

Update on Eating Disorders for Primary Care Professionals



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Diagnosis – Anorexia Nervosa

- restriction of energy intake relative to the requirement
- intense fear of gaining weight or of becoming fat
- body weight/ shape/ image concerns
- Removed 'refusal', BMI cut off and three months of amenorrhoea

Diagnosis- Bulimia Nervosa

- Recurrent episodes of binge eating
- Binge is defined as eating over a discrete period (within 2 hours) accompanied by sense of lack of control
- Recurrent inappropriate compensatory behaviour
- Binges at least once a week
- Self evaluation influenced by body weight

Diagnosis- BED

- Binge Eating Disorder
- Recurrent episodes of binge
- Characterised binge more. Eating:
 - until full
 - when not hungry
 - rapidly
 - when alone
 - feeling disgusted about the binge

Diagnosis- ARFID

- Avoidant/ Restrictive Food Intake Disorder
- Feeding or eating disturbance manifested by failure to meet nutritional needs
- The disturbance is not explained by
 - lack of food
 - other eating or mental disorders
 - medical conditions
- Avoidance is due to either colour/ smell/ taste/ texture of the food, mouth feel, swallowing difficulty and/ or pain (when medical and surgical causes are excluded)

Diagnosis- Other

- Pica
- Rumination Disorder
- Other specified feeding or eating disorder (OSFED) e.g Atypical Anorexia, Purging disorder, Night Eating Syndrome
- Unspecified Feeding or eating disorder

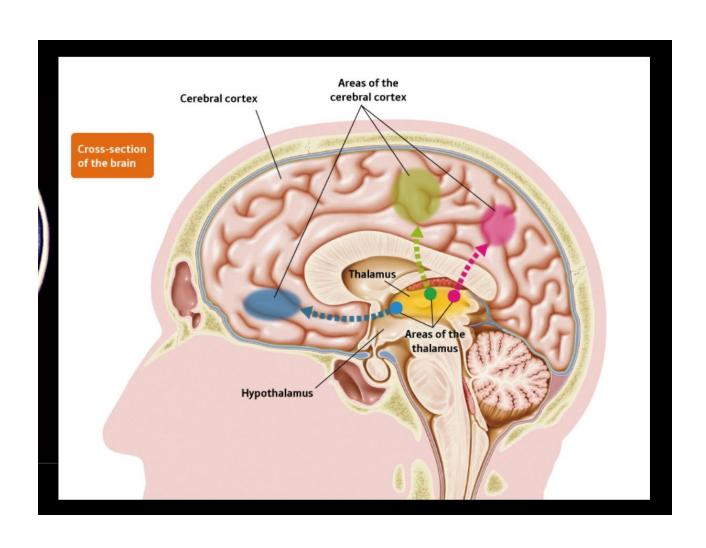


Aetiology Updates

Aetiology

- Biological Model- Results form Neuroimaging
- Psychodynamic model ED symptoms are just a smoke screen
- Cognitive and behavioural model self esteem linked to body weight
- Addiction model Addiction to endogenous opioids
- Systemic model Enmeshed family relationship
- Complexity model combination of the above models and fractal sub model explains patterns

Aetiology- Biological model update



New concept- AN as an AD

- A number behavioural responses designed to reduce or avert the anticipated harm such as avoidance, worry, rumination and fight or flight.
- In AN, behaviours like restriction, purging, exercise, calorie counting etc could be seen as behavioural response to reduce or avert the anticipated harm of weight gain, change in body shape or image.

Do something to get something Vs Avoid something to prevent something

Genetics Update

- Genome-wide association study identifies eight risk loci and implicates metabopsychiatric origins for anorexia nervosa-Hunna J Watson et al, Nature Genetics: July 2019
- This study revealed first indication for specific pathways, tissues and cell types that may mediate genetic risk of AN from individual genes

Genetics Update

Gene

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Protein e.g Catenin

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Adherens Junction



Enhances medium spiny neurons



Feeding behaviour (food motivation and reward)

Genetics Update

"the person with those genes are less likely to have higher body fat percentage, fat mass, BMI, waist and hip circumference and being overweight"

- Genes involved in influencing metabolism related phenotypes contribute to AN
- This explains the exceptional difficulty in maintaining a healthy BMI even after therapeutic renourishment.

Update on Investigations

Investigations

Blood Tests:

Baseline: FBC, U & Es, LFT, TFT, Vit. B12 and Red blood cell Folate, Magnesium and Phosphate.

Follow-up: usually U & E, LFT, Serum Magnesium and Phosphate

- ECG in selected patients
- Bone scan (Dexa Scan)

Update on Treatment

- Psychotherapy
 NICE updates
 CBT-E/ MANTRA
- Pharmacotherapy
 Dronabinol, Stimulants
- Neuromodualtion techniques DBS, rTMS
- MARSIPAN (MAnagement of Really Sick Patients with Anorexia Nervosa)

Service development Update

- New Care Model
 - commissioning de-centralised
 - community investment
 - high risk panel, end of life care
- Development in Hertfordshire
 - Day Unit
 - Primary care liaison service



Thank you

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