TYGERBERG: EATING DISORDER UNIT : 2017

The Eating Disorder Unit of the Department of Psychiatry, Tygerberg Hospital originated in 1993, thanks to the guidance and initiatives of amongst others dr. Danie le Grange. The Unit focuses on the evaluation and management of patients with Anorexia nervosa, Bulimia nervosa and other non-specified eating disorders. Simultaneously it serves as a training opportunity for medical-, clinical psychology- and nursing students as well as post-graduate registrars in psychiatry and clinical psychology interns at the Faculty of Health Sciences at the University of Stellenbosch.

REFERRALS TO THE EATING DISORDER UNIT

Referrals of patients with eating disorders are wellcome and written referrals per mail or fax should be directed to Maritha Greeff at the Eating Disorder Unit at Tygerberg Hospital:

ADDRESS: F Lower Ground (F-LG), Tygerberg Hospital, Tygerberg, 7505
TELEPHONE: 021- 938 4573 / FAX: 021- 938 6111

Nurse Greeff discusses the referrals with a consultant where indicated and coordinates and confirms the appointment with patient and a pre-arranged therapist. Appropriate referrals are allocated on a rotational basis to one of the clinical psychology interns, registrars, psychologist(s) and psychiatrist for an assessment interview. All referrals are discussed at the weekly meetings and referrals discussed with other team members should be shared with Maritha Greeff in order to avoid duplication. Referrals should be answered in writing irrespective of the outcome.

First evaluations should receive individual appointments at a time that is appropriate for the therapist, but should preferably be performed within two weeks. Formal eating disorder assessment notes are available at F. Lg and J.Lg. Formal presentation (including documentation, diagnosis and psychodynamic formulation) should be completed at the following clinic meeting to finalize further management.

Emergencies should be discussed with the registrar on-call. Such cases should also be discussed with one of the eating disorder unit consultants where applicable. Patients with physical complications should first be medically stabilized before admission in a psychiatric ward is considered. Patients that have not been physically assessed by a general practitioner should also receive an appointment with a registrar for physical assessment. (A general practitioner should preferably perform this assessment prior to referral).

Children and adolescents with eating disorders may be referred to the eating disorder unit for assessment and possible management. If agreed that the eating disorder unit would continue management of the patient, they are then usually managed by clinical psychology interns of child psychology (also involved at the eating disorder unit) under supervision of the child psychologist. When registrars are required in the management of such a case, it would usually be the registrar from adult psychiatry and not from child psychiatry. It remains the prerogative of the child psychiatrist/pscycholgist to refer or not to refer.

TEAM MEMBERS

The Eating Disorder team consists of a psychiatrist, clinical psychologist(s), nursing staff, dieticians, a part-time occupational therapist, as well as registrars (from Firm I) and clinical psychology interns (from Child Psychology and Medical Psychology). Registrars, interns and student-interns of other firms are wellcome to attend discussions on Thursday afternoons. The permanent team-members for 2013 are:

Gerhard Jordaan (Psychiatrist)
Maritha Greeff (Nurse Therapist)
Colin Mitchell (Clinical Psychologist)
Christina vd Merwe (Clinical Psychologist)
Cindy Coetzee(Dietician)

PROGRAMME

Ward rounds are on Thursday afternoons at 15.00 in F.Lg and are attended by all team members (excluding the 2nd Thursday of each month unless we have inpatients). Individual appointments and additional supervision are scheduled according to each therapist's own programme during the rest of the week. All team members are allocated to present a patient behind the one-way-mirror on a rotational basis in F-Lg on a Thursday afternoon (15h00). Informed consent for such interviews should be obtained from the patient beforehand. Consequently there are 2 rotation lists: one for evaluations and one for formal presentation of a patient behaind the one-way mirror.

The management of individual cases are discussed and planned at ward round. Management generally follows the guidelines of the American Psychiatric Asscication (see below) and is mainly directed towards outpatient management. Some patients are admitted to ward D.Lg for assessment followed by a treatment strategy. The majority of eating disorder cases should preferably be referred to the dietician for a one time assessment (sometimes a combined session with the therapist is indicated). Each assessed and discussed patient should receive a typed report (see below).

PSYCHIATRIC MANAGEMENT

Psychiatric management are based firstly on a thorough **psychiatric and medical assessment with** accompanying **diagnostic formulation**. Registrars get an opportunity to assess patients on rotational basis and the guidelines are the same as that of the clinical psychology intern (see below). Establishing a **therapeutic relationship** is usually emphasized in initial management of patients with eating disorders. It is usually accompanied by **psycho-educational** and **dietary advice, psychotherapy,** including **family therapy** where indicated.

Medical support and **medication** are considered and offered where indicated. Patients with eating disorders at Tygerberg Hospital are mainly treated as out-patients, unless medical or psychiatric complications occur. Registrars get the opportunity to do psychotherapy under supervision. Cognitive-behavioural, interpersonal and psychodynamic principles are applied.

ROLE OF THE DIETICIAN

The function of the dietician in the eating disorder team, is to advise on strategies to change food and mass related eating behaviour. The relationship between dietician and patient is based on trust. The patient needs to understand that the main aim of therapy is not weight gain but normalization of eating behaviour. A comprehensive nutritional assessment is performed with the aid of questionnaires, interviews and self-monitoring by the patient. Management include education, planning and regulation of food intake and psychonutritional strategies. In conclusion the patient is monitored and supported to document progress as well as to identify and address problem areas should it occur.

ROLE OF THE NURSE THERAPIST

The nurse therapist has a coordinating role in the eating disorder unit especially between patient, nursing staff and rest of the team including the psychiatrist, psychologist and dietician. Her role comprises not only the care of in-patients, but also the normalization of nutritional status involving 24 hour observation and motivational psycho-education to establish insight with regard to physical health and longterm therapy. The nurse therapist participates in the combined behavioural modification planning applied in the inpatient setting. The nurse therapist also has a complementary role (with the dietician) in the combined follow-up of out-patients with regard to support, psycho-education and supervision of eating behaviour.

ROLE OF THE CLINICAL PSYCHOLOGIST

The role of the clinical psychologist is on the one hand that of clinical consultant and therapist but also includes supervision of clinical psychology interns in training. Clinical psychology interns get the opportunity (on a rotational basis) to assess, present and manage patients psychotherapeutically where indicated and as decided by the team. Assessments are usually according to the format of the eating disorder unit's assessment notes (available at Maritha Greeff in F.Lg). The patient's management is usually discussed by the team after formal presentation on a Thursday afternoon. The principles of therapy are similar to the guidelines mentioned in the role of the psychiatrist (see above). Clinical psychology interns are encouraged to assess patients as early as possible after referral and to discuss with a consultant where necessary. In-patients should be seen regularly, but preferably on a daily basis after allocation to a therapist.

READING LIST

Eating Disorder literature and references are available on request at the consultants and Maritha Greeff (F.Lg):

1. American Psychiatric Association Practice Guidelines : **Practice Guideline for the Treatment of Patients with Eating Disorders (Revision).** American Journal of Psychiatry 157:1, January 2000 (Supplement).

2. Garner DM & LawrenceDN: **Sequencing and Integration of Treatments**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 5, 50-66, The Guilford Press, 1997.

3. Wilson GT, Fairburn CG & Agras WS: **Cognitive-Behavioural Therapy for Bulimia Nervosa**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 6, 67-93, The Guilford Press, 1997.

4. Garner DM: **Psychoeducational Principles in Treatment**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 8, 145-177, The Guilford Press, 1997.

5. Beumont PJV, Beumont CC, Touyz SW & Williams H: **Nutritional Counselling and Supervised Exercise.** Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 9, 178-187, The Guilford Press, 1997.

6. Andersen AE, Bowers W & Evans K: **Inpatient Treatment of Anorexia Nervosa**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 17, 327-353, The Guilford Press, 1997.

7. Fallon P & Wonderlich SA: **Sexual Abuse and other Forms of Trauma**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 22, 394-414, The Guilford Press, 1997.

8. Dennis AB & Sansone RA: **Treatment of Patients with Personality Disorders**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 25, 437-449, The Guilford Press, 1997.

9. Le Grange D, Crosby RD, Rathouz PJ & Leventhal BL. **A Randomized Controlled Comparison of Family-Based Treatment and Supportive Psychotherapy for Adolescent Bulimia Nervosa.** Archives of General Psychiatry, 64(9): 1049-1056, 2007.

10. Rutherford L, Couturier J. **A Review of Psychotherapeutic Interventions for Children and Adolescents with Eating Disorders.** Journal of the Canadian Academy of Child and Adolescent Psychiatry, 16(4): 153-157, 2007.

11. Dalle Grave R. **Eating Disorders: Progress and Challenges**. European Journal of Internal Medicine, 22: 153-160, 2011.

12. Treasure J, Claudino AM, Zucker N. **Eating Disorders**. Lancet. 375:583-93, 2010.

13. Flament MF, Bissada H, Spettigue W. **Evidence-based Pharmacotherapy of Eating Disorders.** International Journal of Neuropsychpharmacology, 15: 189-207, 2012

ADDITIONAL READING MATERIAL:

1. Jolly AF & Blank R: **Refeeding Syndrome**. Nutrition in Critical Care, Zaloga GP, Ch 42, 765-782.

2. Jambor E: **Media Involvement and the Idea of Beauty**. Eating Disorders in Women and Children, Ch 10, 179-200, CRC Press Inc. 2001.

3. Dare C & Eisler I: **Family Therapy for Anorexia Nervosa.** Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2e Ed, Ch 16, 307-324, The Guilford Press, 1997.

4. Mitchell JE, Pomeroy C & Adson DE: **Managing Medical Complications**. Handbook of Treatment of Eating Disorders, Garner & Garfinkel, 2nd Ed, Ch 21, 383-393, The Guilford Press, 1997.

5. Andersen AE: **Eating Disorders in Males**. Eating Disorders and Obesity, Ed. Brownell KD & Fairburn CG, Ch 31, 177-182, The Guilford Press, 1995.

6. Olmsted MP & Kaplan AS: **Psychoeducation in the Treatment of Eating Disorders**. Eating Disorders and Obesity, Ed. Brownell KD & Fairburn CG, Ch 53, 299-305, The Guilford Press, 1995.

7. Sharp CW & Freeman CP : **The Medical Complications of Anorexia Nervosa**. Br J Psychiatry 1993 Apr;162:452-62.

8. Wilson GT: **Treatment of Bulimia Nervosa: When CBT Fails.** Behaviour Research Therapy, 34(3),197-212, 1996.

9. Gregorowski C, Seedat S, Jordaan GP: **A clinical approach to the assessment and management of co-morbid eating disorders and substance use disorders**. BMC Psychiatry 2013, 13:289.

10. Van den Heuvel L, Jordaan GP. **The psychopharmacological management of eating disorders in children and adolescents**. Journal of Child & Adolescent Mental Health, 26:2, 125-137, DOI: 10.2989 / 17280583.2014.909816.

11. Marcus MD et al: **Psychiatric Evaluation and Follow-up of Bariatric Surgery Patients**. Am J Psych, 166:3, March 2009.

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GERHARD JORDAAN, COLIN MITCHELL, MARITHA GREEFF,
CHRISTINA vd MERWE, CINDY COETZEE

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