

Implementing the new NICE guidelines for Eating Disorders (ED): recognition and treatment.

Nicol Clayton RD, Specialist Paediatric Dietitian at Bristol Royal Hospital for Children, represented the BDA Paediatric Group at a one day summit on the implementation of new NICE guidelines for eating disorders.

Updated NICE guidelines for eating disorders were published in May 2017, containing a wealth of changes. These included an emphasis on early recognition and treatment, new sections on diabetes and eating disorders and recommendations on the staging of psychological treatments with a strong steer for using self-guided help for binge eating as a first line treatment.

With the support of the paediatric group of the BDA I was able to represent the group and attend a one day summit on the implementation of the NICE guidelines. This timely day provided an insight into the national context and evidence base for the new NICE guidelines for eating disorders. Hearing about new services for early recognition and treatment from experts working in this field, alongside the personal journey of eating disorder patients who are now in recovery, was an incredible springboard for understanding the future role of a dietitian in eating disorders.

Professor Ivan Eisler, a pioneer in the treatment of eating disorders, started the day with a thought provoking explanation on the evidence behind the NICE guidelines and how this should be translated into practice. Professor Eisler explained that, whilst the guidelines described which treatments were empirically supported, treatment techniques were only one part of what determines a successful outcome for the patient. Other key factors including the role of the therapeutic alliance, the clinician's skills at developing an individualised responsive treatment plan and the patient's hope and expectations were explored. Professor Eisler outlined how early identification and easier access to treatment intertwines with the patient's journey and leads to improved opportunity for recovery.

Anne O'Heirly from NHS England delivered a valuable, information packed session on the development of community eating disorder teams and a preview of the new in-patient management guidelines. The guidelines build on the establishment of community ED teams and encourage maintaining an integrated pathway of treatment, aiming for care near to home to be provided with ongoing support from the community ED team during admission and post discharge. There was discussion about whether outcomes for individual therapies, including dietetics was relevant; the consensus was that in such integrated teams, comparing one therapy success to another was not recommended, and that overall patient remission and relapse rates were the key factors for assessing services.

Dr Lucy Serpell and Kate Mahoney, clinical psychologists from North East London Foundation Trust Eating Disorder service, showcased their model for First Response and Rapid Intervention for Eating Disorders (FREED). This is an exciting, comprehensive and responsive programme and reflects the heart of the new NICE guidelines. Early dietetic focus is included in the key principles alongside family involvement and evidence based stepped psychological care. Results from the pilot show reduced Eating Disorder Examination scores (EDE – Q scores provide a measure of the range and severity of eating disorder features) improved weight restoration and less in-patient or day-care treatment. This is currently being scaled up in four large Eating Disorder centres in London and Leeds

and the ambition is that this will be rolled out as a national model of care. Although successful, Kate explained there were also potential challenges in diverting services away from chronic patients and it will be great to see how this programme evolves over the coming years.

Frances Shillito and Jacqueline Allan delivered moving sessions on the lived experience of having an eating disorder. Frances echoed the need for early recognition; like many patients she did not receive professional help for over two years from onset and explained how this contributed to making her eating disorder more entrenched and more difficult to treat. Frances also emphasised the need to continue treatment even after weight is restored, as this can often be a very difficult time. The role of the dietitian was very important in her recovery; Frances needed (and got) a dietitian who was firm but also understood the need to pace her weight gain to her psychological health.

For the first time, the NICE guidelines contain information about diabetes and eating disorders and Jacqueline Allan, the founder and managing director of the registered charity, Diabetics with Eating Disorders delivered a really interesting session about Diabulimia (the deliberate under dosing of insulin to manage body weight). Important information on the medical aspects of managing Diabulimia, the need for close liaison with the diabetes team and some of the side effects of treatment – which may at times be quite different to treatment of other eating disorders was explained. Jacqueline campaigns for recognition of 'Diabulimia' as a discrete diagnostic category, provides training and consultation for healthcare and related professionals, supports patients and their families, and is an incredible resource for any teams managing these issues.

In the last of the clinical sessions, Dr Nicola Massey, a GP from Liverpool University with a wealth of knowledge in the first line of treatment of eating disorders delivered an impassioned session on the practical difficulties students at university have accessing treatment for eating disorders and the role of the GP in managing these patients. A lack of specialist ED dietitians was a concern for Dr Massey, whose patients needed practical help with meal plans for safe weight restoration and maintenance.

To close the day Andy Roberts outlined the commissioning landscape. It was fascinating to hear how services are commissioned and the challenges of producing a coherent patient pathway through various financial budgets, spanning NHS England, local authorities, schools and CCGs.

I was only one of two dietitians who attended the day, so felt really privileged to be given this unique insight into pathway and service development. The NICE guidelines clearly state that dietary counselling should only be offered as part of a multi-disciplinary team, and the empirical evidence for dietary therapy in eating disorders is sparse and not that convincing, so it was fantastic to hear how central dietetics is to eating disorder treatment. However, as a dietitian currently outside a dedicated eating disorder team I was left with some questions. What role do future dietitians have in these teams? How do we ensure that our training enables us to have the skills to retain a central role in the treatment of eating disorders? Should we be undertaking more CBT training? And undertaking more research in dietary therapy for eating disorders?

To answer this I turned to Ursula Phillpot, a dietitian with a wealth of experience in eating disorders and a key contributor to the NICE guidelines. Ursula kindly spent some time with me outlining that, whilst it is important for dietitians to understand the principles of CBT and be able to apply this in our work with eating disorder patients, it is our core, practical dietetic skills that are so valuable to

ED teams. Patients and parents need help to know what to eat, to have help in developing safe, practical and successful meal plans and work on having a better relationship with food in all settings. The role of the dietitian is particularly important in paediatric teams where dietetic skill is needed to ensure the correct nutrition for growth and parents need expert support. There is work being undertaken in the larger experienced centres to pull together a model for how dietetic practice fits alongside family therapy, and now that referral times are improved dietitians will move away from holding patients alone in the community to joining with the integrated team. Ursula agreed with Professor Eisler views on patient outcomes rather than specific dietetic outcomes and reinforced the value of a team approach, for all therapies involved, including physiotherapists and occupational therapists. Whilst no one underestimates the challenges that will continue to exist working with such a difficult illness, there is a positive and inclusive future for dietitians working in eating disorder patients.