

Towards a Stepped-Care Approach for Child and Adolescent Eating Disorders: The role of Early Intervention

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The treatment evidence base for Eating Disorders

- Most randomized controlled treatment trials for eating disorders show no differences, or differences that diminish over time, between treatment arms
- This does not help much with treatment planning
- A common hypothesis is too much variability within the patient groups
 - some but not all will do well with any treatment

Staging

- Used in a number of medical disorders, most notably cancer
- *‘Way of conceptualizing illness severity, so as to better provide treatments tailored to clinical presentation, to bring a focus to early intervention and to prevent the progression of illness from less to more severe forms’*. Specifically its purpose is to:
 - to select appropriate standard treatments;
 - to evaluate the results of new treatments;
 - to acquire data in an orderly fashion for statistical analysis of end results;
 - to estimate prognosis.

Maguire, et al. Early Interv Psychiatry. 2008 & IJED. 2012

Stepped care approach to treatment

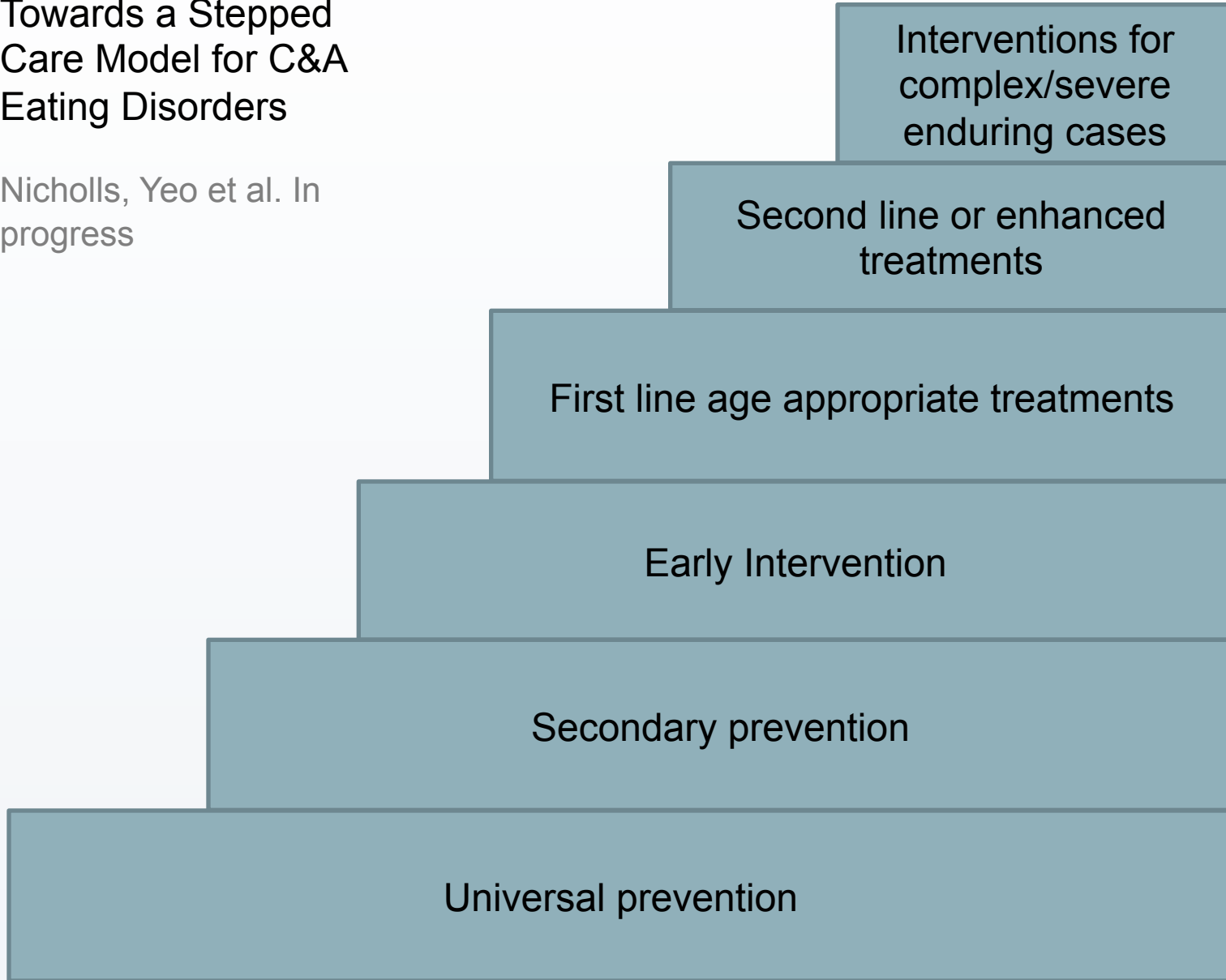
- We do not yet have the information we need to give treatment according to stage of illness at presentation
- *‘Predicting prognosis for this disorder with the current level of knowledge is a ‘hazardous endeavour’.*

Steinhausen 2002 ‘Outcome of AN in the 20th century’

- A stepped approach to care is therefore needed
 - What to do first
 - How to decide what to do next
 - When to stop doing something
- Not ‘does it work’ but ‘for who does it work’
 - Mediators and moderators of treatment response

Towards a Stepped Care Model for C&A Eating Disorders

Nicholls, Yeo et al. In
progress



Effect size

Predictors of treatment response

Early Intervention for Eating Disorders

- Delay in recognition
 - Delay between onset of symptoms and presentation
 - Reactive rather than proactive services
- Early referral
 - AN cases tend to be referred directly to services
 - Need for better identification of BN and EDNOS

Recognition process

- Initial weight loss often seen as positive
- First concerns - rigidity around food
- Delay before parents acknowledge the extent of the problem
- Attempts to address it themselves
- Seek information on the internet
- Chronic failure to effect change → help-seeking
 - ⇒Professionals go through same process
- - ⇒ patient very sick at presentation

Early Intervention

- Two elements distinct from standard care:
 - early detection
 - phase-specific treatment
- Both can be
 - supplements to standard care, or
 - provided through a specialised early intervention team

Theoretical contributors to an Early Intervention model for Eating Disorders



Why a parenting approach?

- Parental/family factors as risk factors
- Parental involvement in effective treatment strategies for C&A ED
- Parents first to seek help
- Prevention literature re age
- Well established evidence base for parenting interventions
 - The case for targeting parents Treasure & Russell 2011

Elements of effective parenting programmes

- Structured sequence of topics
- Subjects include play, praise, incentives, setting limits, and discipline
- Emphasis on promoting sociable, self-reliant child behaviour and calm parenting
- Constant reference to parent's own experience and predicament
- Theoretical basis informed by extensive empirical research and made explicit
- Detailed manual available to enable replicability

Effective approaches associated with good outcome

- Collaborative approach acknowledging parents' feelings and beliefs
- Difficulties normalised, humour and fun encouraged
- Parents supported to practise new approaches during session and through homework
- Crèche, good-quality refreshments and transport if necessary
- Therapists supervised regularly to ensure adherence and to develop skills

National Academy of Parenting Research

www.parentingresearch.org.uk/

Early Intervention

- Where to target?
 - Schools?
 - Primary care?
 - CAMHS?
- Who to target?
 - Family-based Internet-facilitated intervention ‘Parents Act Now’ Jones et al. EEDR 2012
 - 6 session parent group approach Nicholls and Yi Early Intervention Psychiatry 2012

Surrey Early Intervention for Eating Disorders

Parents psycho-education group

Aims

Format

Structure

Mode of Delivery



Aims

- Increase parental confidence
- Increase parents' understanding of Eating disorders
- Increase parents' knowledge, skills and confidence to manage their child's eating
- Increase adherence with meal plans and thereby increase their child's weight
- To use clinical time more effectively to increase support for parents

Format

- Group format
- 6 sessions X 1.5 hours / session
- Rolling programme running since 2007
- Delivered immediately after initial assessment
- Parallel with weekly key working sessions with young person and parent(s)

Structure of sessions

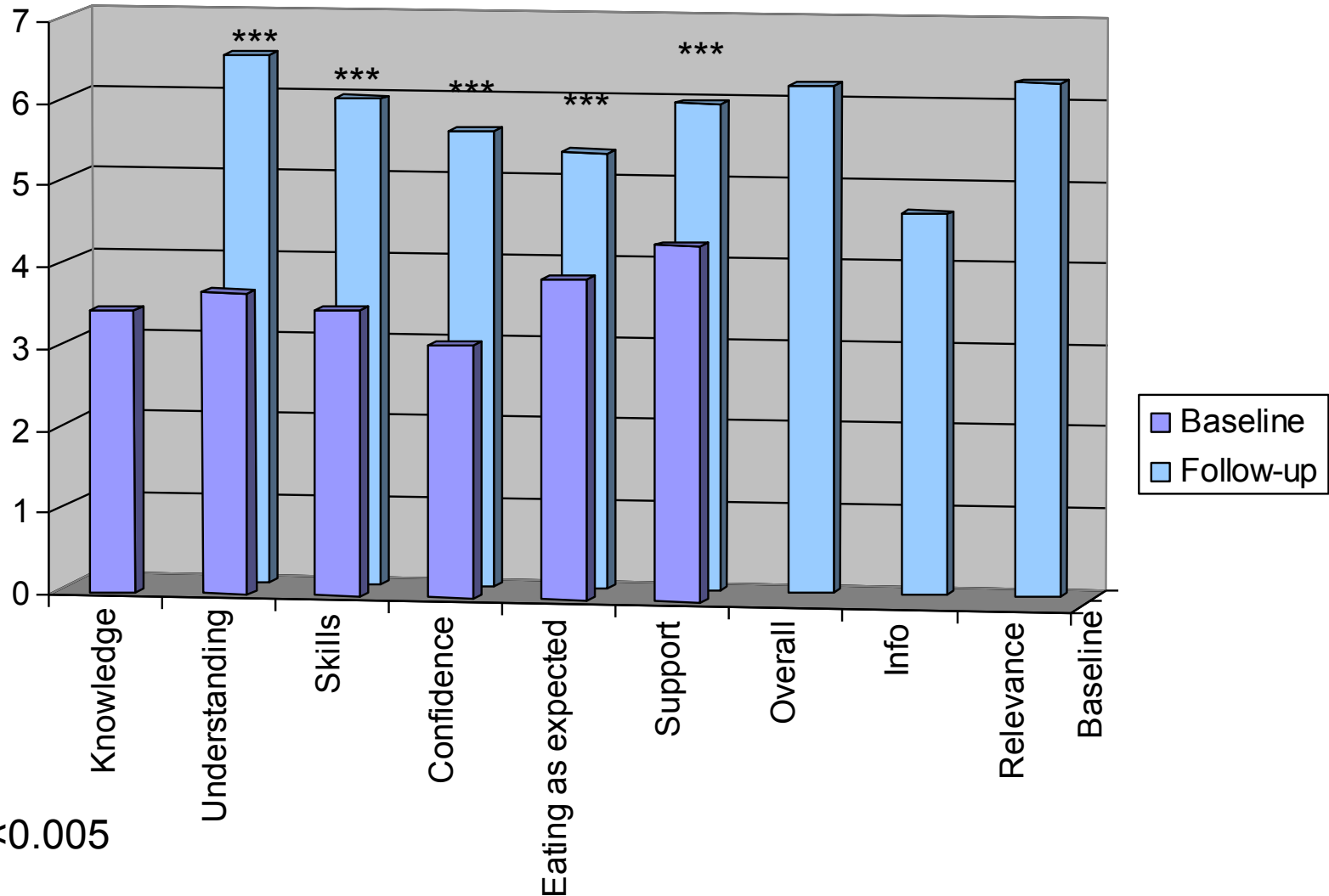
1. Information about eating disorders
2. Using your strengths
3. Understanding change
4. Communication
5. Effective meal planning and the task of re-feeding
6. Managing behaviours (eating disorder / adolescence)

Mode of Delivery

- Didactic and collaboration
 - Keep to topic but also allow acknowledgement of parents' experiences
- 2 facilitators, one permanent and one floating
- 5th session run by Dietician (effective meal planning)
- Encourage sharing of experience
- Pre and post questionnaires

Evaluation: Before/after

Nicholls and Yi 2012



Most helpful elements

Opportunity to express personal experience	93%
Distinct weekly topics	82%
Formal teaching	54%
Info about ED	93%
Info about managing ED	96%
Group discussion	93%
Meeting other parents	96%
Flexible format	75%

Some feedback

- Recommend to others?
 - “Absolutely. An excellent and much needed service”
- Meeting other parents
 - “Misery loves company”
- What was useful?
 - “The confidence it gives you to trust your own instincts”

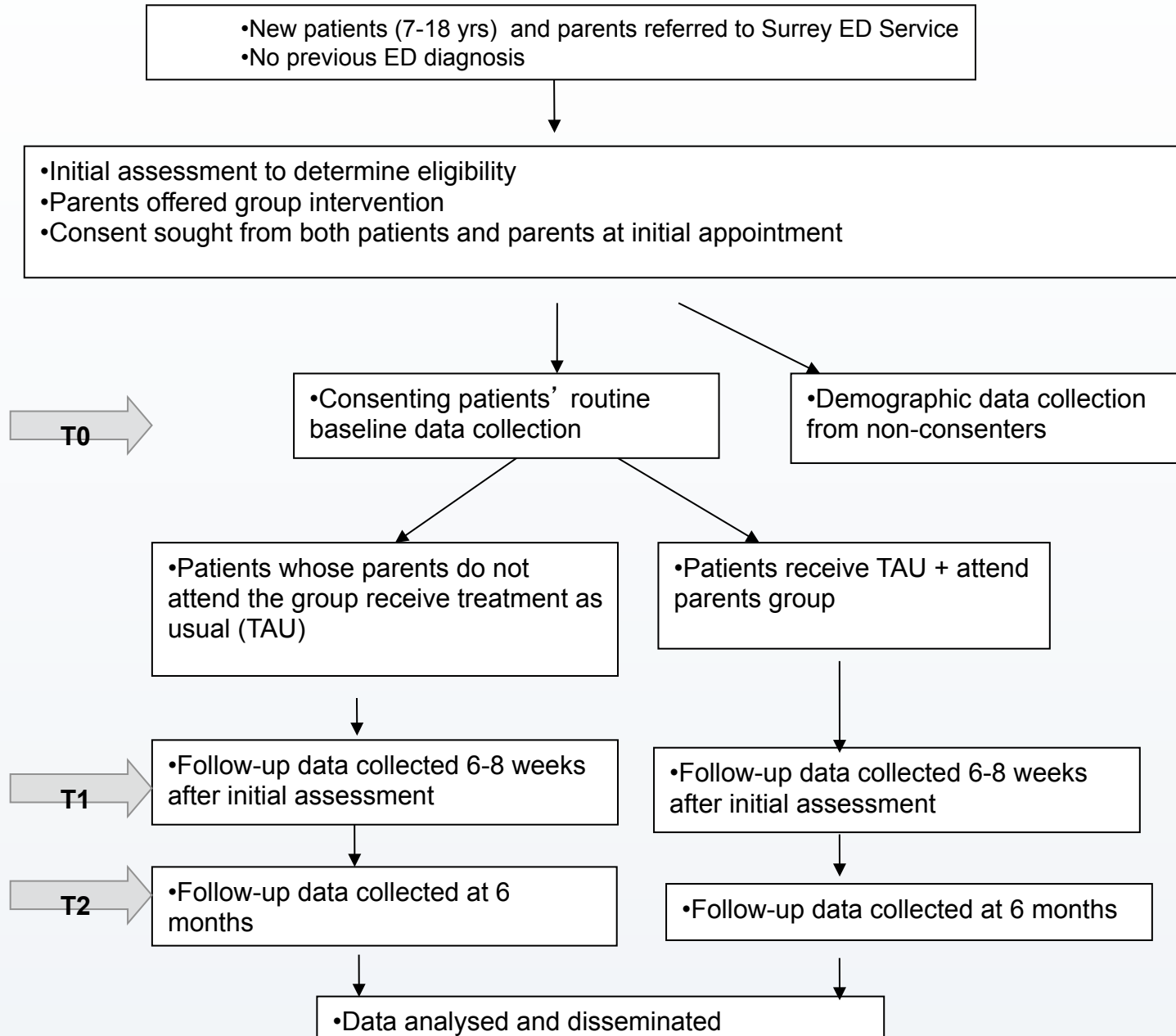
Early Intervention for Eating Disorders: a Phase II Study

- Aims
 - Effect size to calculate sample size for a clinical trial
 - Hypothesis generation for mediators and moderators of treatment response

Dasha Nicholls (PI), Irene Yi, Lucy Harvey, Beth Watkins, Russell Viner

Exploratory questions:

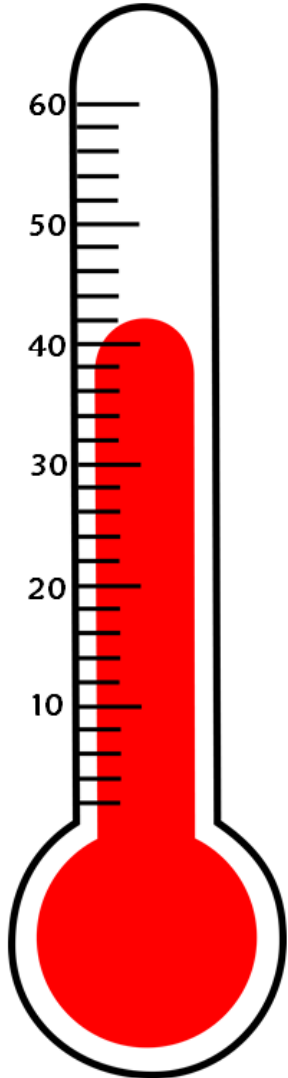
- Does the 6 week parents group intervention result in greater changes in weight than TAU?
- Does good response at 6 weeks predict outcome at 6 months?
- Is good response at 6 weeks better predicted by parent factors (such as parental confidence), than by markers of illness severity (e.g. weight at presentation)?



Measures

- At T0 (assessment)
 - %BMI (Primary outcome measure)
 - Eating disorder psychopathology (EDE-Q)
 - Depression (BDI-II)
 - ED and OCD sections of the DAWBA (Parents)
 - Parent questionnaire (Parents)
- At T1 (First review; 6-8 weeks)
 - Assessment measures are repeated, with the exception of the parent questionnaire.
- At T2 (6 months)
 - As above
- For those attending groups
 - Pre-and post-intervention questionnaires.

Parent group study: Recruitment



- Those not recruited:
 - Re-referral/previously seen in ED service
 - Clinical contraindication
 - Language
 - Opting-out

What are we hoping to find?

- That for some young people and families, 6 sessions will be enough
- That we can predict which those young people and families will be
- That we can get an estimate the effect size

Prognostic factors in clinical trials

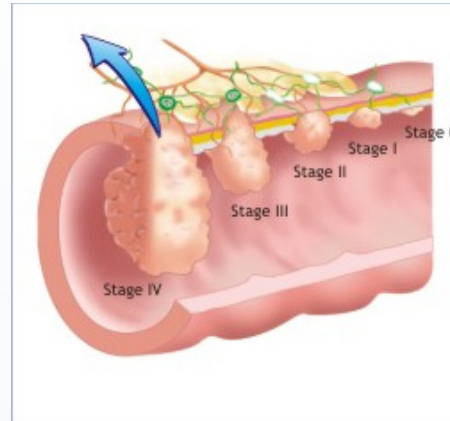
- Binge purge features – ‘ominous variant’
- AN – extremity of cognitive inflexibility
- Comorbidity
- Severity of weight loss at presentation
- Hospitalisation

Other factors likely to be relevant

- How early in the illness they present (stage)
- Attending all the sessions
- Both parents attending
 - i.e. treatment full dose of treatment received
- Early response to treatment
 - Response at 6 weeks predicts outcome

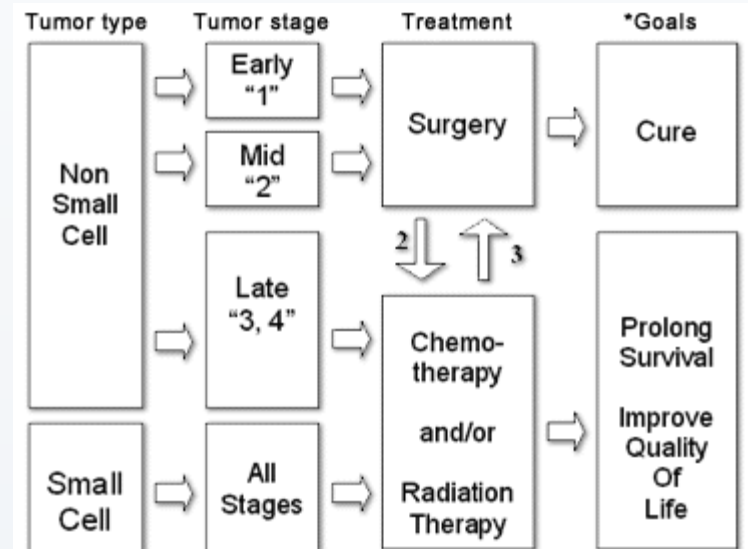
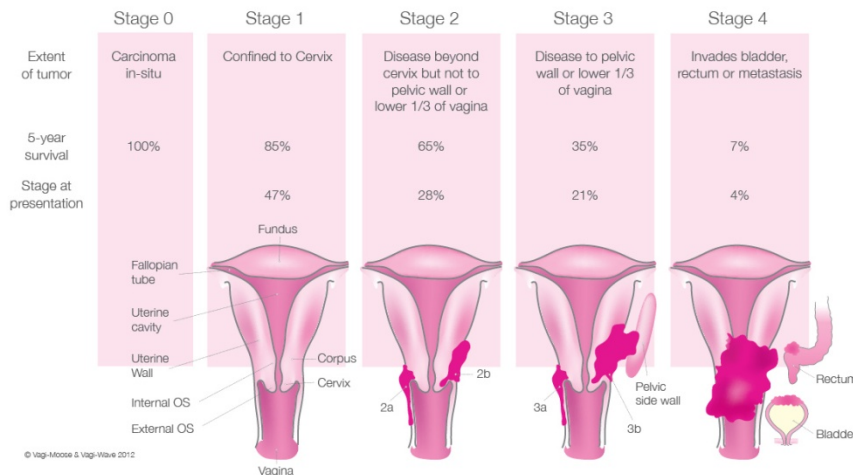
We're along way from this yet.....

Progression and Staging of Breast Cancer	
Stage	Description
0	<ul style="list-style-type: none"> Abnormal cells in the lining of the ducts or sections of the breast Results in increased risk of developing cancer in both breasts
1	<ul style="list-style-type: none"> Cancer in breast tissue tumor less than 1 inch (2.5 cm) across
2	<ul style="list-style-type: none"> Cancer in breast tissue tumor less than 2 inches (5 cm) across Cancer may also spread to axillary (armpit) lymph nodes
3	<ul style="list-style-type: none"> Tumor is larger than 2 inches (5 cm) across with extensive spread to axillary or other nearby lymph nodes Possible inflammation of breast tissue, dimpling, thickening, and change in color of the skin due to blocked lymphatic drainage
4	<ul style="list-style-type: none"> Spread of cancer beyond the immediate region of the breast



AJCC/TNM Staging		Tumor
Stage 0	Tis (carcinoma in-situ)	Superficially involves the mucosa. Has not grown beyond the mucosa
Stage I	T1N0 T2N0	Invades through mucosa Invades through submucosa
Stage II	T3N0 T4N0	Invades through muscle layers Invades nearby tissues or organs
Stage III	Any T, N1-N3	Lymph nodes involved
Stage IV	Any T, Any N, M1	Distant Spread

Staging of Cervical Cancer



but I live in hope.....

Thank you!

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