"The role of the dietitian and nutrition in family therapy for anorexia nervosa”

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Family Therapy for Anorexia Nervosa

- Family therapy for anorexia nervosa (FT-AN) is recommended as a first-line treatment for young people with AN by the National Institute for Health and Care Excellence (NICE)
- An MDT approach is described as paramount in FT-AN to ensure that safe and consistent is offered.
- FTAN vs FBT
    - FBT: Nutritional guidance on weight restoration delivered by a dietitian is perceived to have the potential to undermine parental confidence in their ability to feed their child and make healthy food choices for them, just as they had done prior to them becoming unwell with AN. Parental anxiety is raised and parents take full control of meals.
    - FT-AN: dietitians extend the nutritional knowledge base of the MDT, providing nutritional psychoeducation in collaboration with therapists and devising standard meal plans that are used to provide guidance in the initial stages of the treatment. Dietitians can also take a more direct advisory role when needed at several stages across treatment.

Evidence for the FT-AN model

- The first line NICE recommended treatment in the UK for AN is Family Therapy for Anorexia Nervosa (FT-AN) (NICE, 2017; Eisler et.al, 2016)
- Evidence from randomised control trials has shown FT-AN to be effective in supporting young people to achieve a healthy weight and reducing eating disorders cognitions by the end-of-treatment (Eisler et al., 2000; 2016)
- At discharge 77% of the AN/Atypical AN group had a good or intermediate outcome (Simic et.al, 2022)
- Low re-referral rates at 5% over 5 years (Simic et.al, 2022)

Dietitians in the FT-AN model

- Core member of the treating team MDT
- Involvement on a consultative basis
- Importance of joint appointments with the lead therapist
- Direct and indirect roles:
    - Direct: assessing/reviewing YP at high nutritional risk (e.g., significantly underweight/co-morbid physical health issues or special dietary requirements)

    - Indirect: consultation with therapist, creating nutrition resources such as meal plans, training and educating on nutrition topics, liaison with dietitian in physical health teams

Current PHD

“The Role of the Dietitian in Family Therapy for Anorexia Nervosa: A Mixed-Method Investigation

- From my role as the eating disorders dietitian at the Maudsley
- Challenges faced around lack of clarity for the role and lack of scientific evidence
- Knowing the important role dietitians can play but lack of evidence around this
- Role not clearly defined in the FT-AN manual
- Challenging to advocate for dietitians with little evidence-based research in child and adolescent ED
- No published evidence on meal plans or parental feeding confidence as a measure within ED

BACKGROUND RESEARCH

Dietetic role in the FT-AN manual- "providing expertise to the team on nutrition and the safe management of restoring healthy eating. Most patients can achieve this through being supported to eat according to a standardized meal plan...It is unusual in FT-AN for the dietitian to meet with the family without the therapist also bring present at any stage in treatment "(Eisler & Simic, 2019 p17).

2.65kg weight gain by the third session of treatment linked to higher rates of remission at the end of treatment (Doyle et.al, 2010; Le grange et.al, 2014).

Literature repeatedly highlighted the need for greater clarity around the role of the dietitian, standardizing criteria for dietetic involvement and evidence-based guidelines for dietetic interventions within FT-AN (McMaster et.al, 2020; Heafala et.al, 2021; Yang et.al, 2021; Brennan et.al, 2024).

"I Need Someone to Help Me Build Up My Strength": Yang et.al, 2023

- meta-synthesis of 15 papers to explore eating disorders service users views on the role and value of a dietitian within eating disorders treatment
- Participants valued the nutritional knowledge and education that the dietitian brought to treatment.
- Service users reported having a diverse team of specialised clinicians was important as it meant they could trust the advice
- feeling like the dietitians objectives for treatment matching with their own due to their eating disorder cognitions.
- Participants highlighted the importance of dietitians have appropriate skills, knowledge and experience to be working in eating disorders and to ensure they were adopting an inclusive approach for those living in larger bodies
- importance of person-centred dietetic care. Participants were able to engage well with the dietitian when they felt the dietitian knew then personally and they were allowed to collaborate in goal setting

Current research on the role of the dietitian in FT-AN

The Role of the Dietitian within Family Therapy for Anorexia Nervosa (FT-AN): A Reflexive Thematic Analysis of Child and Adolescent Eating Disorder Clinician Perspectives

- Clinicians recognised the crucial role of the dietitian within the Multi-Disciplinary Team
- Clinicians shared the view of the FT-AN model that collaboration was important
- Increasing both parental confidence and clinician confidence in their nutritional skills and knowledge as a key role for the dietitian.
- adapting a case-by-case approach for which patients would benefit from dietetic involvement

An Exploration of Clinical Characteristics and Treatment Outcomes Associated with Dietetic Intervention in Adolescent Anorexia Nervosa

- No clear patient characteristics at assessment indicated whether patient would need dietetic involvement
- Dietetic involvement needed in patients with lower rates of weight gain by week 4 of treatment
- Dietetic input supported this patient group to have a similar weight gain trajectory by the end of treatment
- Patients that needed dietetic involvement also needed greater treatment intensification and tended to have more sessions within FT-An

Current ongoing studies

Dietitians experiences of working in FT-AN

- Qualitative study
- Benefits and challenges of working within this model
- Working towards developing further clarity on the role from the manual
- Study recruited from the BDA, the BDA mental health specialist subgroup, BREDS, and ED dietitians professional whatapp group
- N=15 participants

Dietitians spoke about enjoying working within FT-AN and valuing the MDT model

“having been completely new to eating disorders, working in a team that follows an FTAN model has been really, really fantastic because I feel very supported and very held within the team”

“I honestly love working with the MDT. I think, because you can see a huge difference in patients care. It’s the strength of bringing all disciplines together and seeing, how much more effective that is for the young person”

“I had a really positive experience in FTAN. I felt valued and I enjoyed contributing to the team”

Dietitians discussed the challenges of the role and the lack of clarity and guidance

“I don’t think there's a huge amount of guidance on what it does or doesn't look like. So I think it's very, very reliant on the expertise of the team”

“I think there are many challenges…. I think one is knowing the boundaries of being a dietitian and it's really actually hard to know what it is that you should be doing”

“I don't think dietitians in eating disorders are valued full stop in a lot of areas”

“I did actually leave because of these reasons. Other people weren't getting me involved, so if they were doing meal plan increases, meal plan changes, they were doing it without me”

“I was definitely working in quite isolated capacity…so I think that's quite tricky”

Participants discussed not feeling that FT-AN in its current iteration values dietetic input

“Il think its very limiting, to be honest. I don't think it captures our role very accurately. Because I think we do so much more than this”

“It (the manual) reads like we need dietitians to give us a meal plan to restore some weight and that is all. I don't think that is an accurate presentation of our role. So it doesn't feel like we are really valued”

“I think it's not being part of the model really that I thought wasn't helpful.”

Participants did not agree with the clinician expressed worries about the dietitian creating an over-focus on food

“I mean there is quite a lot of understanding and skills to be able to make sure that you're practising in line with the philosophy of the model. Otherwise I think yeah, it could be sort of viewed as unhelpful”

“I would like to think that the dietitian is skilled in that area of work to be working with those people in the first place, so would not be doing more harm than good”

Dietitians felt that greater dietetic involvement in FT-AN would be beneficial and would support to strengthen the therapeutic alliance

“I think that the dietitian can be really instrumental… think there's something very powerful about hearing messages from a dietician…I think that that is a really important part and I think therapists like that as well”

“The therapist and the dietitian working together enhances the treatment alliance because as a team we should work together and discuss. So far what I have been seeing is that I have always validated the recommendation from the family therapist. I received the feedback “Oh, it's so nice to work with you because I feel that we complement each other”.

Patient and parent experience of nutrition advice in FT-AN

- Qualitative study exploring parent and patient experience of nutrition advice, meal plans and dietetic involvement in FT-AN
- Currently only published study is focusing on clinician experience and views in FT-AN (Brennan, et.al, 2024)
- Study recruited discharged families from MCCAED
- Parent study N=9
- Young person=3

Parents views on meal plans in the service

“You know the first thing you think when you look at it (the meal plan) is just.
how on Earth, are we going to do this?”
“But I think having the guidance of that plan was invaluable. Without that I think it would have been a very different outcome because actually when you look at what the expectation was, there's a significant increase”
“obviously the meal plan was the greatest piece of help…I mean, I think I always knew what to feed her, but it was good having it there in writing and the snacks are really helpful as well”
“So much of treatment is talking about failure every day. And when you're on a meal plan, every hour is about failure”

Parents views on the dietetic role

“To be perfectly honest having a dietitian there was I think an integral part of the recovery”

“if anything, I would have preferred a little bit more contact to be honest”

“Dietetic intervention is essential for young people who are sick because you can't start your work until they have a brain cell that's functioning left to hear it…So I can't see that any of it could have kick started without the Dietetic interventions”

“it's not just about the food, it's about the relationships around it”

Parents views on if meal plans/ nutrition advice could decrease their confidence in feeding their young person

“No, definitely not. I think I was looking for as much as possible with the help with the advice. Then I think that made it easier, gave me more confidence, I would say”

“I think that's what anorexia is. You lose all confidence whatsoever in what you've done, what you're doing, what you've done your whole life, the everything you know”

Mapping review of dietetic provision into all NHS child and adolescent eating disorders service in England

- No current mapping reviews conducted in this area
- No studies on current practice of eating disorders dietitians in the UK or staffing/ input levels
- Essential step in moving towards building an evidence base and standardized interventions for dietitians in eating disorders
- Stepping stone building towards a round table discussion on current practice and best practice

Purpose of mapping review

- From government Access and Waiting Times Standards dataset complied of all ED outpatient child and adolescent eating disorders services in the UK
- Questionnaire developed to ask services about:
  - Do they employ a dietitian and staffing levels
  - Current practices in relation to meal plan
  - Current practices in relation to ONS
  - Do they adhere to the MEED guidance
  - What types of patients are referred to the dietitian
  - How are dietetic sessions offered

Future studies

Next steps

- Parental feeding confidence
- Validated tool to measure feeding confidence is the ecSatter 2.0 (ecSI 2.0) inventory.
- Parental feeding confidence across 4 main domains (Eating attitude, food acceptance skills, internal regulation skills and contextual skills).
- Is parental feeding confidence predictive of rate of early treatment weight gain and progress through treatment (at 1 month, 3 month and 6 month follow up) ?
- Does dietetic intervention increase parental feeding confidence ?
- How does providing a meal plan impact on parental feeding confidence ?
- Does meal plan composition (calories/ weights on meal plan Vrs plate by plate approach) impact parental feeding confidence and weight restoration?

Collaborative working

Collaborative working

- Adapt FT-AN training to include the dietetic role
- 1 day training specifically for dietitians on working within the FT-AN model
- Article in the BDA magazine
- Working to update the BDA guidance document “Dietitians working in Family Based Treatment”

Supporting families in anorexia nervosa

Danielle O' Regan looks at the role of the dietitian within family therapy for anorexia nervosa at the Maudsley

Dietitians are increasingly being recognised as important multidisciplinary team (MDT) members in the treatment of a variety of mental health conditions.[1] However, the role of dietitians within child and adolescent outpatient eating disorders (CAEDs) treatment remains under-researched and is not well defined in treatment manuals.

The dietitian's role in family therapy for anorexia nervosa (FT-AN) remains unclear regarding their level of involvement in treatment and timings of involvement.

Through working at the Maudsley Centre for CAEDs over the past year, I have been working with the team to think about how best to embed the dietetic role within the model. We have been working towards highlighting the vital role that dietitians can play in patients' recovery through research.

Treatment models for child and adolescent eating disorders

the dietitian within the team was significantly underfunded. Over the past six years, dietetics in MCCAED has grown from having one part-time dietitian to five dietetic posts (four full-time and one part-time) and two dietetic-led PhDs.

Within my first year in the role, I attended FT-AN training, observed the model in action and got to know the team to understand how best to further develop the dietetic role considering the additional funding. Some early successes have been updating the meal plans to be more culturally inclusive and in line with current best practices in eating disorders, such as being based on the plate-by-plate model and offering vegan and vegetarian standard meal plans. I have provided training for all team members on nutrition topics such as veganism, intuitive eating, and updates on current nutrition research in eating disorders, to ensure all team members have up-to-date and evidence-based nutritional information. I have also worked with the team to embed a dietitian session within the multi-family therapy

Dietetics Today article

Thanks

Any
questions?

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