Eating Disorders Day Program

Robina Private Hospital

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Overview

- The context
- Admission criteria
- Referral process
- Eating Disorder Day Program
  - Multi-family Therapy
  - Individual DP
- Case Series

Robina Private Hospital

35 private hospitals across Australia & New Zealand

- Medical ward
- Psychiatric beds
- ED Day Program
- Private Practice Outpatient Services

Why an ED Day Program

Day programs (DP) are effective as they allow intensive group and individual treatment to occur, while allowing the patient to continue some degree of educational, vocational and family life, resulting in reduced dependency, control issues and the stigma associated with hospitalisation.

DP have been shown to result in significant remission rates, maintained for up to 18 months, a reduction in bed days and overall costs of treatment.

Overall DP are less restrictive and more cost effective than hospitalisation and are an important component of a comprehensive service.

The DP is appropriate when the patient does not require inpatient care, but requires more intensive support than offered by usual outpatient treatment.

The DP may also be able to facilitate earlier discharge from inpatient care as a step down option.

Admission criteria to ED DP

Age 14+ years

Diagnosis of Anorexia Nervosa; Bulimia Nervosa; Other Specified Feeding or Eating Disorder (OSFED); Unspecified Feeding or Eating Disorder

Patients must be medically stable

One of the following

- Failure to progress in outpatient treatment (e.g. limited weight gain)
- Protracted inpatient admission with failure of discharge
- Unwell for a period of more than 1 year
- Co-morbid diagnosis not responsive to treatment

Referral process

Intake to all programs requires a referral from a medical professional

(e.g. General Practitioners, Pediatrician, Psychiatrist).

ED Day Program

2 streams

- Multi-family Therapy (adolescents 14-19 yrs)

- Individual Group Program (adolescents & young adults/ adults 16+ yrs)

Multi-Family Therapy

4 day intensive program (x 5 hours)
+ 2- 3 monthly follow up days (as required)
Parents attend all sessions with adolescent

✓ The presence of different families in the multi-family group creates an excellent context in which to overcome isolation and sense of stigmatisation. e.g. Hearing other families talking about how they deal with similar problems.

✓ It helps families to broaden their own perspectives and to try out new behaviour.

✓ The experience of communality may further reduce feelings of guilt and reduce the burden on these families, leading to the better recovery of the patients. Creating new and multiple perspectives through which families can learn from one another

Individual DP Structure

8 weeks - 25 days in total
5 hours per day

Week	Mon	Tues	Wed	Thurs	Fri
1	9.30-2.30	9-2	9-2	9.30-2.30	9-2
2	9.30-2.30	9-2	9-2	9.30-2.30	9-2
3	9.30-2.30	9-2	9-2	9.30-2.30	
4	9.30-2.30	9-2		9.30-2.30	
5	9.30-2.30	9-2		9.30-2.30	
6		9-2		9.30-2.30	
7		9-2		9.30-2.30	
8		9-2			

Clinical Program

The Day Program utilises efficacious and evidence based treatment of ED under the following structure.

Program Elements:

- Supported meals
- Social eating
- Medical monitoring
- Individual dietitian sessions
- Therapeutic groups
- Psychiatric individual reviews
- Parent and carers participation

AN arises as a result of a mismatch between the challenges, difficulties or stresses a person faces and their strength, supports and resources (Treasure & Schmidt, 2013)

- Maturation fears / Individuation (identify formation) & separation
- Significant life cycle challenge
- Unhelpful thinking Styles / Inflexibility
- Impulsivity
- Obessionality
- Perfectionism
- Alexithymia
- Interpersonal & relational issues
- Anxiety / Depression (+- co-morbid Dx:)

DP Goals

- The program provides treatment over a short period of time helping patients get back on track, challenging unhelpful thinking and eating disorder behaviours, and enable a return to health and functioning.
- Normalisation of eating and returning to healthy eating weight are the ultimate goals of treatment.
- Practicing existing effective strategies and learning new skills required to progress recovery from an eating disorder.
- To help consumers identify, understand and change unhelpful patterns of thinking which may be negatively affecting their day-to-day lives.
- Improvement in mental health symptoms and functioning as evidenced by significant change in scores on outcome measures.
- It also addresses elements of the patients general functioning.

DP Modules – Patient Manual

1. Understanding Eating Disorders
2. Steps Towards Recovery
3. Self Worth
4. Thinking Styles
5. Challenging feared foods
6. Cognitive Remediation Therapy
7. Emotions
8. Dialectical Behavioural Skills
9. Self Compassion
10. Interpersonal Issues
11. Healthy Exercise
12. Relapse Prevention

DP Timetable - example

Week 1	Monday 9.30 – 2.30	Tuesday 9-2	Wednesday 9-2	Thursday 9.30 – 2.30	Friday 9-2
8:30	Team Review	Team Review	Team Review **(GP reviews)**	Team Review	Team Review
9:00	**9.30 start** **Dr Vinay Group**	**Weighing / physical obs**	**Emotions (M7)** What are emotions ?	**9.30 start** **Challenging Fear foods (M5)** Making a list part 1	**Individual dietetic review / Relapse Prevention**
10:00	Morning Tea – Meal support	Morning Tea – Meal Support	Morning Tea – Meal Support	Morning Tea – Meal Support	Morning Tea – Meal Support
10:30 11.30	**Understanding ED (M1)** Understanding the vicious cycle of Eating Disorders	**DBT Skills (M8)** What is Distress Intolerance	**Thinking Styles (M4)** Understanding thinking styles	**Steps Towards Recovery (M2)** Regular Eating and RAVES	**Interpersonal Issues (M11)**
12:00	Lunch – Meal support	Lunch – Bring own lunch	Lunch – Meal support	Lunch - Social eating	Lunch – Meal support
12.30	Skills practice inc. CRT / Mindfulness / Yoga	Skills practice inc. CRT / Mindfulness / Yoga	Skills practice inc. CRT / Mindfulness / Yoga	Skills practice inc. CRT / Mindfulness / Yoga	Skills practice inc. CRT / Mindfulness / Yoga
13.00	**Perfectionism (M9)**	**Self Compassion (M10)**	**Self Worth (M3)** Judging your self worth	**Healthy Exercise (M12)**	**Planning**
2:00	Review of the Day Homework			Review of the Day Homework	

Discharge process

- There is a review of treatment and clinical progress after the patient has been attending the DP for 4 weeks. This is conducted by the psychiatrist with input from the ED Team. Feedback is provided to the patient (and family/carers) around whether to transition to a reduction in program attendance or an increase in program attendance.

- At the completion of the 8-week program patients are referred for ongoing care based on their treatment needs.

Case Series

Participants: 4 females aged 18-29 (*M* = 21.5, *SD* =) with a Dx: AN.

Method: A cohort study with 2 repeated assessments.

Measures: Eating Disorder Examination (EDE-Q); Difficulties in emotion regulation scale (DERS); Multidimensional perfectionism scale (MPS); Rosenberg Self Esteem Scale; Compulsive Exercise Test (CET); Experiences in close relationships; Readiness to change questionnaire.

Treatment: Eating Disorder Day Program 25 x 5hr sessions over 8 weeks

Results

Attendance: *M* = 30 days *M* = 10 weeks

BMI:

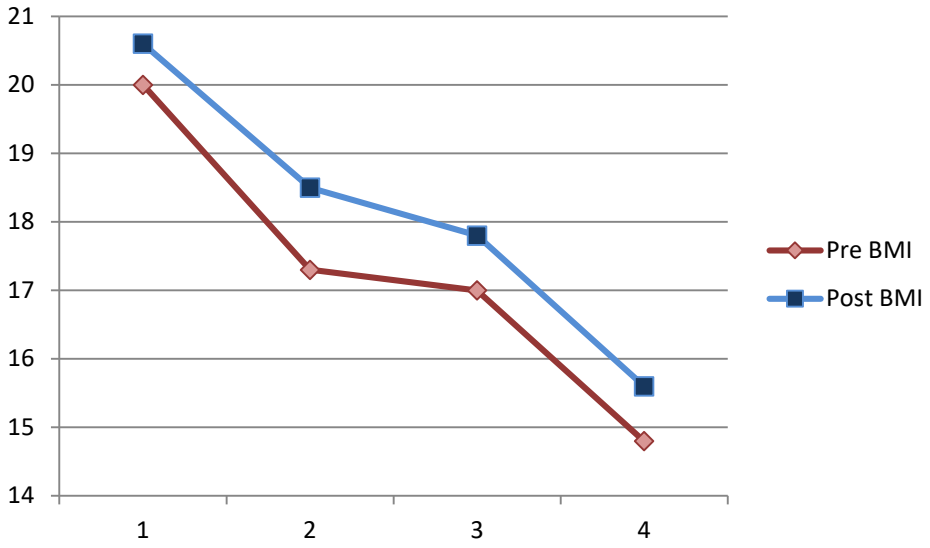
Pre *M* = 17.3

Post *M* = 18.1

Weight gain:

M = +2.85kg

+0.85 BMI



Participant	Pre Weight/BMI	Post Weight/BMI	Difference Weight/BMI
1	64.3kg / 20	66.2kg / 20.6	+1.9kg / .6
2	54.8kg / 17.3	58.6kg / 18.5	+3.8kg / 1.2
3	48kg / 17	51kg / 17.8	+3kg / .8
4	43.1kg / 14.8	45.8kg / 15.6	+ 2.7 / .8

Table 2

Intent to Treat Descriptive Statistics for All Continuous Measures, and Comparisons of ED Symptoms at Pre-Treatment (T1) to Post-treatment (T2) (N = 4)

Measure	Pre (T1) *M* (*SD*)	Post (T2) *M* (*SD*)	GLMM, Linear change, *F*(1,4)	Paired *t*-test Pre- (T1) vs. T2 (*d*)
Weight				
Body Mass Index (BMI)	17.3 (2.1)	18.1 (2.1)	45.6*	-6.8* (0.41)
Psychometrics				
EDE (Global)	4.3 (1.5)	2.8 (1.4)	3.0	1.7 (0.99)
Rosenberg Self Esteem	28.5 (4.8)	25.0 (3.4)	1.4	1.2 (0.85)
Self-Oriented Perfectionism	93.3 (14.9)	82.5 (17.4)	3.8	1.9 (0.66)
CET	18.5 (3.1)	13.3 (6.9)	2.6	1.6 (0.97)
DERS	129.5 (39.2)	88.5 (19.8)	8.0	2.8 (1.32)
ECR Anxious	3.4 (1.2)	2.8 (0.7)	6.5	2.5 (0.71)
Avoidance	3.6 (0.9)	3.3 (0.9)	0.93	0.96 (0.28)

Patient feedback

Being able to handle myself in a difficult situation….

Ongoing support with acknowledging the difficulty of overcoming an ED….

Professional insight & advice….

Don't have a fear of food & am more aware with emotions….

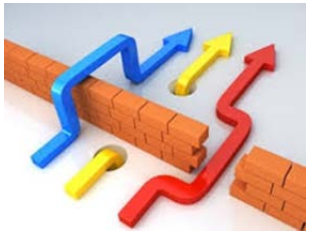
Learn coping methods for different areas of my life….

Helped me realise what I needed to work on, what the underlying problem is & how to improve….

I have developed skills that I frequently use when dealing with my problems…

Wouldn't be where I am today physically & mental without the DP….

Limitations



- Small patient numbers
- On average patients required longer than 25 days / 8 weeks (30 days/10wks)
- No Multi-family Group as yet – watch this space
- No long term follow-up – watch this space
- Small weight gain (~2.85kg / + 0.85 BMI point)

Conclusions

- Overall some improvement in clinical and personal recovery outcomes - all patients gained weight and had slight improvements on psychometric measures.
- Positive feedback and satisfaction from patients.
- DP less costly intervention to hospital.
- DP less restrictive - a couple of patients avoided lengthy hospital admission & were able to continue with their life and receive intensive treatment.

Conclusions

- Overall limited research to date on DP
- No evidence-based guidelines concerning the optimum length of treatment for day programs (Lammers et al., 2007). Treatment dosage: typically 3-6 days per week / 3-4 months (up to 9mths).
- Admission weight criterion: although there is no clear consensus Adults BMI>16; adolescents above 75% of EBW (APA, 2000; Thornton, Beumont, & Touyz, 2002; Stewart & Williamson, 2004).
- Weight gain: 500g - 1.8kg p/w (Thaler et al., 2014; Thornton et al., 2009). Research results are mixed: adolescent achieve higher weight gain; Adult Mean BMI + 1.56 points (Jones et al., 2007).


Reflection