PRIORY HEALTHCARE

Priory eating disorder services

Family, carer and friends leaflet

Live your life

Aims

This leaflet is aimed at carers, family and friends of people with eating disorders who provide continuing help and support, without payment, to a relative, partner or friend, whether they live with them or not. For ease, we will refer to carers throughout the document.

We recognise that the wider support network is important for all of our patients, and whilst some patients with eating disorders will fiercely resist help from close others, there are still things that carers can do to help smooth the recovery journey. We will always encourage our patients to allow us to work alongside carers and it is often the case that patients who are resistant at the beginning of treatment will allow more involvement at a later stage. A great deal of patience is often required, and it can take time for patients to settle in and engage with the therapeutic programme.

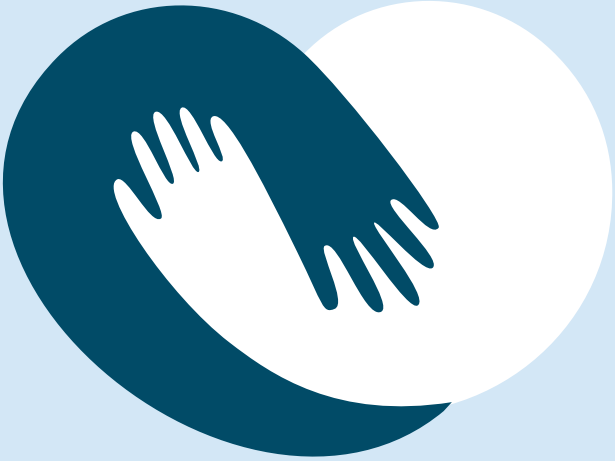
In addition, we recognise that carers have knowledge of the patient prior to their illness, and prior to their admission to the Priory. Carers can always provide information to us and it will be treated with confidence in the same way that detailed information provided to us by patients is treated with strict confidence.

The challenges of caring for a loved one with an eating disorder

We know that caring for a loved one with an eating disorder can be extremely distressing, exhausting and confusing. You may be terrified, angry, sad, and ashamed and of course feel all of the other emotions that come with these. Making sure you are taking time out to care for yourself is so important, and may require you to ask for help from close others or through a wider circle including the array of self-help organisations and charities. We have listed useful resources in the end of this booklet. We also facilitate a carer support group and carer skills workshops for our carers based on the New Maudsley Model.

Contents

1. How can I get involved?
2. What treatment will my loved one receive?
3. How long will admission take?
4. Eating Disorders Care Pathway
5. Can your loved one be made to stay in hospital against their will?
6. Can my loved one be given treatment against their will?
7. How do I get more information about the Mental Health Act?
8. What is Advocacy?
9. What happens with planning discharge?
10. How do I provide feedback?
11. Are there any items my loved one can't have access too?
12. When can I visit my loved one?
13. Can my loved one smoke during their admission?
14. What is Naso-Gastric Feeding?
15. Coronavirus
16. Useful Links and Contacts
17. Appendix
    a. Abbreviations that may be used
    b. Eating Disorders Explained



1) FAQ: How can I get Involved?

Patient & Carer involvement

Patients, their family members and carers provide us with invaluable information that allow us to understand expectations, experiences and needs. By sharing your views on treatment and experiences of healthcare services you can help to improve quality. Feedback may be used in the development of policies and local procedures to ensure our services remain safe and effective.

Involvement can include:

+ Involving patients their family members and carers in their treatment and care, individualised care planning and risk assessment.
+ Asking you to complete satisfaction surveys
+ Asking your opinion on a specific service improvement ideas to assist in the development of good outcomes
+ Involvement where appropriate in interviewing potential staff members during the recruitment process.

If you would like to be a carer representative for a service, please discuss this with the Ward Manager.

Carer Support group

Family/carers have access to a carer support network or group. This could be provided by the ward/unit or the team could signpost you to an existing network.

Within this forum you are encouraged to provide/ receive mutual support by meeting with other carers.

Please speak to the nursing staff for information on carer support groups provided by Priory Hospitals

Key Meetings

Ward Round/Multi-Disciplinary Team (MDT)

Each patient will be invited to a ward round/MDT meeting each week. This meeting will include key members from the MDT and it is to review progress and the current treatment plan. If you wish to attend, then please discuss this in the first instance with your loved one and then arrange via the nursing team.

Ward Consultants are available for ad hoc meetings with patients and their family/carers when these are requested. Please ask the ward staff if you would like to arrange.

CPA (Care Programme Approach)

A CPA/Case Conference is arranged on admission to take place within the first four weeks. A CPA/Case review is a Care Programme approach framework for coordinating care. Ongoing CPA/Case conferences within the eating disorder services will then be arranged every 4-6 weeks.

Inpatient services and community teams work together, to ensure that the after-care plan reflects the needs of each patient.

With your loved one's agreement, you will be included in the CPA/Case conference process. You will be asked to complete the Carers Feedback section of the CPA/ Case conference report form prior to the meeting so that your views can be included.

Leave from the ward

Leave is an important part of a patient's care and it forms an essential step in moving towards recovery. Leave will be discussed and planned with the patient and where applicable carers/family. Leave is built up gradually over time, for example, this may start with going out for an hour with a member of staff, and build up to a day out with family and then overnight leave.

Leave can be a time of potential stress for patients, carers and services and these risks must be carefully balanced against the benefits of the leave.

The team can discuss home leave with family/carers beforehand to offer support or for you to ask any questions. .

Types of leave are:

+ Escorted - this will be by a member or members of the hospital staff
+ Accompanied - the patient is accompanied by a friend or relative
+ Unescorted - the patient does not require an escort

1) FAQ: How can I get Involved?

Leave will be either within the hospital grounds or off the hospital grounds.

For patients who are detained under the Mental Health Act, there is a form that needs to be completed before the patient can go on leave, this is called Section 17 form. The patient will be unable to go on leave, without one being completed.

Information sharing and confidentiality

The issues of confidentiality and information sharing between mental health professionals and carers can be challenging but it is often crucial to the ongoing wellbeing of the patient and carers. Patients are asked to give consent to information being shared and this is documented.

Patients may find it difficult to give consent about their personal information being shared. This may be due to their disability or mental illness.

Personal information can include:

+ Sensitive information like a mental health diagnosis,
+ Treatment or care plans, or
+ Anything they have talked about in appointments or therapy sessions.

Disclosure of confidential information is permitted:

+ With the consent of the patient.
+ If life is in danger (to self or others) then the general principles of confidentiality no longer applies and family or representatives will be informed immediately if their loved one becomes very ill whilst in our care. Emergency services may also be informed in circumstances where life is in danger.
+ Without the consent of the patient when the disclosure is permitted by law or by order of a court.
+ Without the consent of the patient when the disclosure is considered to be necessary in the public interest.

Issues around confidentiality should not be used as a reason for not listening and talking to carers, nor for not discussing fully with our patients. The need for carers to receive information, is so they that they can continue to support them.

2) FAQ: What Treatment will my loved one receive?

Treatment for people experiencing eating disorders:

We will provide treatment for your loved one whilst they are in hospital. We will manage the medical risks associated with eating disorders by feeding your loved one to achieve weight restoration, careful monitoring of their physical health and by the use of observations to reduce purging, over exercising etc.

We offer an individualised approach to care to support the patient to meet their goals. The frequency and duration of care will depend on the patient's condition. Each patient has individual health needs and we complete a physical and therapeutic assessment to ensure the most relevant treatment is provided. We use NICE (National Institute of Clinical Excellence) guidelines, to ensure the treatment provided meets the requirements of the condition.

The therapeutic treatment programme is comprehensive and can feel intensive, helping patients and carers challenge issues on different levels. People experiencing eating issues often struggle to express what they think and what they feel, and find making changes difficult, as they fear change and feeling out of control. Therefore, by using an integrated approach such as cognitive behavioural therapy (CBT), psychodynamic and solution- focused combinations of individual therapy and group work, we are able to help the person challenge their difficult issues in a variety of ways.

What a Dietitian does:

Eating disorders are complex in nature and go deeper than simply weight and food. Nevertheless, both of these factors majorly influence the severity of one's illness and are vital considerations when it comes to beginning treatment, which is why the input of a specialist dietitian remains important. The role of a specialist eating disorders dietitian is to support patients to achieve and maintain a healthier weight whilst empowering them to nourish their body properly by providing them with nutrition knowledge and supporting them to re-establishment a healthy and normal relationship with food.

What to expect in the first few weeks:

When a patient is first admitted, they will be closely monitored by the dietitian and will begin eating at a steady and incremental rate. Therefore, the main aim of the first week is to stabilise patients so that they can begin weight restoration.

The purpose of meal plans:

Although flexibility regarding meal and food types and times is an aim of recovery, meal plans are set initially as those with eating disorders often have distorted hunger and fullness cues. Meal plans provide the appropriate energy and nutrients that a patient requires to restore health, and encompass a variety of foods, both of which may challenge patients. Patients are supported by the Dietitian to understand the purpose of their prescribed meal plan and by nursing staff at meal times to assist in managing the uncomfortable emotions they may face when eating. It is important that patients and their families understand that meal plans are a prescription of food and should be seen as treatment, just as medication may be. Normal and healthy eating is as important in recovery from an eating disorder as weight restoration, and meal plans facilitate the achievement of both these outcomes

2) FAQ: What Treatment will my loved one receive?

Nutrition education:

Most people with eating disorders think they know a lot about food; however, this knowledge may be unbalanced and fuels the beliefs of the eating disorder. From magazine articles to nutrition blogs, to celebrity endorsed social media posts regarding diet trends and providing nutrition information, it is hard to decipher what information is reliable and what is for the benefit of the publisher. A lot of the information that the public is exposed to is from unreliable sources, or aimed at those who are overweight. It is important that patients explore their current nutrition knowledge to correct any misinformation and understand the role of food and nutrition for health. A dietitian has extensive nutrition knowledge with a scientific background and aims to debunk any myths that fuel eating disorders and provide accurate nutrition information to enable patients to improve both their relationship with and understanding of food. In our inpatient units, nutrition education groups are run by the Dietitian and participation in these is expected as part of treatment.

Home leave and food exposure:

Throughout recovery from an eating disorder, patients will face challenges in a variety of settings, and eating out or at home is often one of them. It is therefore important that family,

friends and carers understand of the challenges that their loved one may face and how to support them appropriately. Where appropriate and as per the patient's wishes, families can be updated regarding treatment and advised how to manage meal plans or meals out when patients are on leave. Families can contact the nursing team if they wish to make an appointment with the Dietitian caring for their loved one, once consent is provided by the patient. Workshops and information sessions for families are regularly provided and inquiries can be made at individual sites.

Food allergies and cultural restrictions:

We understand that regardless of the presence of an eating disorder, individuals have food preferences, and many of us may struggle with food intolerances or allergies. Additionally, some may choose to follow a vegetarian or vegan lifestyle for a variety of reasons. Because the aim of treatment is to remove dietary restrictions and 'rules' and to improve an individual's relationship with food as well as enhancing general wellbeing through the diet, specific dietary requirements will be investigated and carefully considered. Allergies and intolerances must be supported by the patient's GP and medical history, and veganism will only be facilitated where it is evident that a vegan lifestyle has been followed prior to the onset of the eating disorder and has not developed as a result of the eating disorder. We ask that patients and their families understand that the wellbeing of our patients remains our primary focus and should a patient's recovery stall or their health begin to deteriorate when following a vegan diet, alternative dietary or medical intervention may be required which may not meet vegan standards.

3) FAQ: How long will admission take?

Admission process:

On the day of admission, the your loved one will meet with the care team and an admission assessment will commence. Care and treatment plans will be discussed and agreed. Your loved one has the option to involve you in their assessment.

Patients are informed of the outcome of their physical health assessment and with patient consent, this can be shared with you.

On the day of admission, your loved one will be given the name(s) of their Primary Nurse/care team and how to arrange to meet with them.

You and/or your loved one will be asked for contact details of the main family/carers to be added to the patient record.

Family/carers are contacted within 48 hours of the patient's admission and offered the opportunity to discuss concerns, family history and your own needs.

Within 7 days of admission a care plan will be jointly developed with the community team, the patient and their family/carers that includes a discharge plan (with the patient's consent)

You will be offered (with your loved one's consent consent) a copy of the care plans.

If you have any questions, please speak with the nursing team at site.

As the experience of an eating disorder is individual to each patient, the length of admission stay is also variable and a reflection of the patient's individualised needs.

Assessment is an ongoing day-to-day process, however ward rounds are held weekly with the patient and the members of the MDT. The ward round enables the patient and MDT to discuss the treatment plan and review if any changes would be beneficial. . The meeting is also an opportunity for your loved one to reflect on their own experience, progress and sets goals collaboratively with the MDT.

In addition, CPA Meetings are held every 6 weeks to review the patient's care and plan for their discharge from the unit. CPA meetings involve wider healthcare professionals involved in the patient's care – such as community mental health team members – as well as carers/family members. This is an opportunity for everyone, including the patient, to discuss what support they will require in their ongoing recovery from an eating disorder once they have left the unit.

Eating Disorders Care Pathway

<table>
<tr><th></th><th>First 7 days</th><th>Initial 1/3 of treatment</th><th>Middle 1/3 treatment</th><th>Last 1/3 treatment</th><th>Discharge</th></tr>
<tr><td>MDT Tasks</td><td>1. Care Notes admission assessment completed within 72 hours.
2 Care plans to be completed within 24 hours.
3. 4 Dietitian assessment
5. Agree goals for admission and target weight.
6. Initial meeting with the care team within seven days. Community team to be invited.
7. Medical Stabilisation, initial meal planning.</td><td>Work with Dietitian Goal setting and starting 5-6 hrs a day meaningful therapeutic activity which include groups post meal supervision and self-directed activity Saturday and Sunday - organised activities
Practical meal support, around managing and tolerating anxieties about meals and weight restoration. Encourage to join low intensity groups.</td><td>Continue Tailored therapy programme comprising 3-4 groups a day Home passes/Leave Family meetings – as required.</td><td>Continue with home leave Thinking about future plans Building a new life</td><td>Discharge Planning
Liaising with Home Teams
Aftercare arrangements</td></tr>
<tr><td rowspan="6">Therapy programme</td><td rowspan="6">Begin psychological assessment Introduce to Therapy team Explain/introduce to groups</td><td colspan="3">Nursing Key worker session 1 x weekly and individual therapy session 1 x weekly, personal therapy plan</td><td rowspan="6">Relapse Prevention Recovery Plan</td></tr>
<tr><td colspan="3">Attendance at a range of groups</td></tr>
<tr><td colspan="3">Post Meal Groups</td></tr>
<tr><td colspan="3">Occupational therapy/Occupational Therapy Assistant/Dietitian Groups</td></tr>
<tr><td colspan="3">Occupational therapy/Occupational Therapy Assistant/Dietitian Groups</td></tr>
<tr><td colspan="3">Family support/Joint family meetings</td></tr>
<tr><td colspan="3">Self-directed activity, Weekly Community Meetings</td></tr>
</table>

Your questions answered

5) FAQ: Can your loved one be made to stay in hospital against their will?

In certain circumstances your loved one can be made to stay hospital under a section of the Mental Health Act, even if they don't want to. This may be described as:

+ compulsory admission to hospital
+ detention or involuntary detention
+ being a formal patient
+ being sectioned

Before you can be lawfully sectioned, you will need to be **assessed**

6) FAQ: Can my loved one be given treatment against their will?

A medical professional should always seek your loved one's informed consent before giving treatment for their physical or mental health.

However, the Mental Health Act states that in some circumstances, a patient can receive treatment from medical professionals for their **mental disorder** without their consent. This can happen when they are **detained** under certain sections of the Mental Health Act.

7) FAQ: How do I get more information about the mental health act?

If your loved one is detained, both you and the patient will be provided with written information about their detention which will include the details of the detention order and how to appeal.

Mind provide useful information. Please see the link on page XX.

8) FAQ: What is Advocacy?

Advocacy means getting support from another person to help express your views and wishes, and help stand up for your rights. Someone who helps in this way is called an advocate.

What does an advocate do?

The role of an advocate depends on the situation and the support that is required. Nevertheless, they are there to support the patient's choices.

An advocate can:

+ listen to views and concerns
+ help explore options and rights
+ provide information to help make informed decisions
+ help with contact to relevant people, or contact them on the patient's behalf; and,
+ accompany and support in meetings or appointments.

What are the different types of advocacy?

The main types of advocacy within eating disorder services are:

+ General advocacy
+ General advocacy refers to all advocacy that is not a legal entitlement. It can support you to cope with a range of situations you may come across in your daily life.
+ Statutory advocacy

In some circumstances, the patient may be legally entitled to an advocate. These are Independent Mental Health Advocates (IMHAs), Independent Mental Capacity Advocates (IMCAs) and advocates supporting people under the Care Act 2014.

Mind provide useful information. Please see the link on page XX.

Your questions answered

What is an MDT?

A multidisciplinary team or MDT is a group of professionals working together with the patient to deliver person centred care.

Our staff team comprises:

+ Consultant Psychiatrist
+ Nursing team (Registered nurses and Healthcare assistants)
+ Speciality Doctor
+ Psychologist
+ Therapist
+ Dietitian; and,
+ Occupational Therapist (OT)

9) What happens with planning discharge?

Discharge planning begins at the point of admission and will be discussed in the CPA/Case Conference reviews.

Discharge planning includes representatives from the community teams to arrange follow up care following discharge from hospital.

With the consent of your loved one, we want you to be involved in the discharge planning process and you will be invited to the discharge meeting. At this meeting the care and treatment arrangements following discharge will be discussed.

The proposed date of discharge will be agreed. A clear discharge pathway will be agreed with all of those named in the plan.

10) FAQ: How do I provide feedback?

If you are happy with the service provided, we would welcome your feedback and would appreciate hearing your comments.

However, there may be times when these expectations are not met. If you have not been satisfied with the service received, we welcome the opportunity to look into your concerns. We will provide feedback and review learnings. Our objective will be to deal with your concerns both professionally and sensitively and to provide you with a fair resolution to your complaint.

If you are thinking of making a complaint ask at reception/Ward staff for the 'Making a Complaint' booklet which will explain the step-by-step procedure to take, or email **complaints@priorygroup.com**

11) FAQ: Are there any items my loved one can't have access too?

It is impossible to create an entirely risk-free patient environment. We cannot remove or withhold every potential risk item from every patient. There are however, a number of items that are either banned or restricted to help optimise patient safety.

Banned items

A banned item is one that could affect the health, safety or wellbeing of patients, colleagues, visitors and others.

Restricted items

Access to certain items maybe restricted, items that could affect the health, safety or wellbeing of patients, colleagues, visitors and others, but they are not included in the list of banned items as this would create a disproportionate impact on all patients if they were not permitted access to these day-to-day items. Patients may have access to restricted items in line with their risk assessment, their management plan and the overarching ethos of the service.

Some items such as razor blades, bottles, may be restricted on admission but following a risk assessment of the patient, may be returned.

Additional restrictions may need to be introduced temporarily or permanently within individual services. Their introduction may be necessary in response to:

a) Lessons learnt from incidents

b) Specific needs identified by the clinical team and/or the operational management.

The banned and restricted items list is subject to frequent review both at unit level, hospital level and at service network level in response to new and emerging

Your questions answered

risks. Updated lists are displayed on the ward or please ask the nursing team.

12) FAQ: When I can visit my loved one?

Please ask the ward team for the wards visiting times and how to arrange a visit.

Visiting times do not take place during the therapeutic day (i.e. meal times, during groups & individual therapy sessions).

13) FAQ: Can my loved one smoke during their admission?

All sites are non-smoking.

The Smoke Free Policy prohibits smoking in Priory Healthcare Services premises i.e. buildings, grounds and company vehicles. We are committed to improving the health and wellbeing of patients, carers, colleagues and visitors. We will provide interventions and treatment for smokers who wish to quit. We will also provide those who do not smoke with a healthy environment in which to be cared for and create outside spaces that are conducive to nurturing wellbeing. The policy complies with current smoke free legislation (Health Act, 2006), the Smoking, Health and Social Care (Scotland) Act 2005 and The Nice Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013).

+ Patients will be asked their smoking status on admission, advised that the unit is smoke free and be provided with advice.
+ Patients who want to stop smoking will be referred to the Smoking Cessation advisor
+ Smokers who do not want to quit, are supported in managing temporary abstinence from tobacco during their inpatient admission by for example using nicotine replacement therapy, e cigarettes.
+ Patients will be offered education and recommended the use or NRT

14) What is Naso-Gastric Feeding?

Nasogastric (NG) feeding is where a narrow feeding tube is placed through the nose down into the stomach. The tube can be used to give fluids and liquid food complete with nutrients directly into the stomach.

NG feeding may be necessary to maintain or improve weight restoration and nutritional status in patients who are unable to take adequate amounts of food and drink by mouth.

Feeding through a nasogastric tube can be a vital form of treatment for patients with an eating disorder.

Medical and nursing staff who place these tubes have been provided with the necessary training and support to ensure that safety and best practice is maintained. As with all of the treatments we offer, staff will be able to explain more about NG feeding if it is being considered for your loved one.

15) Corona Virus

In the event of any future outbreaks being declared (i.e. COVID-19, D&V), we may have to take some additional precautions to safeguard our patients and colleagues. Wards may be required to introduce:

+ Isolation of symptomatic/positive patients
+ Visits to the wards maybe restricted
+ Home leave maybe restricted

Please discuss the current ward protocols with the nursing team.

16) Useful Links and Contacts:

If you wish to discuss medications we can arrange this with our specialised pharmacist. To arrange please speak to the ward staff

BEAT

Free support Helpline: **0808 801 0677,** Information on eating disorders and guides found **https://www.beateatingdisorders.org.uk/**

MIND

https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/about-eating-problems/

FEAST – ED

https://www.feast-ed.org/

Self-help and information Books

Skills-based Learning for Caring for a Loved One with an Eating Disorder: The New Maudsley Method (2nd edition), Janet Treasure, Gráinne Smith and Anna Crane

Decoding Anorexia, Carrie Arnold

ARFID Avoidant Restrictive Food Intake Disorder: A Guide for Parents and Carers, Rachel Bryant Waugh

ED Says U Said: Eating Disorder Translator, June Alexander and Cate Sangster

Further Information on Mental Health Act

England & Wales:

Information on Mental Health Act Legislation

https://www.legislation.gov.uk/

Mind – What is the Mental Health Act

https://www.mind.org.uk/information-support/legal-rights/mental-health-act-1983/about-the-mha-1983/

Please help yourself to the self-awareness booklets and information leaflets available

Useful links to carers support

Link to carers UK Get help & advice with:

+ Carer's Allowance
+ Help with benefits
+ Practical support

https://www.carersuk.org/

Link to carers UK where you can find organisations in your local area

https://www.carersuk.org/help-and-advice/get-support/local-support

Priory carers support staff also help identify local support groups

Appendix1

Abbreviations that maybe used:

- ED- Eating Disorder
- MDT- Multi disciplinary team
- CPA- Care programme approach meeting
- RMN – Registered Mental Health Nurse
- HCA- Healthcare Assistant
- SMT- Senior Management Team
- OT- Occupational Therapy/Therapist
- SDN- Special duty nursing

Physical Health:

- BP -blood pressure
- BGL (or BM) Blood glucose level
- ECG- Electro cardio gram
- NG- naso-gastric
- Marsi Mews – Early warning signs

Appendix 2

Eating Disorders Explained

Eating disorders affect people of all ages, genders and backgrounds. They are often the way that they cope with their feelings. Eating disorders include anorexia, bulimia, binge eating disorder, avoidant/restrictive food intake disorder (ARFID) and other specified feeding or eating disorder (OSFED). Please see below some brief information about each of these disorders.

It can be very hard as a parent/carer to watch you loved one suffer with an eating disorder and maybe feel unable to help. It can be hard to understand the genuine distortion of thinking that characterises an eating disorder.

Anorexia Nervosa:

Anorexia Nervosa is an eating disorder that can lead someone to develop problems with their eating habits. It often causes them to become obsessed with their weight, body shape and what other people think of how they look.

If your loved one is struggling with anorexia, they will usually have:

+ An unhealthy obsession with being thin
+ An overwhelming fear of gaining weight
+ A distorted body image (causing them to think they are fat, even when other people say they are thin).

This means people with anorexia tend to become preoccupied with keeping their weight as low as possible. In order to achieve this, they may reduce the amount of food they eat, and try to remove calories from their body using unhealthy methods such as making themselves sick after eating, abusing laxatives and exercising excessively.

However, the good news is that anorexia is treatable and it's possible for your loved one to overcome their unhealthy eating habits, resolve the underlying issues that may be contributing to their eating disorder, and take steps towards a more positive way of life.

Bulimia Nervosa:

Bulimia nervosa is an eating disorder that can lead your loved one to develop an obsession with controlling their food intake. This is often done using two methods:

+ Binge eating – this when you eat excessively, even if you're not hungry (often up to three or four times the usual amount of food). People tend to binge on foods that are considered to be unhealthy such as crisps, chocolate or other types of 'junk food'.
+ Purging – after binge eating, bulimia sufferers will often try to remove the calories they have consumed using harmful methods. These may include making themselves sick, exercising excessively or abusing laxatives.

The binge-purge cycles associated with bulimia can be triggered by hunger, stress or anxiety.

Unlike some other eating disorders, bulimia doesn't tend to cause a significant change in weight, as the cycles can balance this out. In addition, people with bulimia often go to extreme lengths to try and hide their behaviours. These factors mean that bulimia can sometimes be very difficult to spot.

Binge Eating Disorder:

Binge eating disorder (BED), also known as 'compulsive eating disorder', is a fairly common condition, but has only recently been recognised as an eating disorder. BED is characterised by compulsive overeating, whereby individuals regularly eat a large amount of food in one sitting, regardless of whether or not they are hungry. However, unlike other eating disorders such as anorexia nervosa or bulimia nervosa, BED sufferers do not engage in purging behaviours and therefore, the constant overeating that is associated with BED is likely to result in obesity and other associated complications.

Appendix 2

Other Specified Feeding or Eating Disorders (OFSED):

Other specified feeding or eating disorders (OFSED), also known as 'eating disorders not otherwise specified (EDNOS)' or 'atypical eating disorders', have features that closely resemble anorexia nervosa and bulimia nervosa but do not meet the exact requirements that are needed in order to receive a formal diagnosis. It is estimated that 50% of people with an eating disorder fall into this group. Examples of when OSFED might be present include:

+ The person's weight may be slightly above the weight threshold for a diagnosis of anorexia nervosa
+ Binge eating and purging may occur infrequently
+ Having an obsession with weight and body shape, with no other symptoms
+ Being extremely underweight as a woman, but menstruation still takes place

Many people who have OSFED have experienced anorexia, bulimia or BED in the past or may subsequently go on to be diagnosed with one of these conditions in the future. Atypical eating disorders are commonly diagnosed in childhood, which is partly due to the fact that it is more difficult to strictly apply existing diagnostic criteria for anorexia, bulimia and BED within children. Avoidant Restrictive Food Intake Disorder (ARFID)

ARFID, is an eating disturbance characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both. Someone might be avoiding and/or restricting their intake for a number of different reasons. The most common are the following:

They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake

They may have had a distressing experience with food, such as choking or vomiting, or experiencing significant abdominal pain. This can cause the person to develop feelings of fear and anxiety around food or eating, and lead to them to avoiding certain foods or textures.

In some cases, the person may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. For them, eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough. Such people may have restricted intake because of low interest in eating.