



Short term psychological recovery and weight restoration following adolescent inpatient treatment – clinical and theoretical implications.

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## Implementing the Five Year Forward View (2016)

- Funding to inpatient services to initially increase while community services are developed
  - CYP-IAPT training, team development, supervision
  - At least 3400 staff to be trained by 2020/21
- Reduction of inpatient beds by 2020/21
- Freed up funding to be redistributed to community and specialist services
- Improving access and waiting times



# Evidence-based practice (Sackett et al, 2000)





**Clinical  
expertise**

# Steps of Care for Adolescents with Anorexia Nervosa- a Delphi Study

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## Results – summary

- Consensus was achieved on several features of a treatment algorithm:
- Family-Based Treatment (FBT) is recommended as first-line treatment.
- Hospitalization is recommended when medical instability, suicidality or acute food refusal are present at any point in treatment.
- **Consensus was not reached on when to transition from a higher level of care to a lower level of care.**





**Best  
research  
evidence**



# Shortened Inpatient Stays for Children and Adolescents with Anorexia Nervosa

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# Method

- Outcome measure data collected by Rhodes Wood Hospital from 2016-2018
- **EDE-Q**, CET, MSCARED, CDI, STAI
  - Administered on admission, 85% IBW and 95% IBW
- Males and females aged 11-18 with a diagnosis of Anorexia Nervosa
  - (N = 42; age: M = 15.02, SD = 1.538).
- Treatment as usual
  - FBT, individual therapy, group therapy



# Data Analysis

- Identifying any significant changes in the outcome measures between time 1 (admission), time 2 (85%) and time 3 (discharge)
  - Linear mixed effects model with post-hoc comparison
  - Time as a fixed factor
- Predicting factors for response to treatment time
  - Linear regression model
- MSCARED Qualitative data
  - Thematic analysis to determine difference in themes of motivation between response to treatment subgroups



# Results – EDE-Q

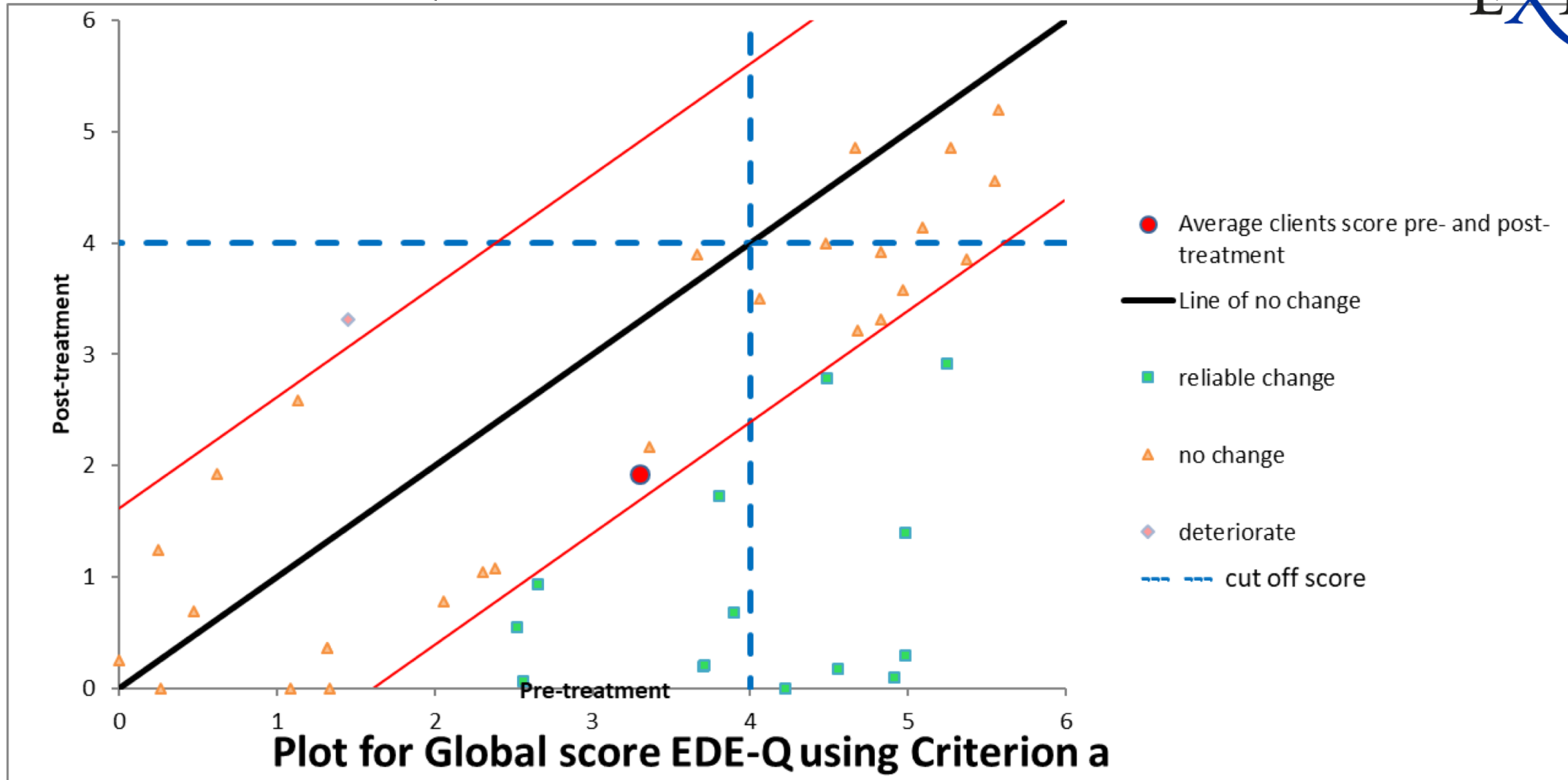
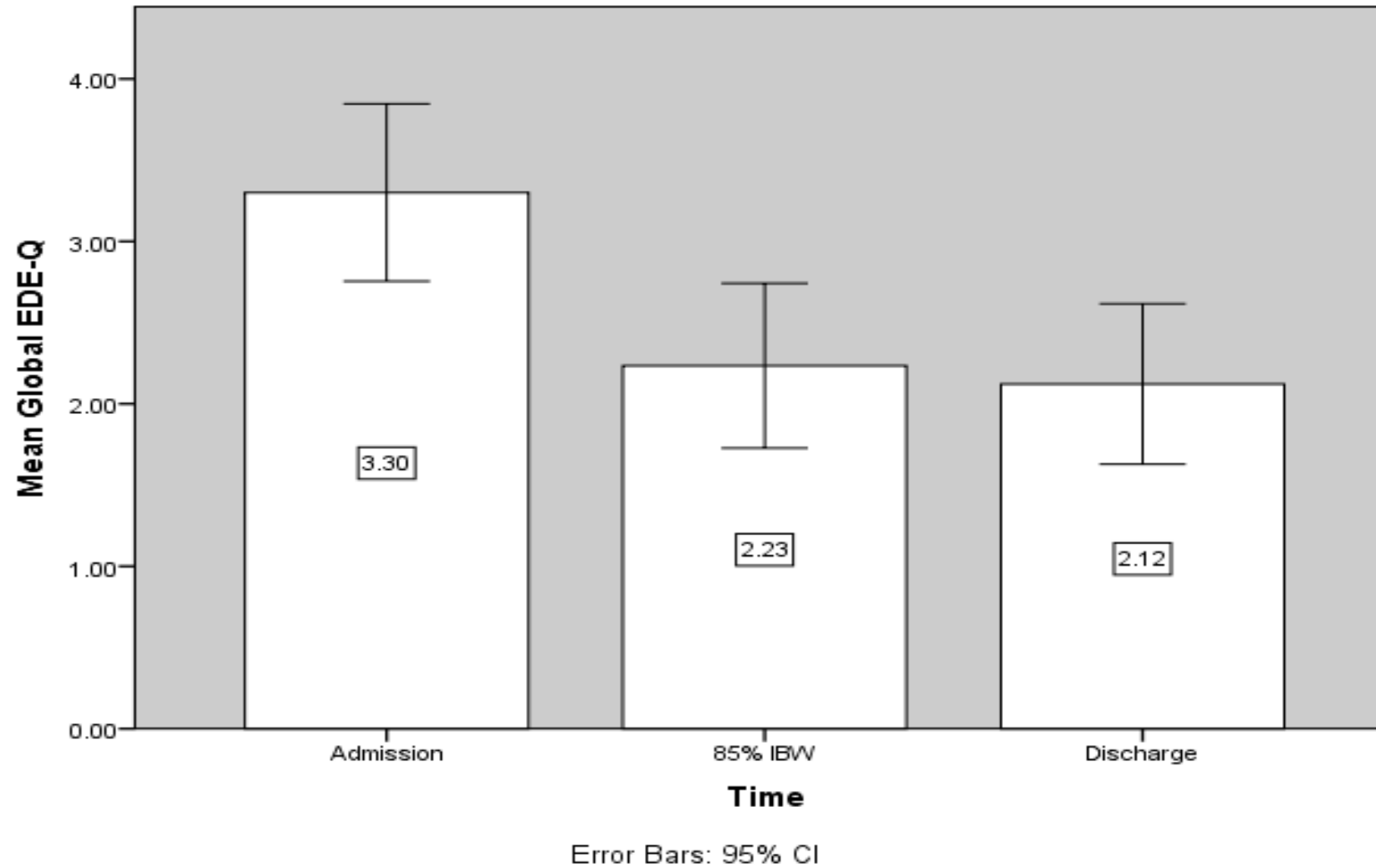


Figure 2. EDE-Q case series, Jazmyn Thompson, University of Exeter



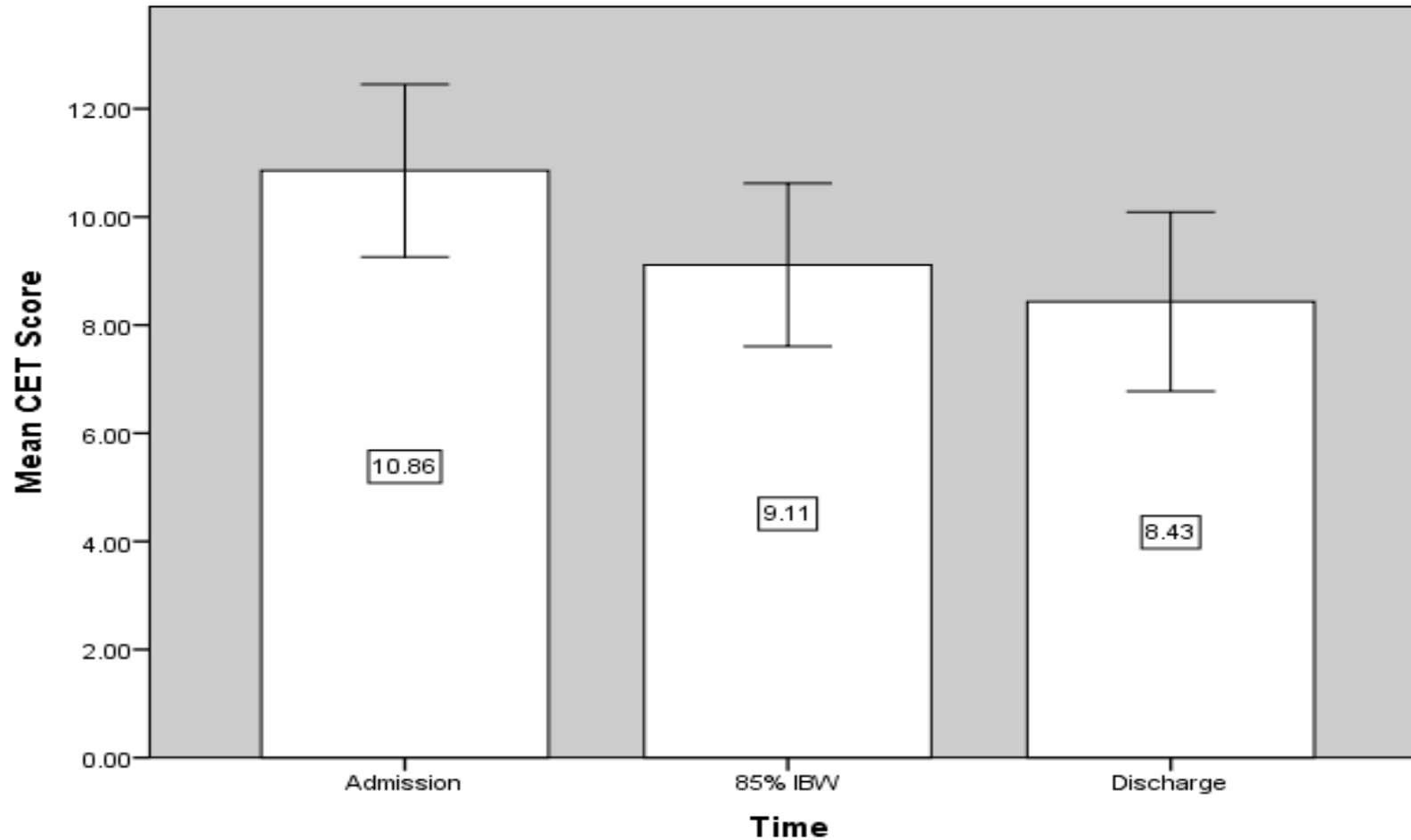
# Results – EDE-Q



**Figure 1:** Histogram to show the mean global EDE-Q scores at admission, 85% IBW and discharge.



# Results - CET

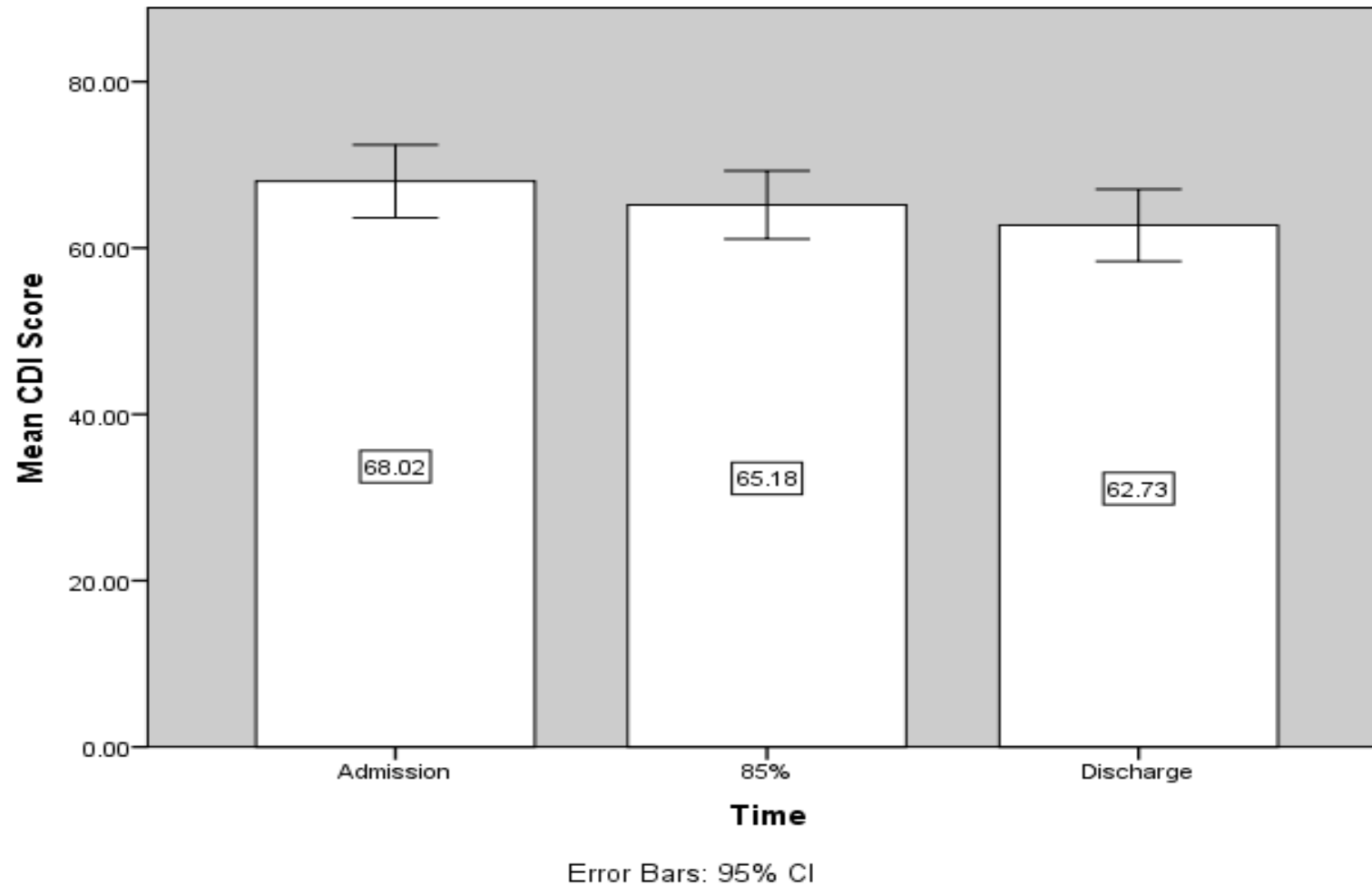


Error Bars: 95% CI

**Figure 3.** A Histogram to show the mean CET scores on admission, 85% IBW, and Discharge



# Results – CDI



**Figure 3.** Histogram of mean CDI scores at admission, 85% IBW and Discharge



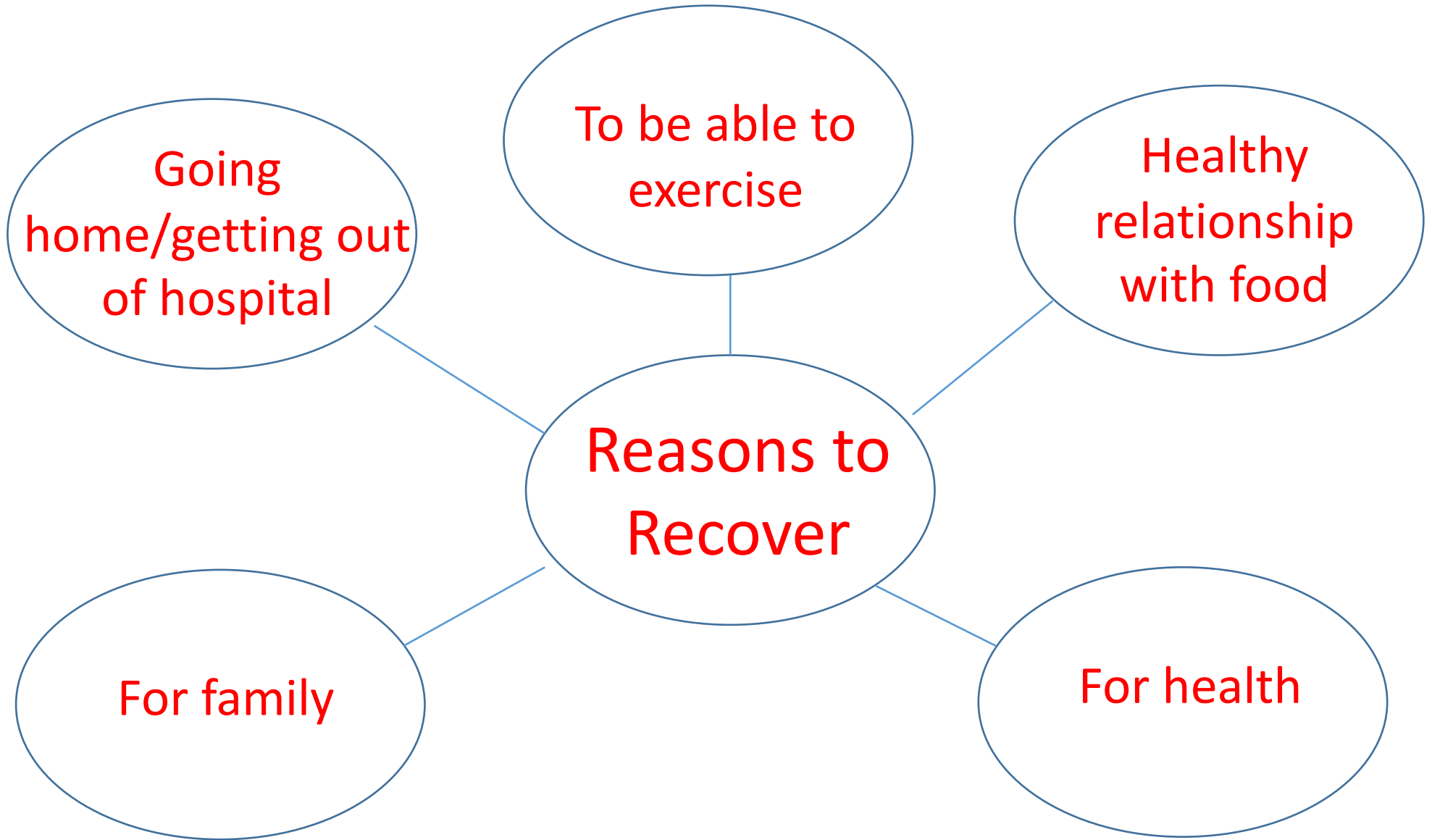


# MSCARED

- The Motivational Stages of Change for Adolescents Recovering from an Eating Disorder (MSCARED) (Gusella et al. 2003) is a brief questionnaire designed for adolescents.
- Based on Prochaska and DiClement's model of stages of change
- Guided by motivational and narrative approaches to assessment and therapy (Gusella et al. 2003).







# Results - MSCARED

To go home/get out of hospital	15 (A) 26 (85) 21 (D)	<ul style="list-style-type: none"> <li>• Out of hospital (A)</li> <li>• You're not in a hospital instead of exploring the world (85)</li> <li>• Getting out of hospital (D)</li> <li>• Get out of here and live my life (D)</li> </ul>
For Family	24 (A) 27 (85) 31 (D)	<ul style="list-style-type: none"> <li>• Making my family happier (A)</li> <li>• I can be with my family/friends if I recover (A)</li> <li>• Making my family proud and happy for me (85)</li> <li>• To have a good/normal relationship with my family (85)</li> <li>• My parents will find it easier to live with me (D)</li> </ul>
To be able to exercise	10 (A) 6 (85) 6 (D)	<ul style="list-style-type: none"> <li>• Exercise everyday without being told that I can't (A)</li> <li>• I will get back to my happy life again with sport (football).. (85)</li> <li>• Exercising healthily (D)</li> </ul>
Health	12 (A) 7 (85) 8 (D)	<ul style="list-style-type: none"> <li>• Being healthy (A)</li> <li>• Having a healthy body and the strength to do the things I enjoy (85)</li> <li>• Being fitter, able to do more (D)</li> </ul>
Healthy relationship with food	8 (A) 5 (85) 5 (D)	<ul style="list-style-type: none"> <li>• I don't want to have a problem with food (A)</li> <li>• Enjoying food (85)</li> <li>• Don't have to be obsessing about food all the time (D)</li> </ul>

Theory: In relation to anxiety/NORA model

Does state or trait anxiety predict weight restoration for young people with Anorexia Nervosa?

Testing the noradrenergic hypothesis.

Alex Faulkner, University of Exeter



Variable	Change in weight for height							
	Model 1		Model 2		Model 3		Model 4	
	B	$\beta$	B	$\beta$	B	$\beta$	B	$\beta$
Constant	88.59**		88.95**		95.15**		95.24**	
Weight at admission	-0.89**	-0.81	-0.88**	-0.80	-0.89**	-0.81	-0.89**	-0.81
EDEQ at admission			-0.29	-0.07	1.26	0.31	1.37	0.34
Trait anxiety					-0.19	-0.42	-0.13	-0.30
State anxiety							-0.08	-0.17
$R^2$	0.66		0.66		0.70		0.70	
$F$	67.58**		33.55**		25.46**		18.95**	
$\Delta R^2$	0.66		0.005		0.04		0.005	
$\Delta F$	67.58**		0.49		3.79		0.52	

Figure 3. A summary of hierarchical regression analysis with variables; weight at admission, EDEQ at admission, trait anxiety at admission then state anxiety at admission.

N=37. \* $p < .05$ , \*\*  $p < .001$ .

# State Anxiety

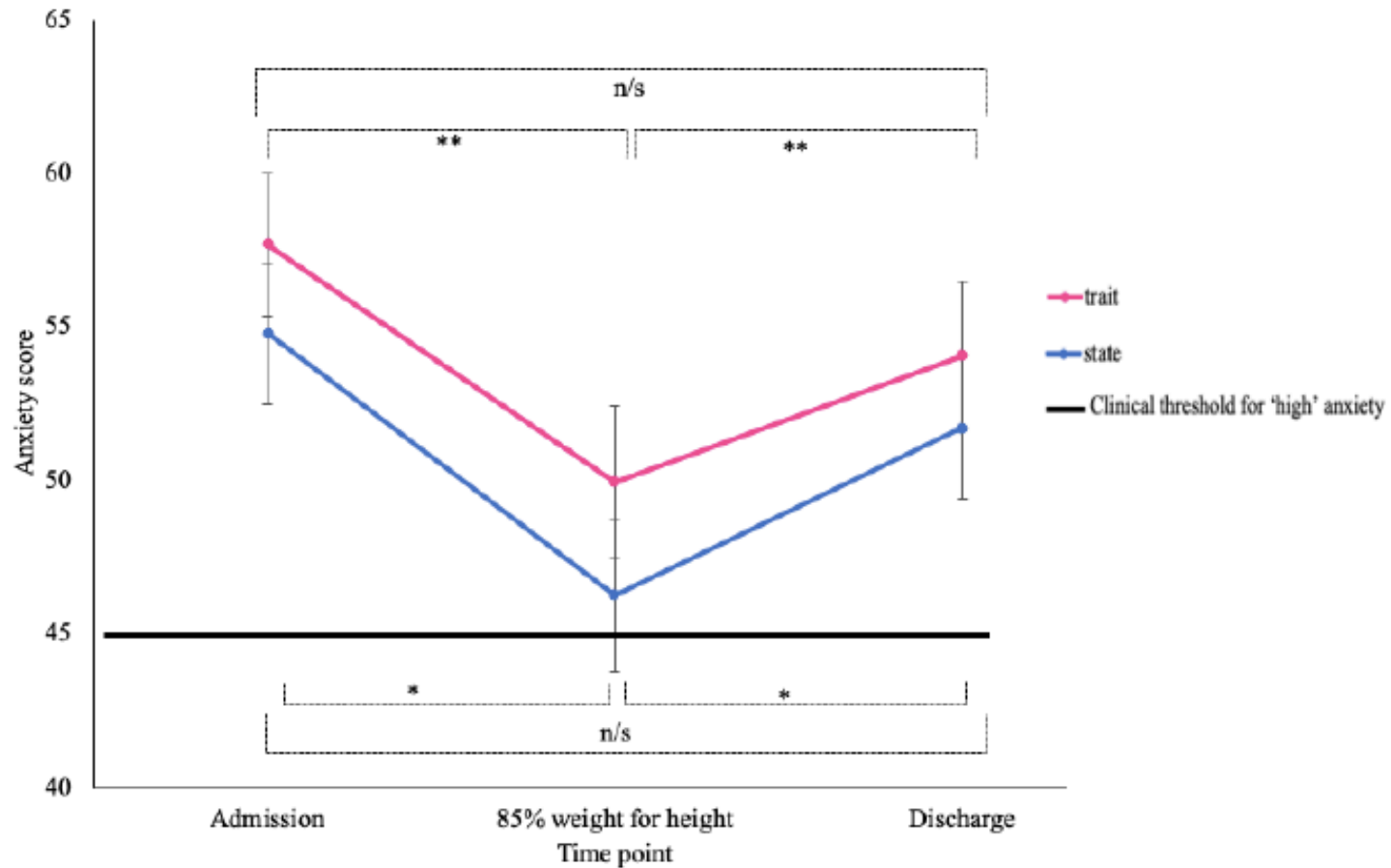


Figure 4. Mean state and trait anxiety scores at 3 time points during inpatient admission.

\* $p = 0.001$ ; \*\*  $p = 0.002$ ; n/s = not significant.

Thank you for listening!

Any questions?

