

EDIC EATING
DISORDERS
INTERNATIONAL
CONFERENCE
2016

2016 PROGRAMME



INSTITUTE
OF EDUCATION,
LONDON
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2016



BEAT'S FOURTH EATING DISORDERS INTERNATIONAL CONFERENCE

CPD
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Background

Research suggests that there may be cognitive weaknesses underlying anorexia nervosa (AN), with CRT showing promise in improving these weaknesses in adults. The aim of the study was to evaluate the effectiveness of CRT in children and adolescents.

Methods

A within-subjects design was used to compare 61 females with AN, aged between 11 and 17 ($M = 15$, $SD = 1.4$), on several neuropsychological tests before and after a course of CRT. The assessment consisted of: Rey-Osterrieth complex figure test (ROCF), behaviour rating inventory of executive function - self-report (BRIEF-SR), DKEFS color-word interference test (CWT).

Results

Repeated-measures MANOVAs found a significant improvement in central coherence index ($p < .001$), immediate recall ($p < .001$), emotional control ($p = .002$), working memory ($p = .001$), plan/organise ($p = .004$), behavioural shift ($p = .004$). On the DKEFS CWT, a repeated-measure Wilcoxon Signed-Rank Test revealed a significant improvement in Error Rate ($p = .019$) and a repeated measures T-test revealed a significant improvement in Time Taken ($p < .001$).

Conclusions

Results suggest that the use of CRT in children and adolescents with AN could strengthen specific cognitive domains.

12.30pm, Logan Hall

TRAINING COURSES BASED ON THE NEW MAUDSLEY MODEL, FOR SPECIALISED TEAMS IN EMILIA ROMAGNA, ITALY

> Dr Maria Cristina Stefanini¹, Dr Maria Rita Troiani², Carlotta Gentili³ and Marinella Di Stani⁴
¹University of Florence, Florence, Italy, ²Child and Adolescence Psychiatry Meyer Hospital, Florence, Italy, ³Child and adolescence Psychiatry Unit, Bologna, Italy, ⁴Eating Disorders and Mental Health Service, Ravenna, Italy

Background

Emilia Romagna (Italy) is organised in a network system for eating disorders (ED) in each local health services, with specialised teams and specific training on ED during each year. In 2015, in Bologna and Ravenna, the training was "Parents' support based on the New Maudsley Model", conducted by a team with experience on the model, working in Child and Adolescence Psychiatry Meyer Hospital, University of Florence.

Methods

Two courses of 16 hours each. The content included lectures with slides, operational experience and role playing, videos, etc. Material utilised was: specific tests, books and worksheets for operators.

Results

There were 63 participants. Profession: Child and Adolescent Psychiatrists 9, Psychologists 31, Educators 3, Psychiatrists 6, Paediatricians 3, Dietitians 8, Parents (associations) 3. Questionnaires rating: 63.9% the highest, 30% high, 5.5% medium.

Discussions

The training gave good results for the active involvement of operators. Several teams plan family groups conducted with this model. The project includes a follow-up in 3 months to assess the results with the operators who have applied the model.

12.50pm, Logan Hall

RECOGNISING AND MANAGING PHYSICAL PROBLEMS ON A SPECIALIST EATING DISORDER UNIT

> Dr Agnes Ayton, Christopher Pereira and Dr Christopher Hopkins, Oxford Health NHS Foundation Trust, UK

Background

Severe eating disorders are associated with significant physiological dysfunction and ensuing physical problems. We aimed to investigate the frequency and nature of these in a UK specialist eating disorder unit.

Methods

A cross-sectional study of 55 consecutive patients admitted to the Cotswold House, Oxford, was undertaken. ICD-10-coded psychiatric co-morbidities were systematically identified and triangulated using patients' electronic health records and GP records.

Results

Significant and common co-morbidities included:

- Amenorrhoea (93%)
- Osteoporosis and osteopenia (67.2%)
- Electrolyte abnormalities
- Hypokalaemia (20%)
- Hypomagnesaemia (3.6%)
- Hyponatraemia (1.8%)
- Vitamin deficiencies
- Vitamin D deficiency (18.2%)
- Pellagra (3.6%)
- Wet beri beri (3.6%)
- Organ failure
 - Renal failure (3.6%)
 - Multi-organ failure (1.8%)
- Immune disorders (20%)
- Malignancy (3.6%)