32** |
| Creatine Kinase | **>170** | **>250** |
| Glucose | **<3.5** | **<2.5** |
| ECG | Pulse rate | **<50** | **<40** |
| Corrected QT intervals (QTC) msec |  | **>450** |
| Arrhythmias |  | **+** |

*Unless otherwise agreed, the GP is responsible for the medical monitoring of outpatients and community patients; Cotswold House Marlborough will monitor inpatients and day patients.*

*Our general recommendation is for patients to have blood tests fortnightly; weekly tests may be necessary if results are deteriorating or there is significant vomiting or laxative abuse, less*

*frequent tests may be adequate if the patient is stable or improving.*

*If results fall into the Concern or Alert ranges, please contact 01865 904099 for advice.*

**Patient Resources:**

**Cotswold House Marlborough** has a website which has lots of helpful information for people who have an eating disorder and their family and friends. Our website can be found at: <https://www.oxfordhealth.nhs.uk/cotswoldhouse/>

**Beat** is the UK’s leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape. Their website has lots of useful information for anyone affected by an eating disorder and their families and friends. Their website is: <https://www.beateatingdisorders.org.uk/>

[Eating Disorders Self-Help Resources - Information Sheets & Workbooks (health.wa.gov.au)](https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating)

**Friends and Family**

If any of your friends or family members require support we have a Friends & Family Group which runs once a month at our Service. Please contact us for more information.

These resources aim to give more information about eating disorders

**For families specifically:**

Skills-Based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method. J. Treasure (2007).

**Anorexia Nervosa**

* Treasure J and Alexander J (2013). Anorexia nervosa. A Recovery Guide for Sufferers, Families and Friends. 2nd edition. Routledge, London and New York.
* - ‘Rehabilitate Rewire Recover’ (Tabitha Farrar)
* Overcoming Anorexia Nervosa: A Self-Help Guide to Using Cognitive Behavioural Techniques. C. Freeman (2002). Robinson.
* Anorexia Nervosa: The Wish to Change. A. H. Crisp, N. Joughin, C. Bowyer (1996). Psychology Press.
* Anorexia Nervosa. R. Palmer (1989). Penguin.
* Mealtimes and Milestones: A Teenager’s Diary of Moving on from Anorexia. Constance Barter (2010). Robinson.

**Bulimia Nervosa/Binge Eating**

* Bulimia Nervosa and Binge Eating: A Guide to Recovery. P.J. Cooper (1995). Robinson.
* Overcoming Binge Eating. C. Fairburn (1995). Guildford Press.
* Getting Better Bit(e) by Bit(e). U. Schmidt, J. Treasure (1993). Lawrence Erlbaum Associates Ltd.
* -‘The Compassionate Mind Approach to Beating Overeating’ by Kenneth Goss

**For All diagnoses:**

- Beating Your Eating Disorder: A Cognitive-Behavioural Self-Help Guide for Adult Sufferers and their Carers by Glenn Waller, Victoria Mountford, Rachel Lawson and Emma Gray

The smartphone application **‘Recovery Record for Eating Disorder Management’** can also be helpful. This is not a product of the service, although it has received positive feedback from service users.