Eating disorders audit CAMHS outpatients Dr A. Carpintero-Blanco.(Consultants CAMHS) Dr P. Bonaccorso (CT2CAMHS) Northampton. October 2015

Introduction

Eating disorders comprise a range of syndromes encompassing physical, psychological and social features. Acute physical complications of these disorders may provoke great concern in family members and health service staff, anorexia nervosa and bulimia nervosa are frequently chronic conditions with substantial long-term physical and social sequelae, from which recovery is difficult.

The treatment experience of those with eating disorders is extremely variable.

Standards

Nice guidelines for treatment of eating disorders 2004. The guideline addresses aspects of service provision, physical management and therapeutic approaches for those with eating disorders from the age of 8 upwards.

The purpose of this audit was to compare the clinical practice of treating children and adolescents in the outpatient's setting with eating disorders with the NICE guidelines. The second aim was to recommend changes in practice to improve compliance to the guidelines.

Methodology:

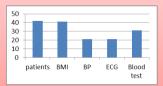
The audit took place between 15th of September 2015 and 15th November 2015.

.A total of 42 patients from CAMHS service with diagnosis of eating disorder were selected. Data were collected from IT system EPEX.

Results

- •41/42 females
- •4/42 diagnosi sbulimia
- •28/42 diagnosis anorexia nervosa
- •10/42 diagnosis EDNOS
- •41/42 patients had their BMI calculated
- •21/42 patients had their Blood pressure measured and documented.
- •31/42 blood tests results recorded.
- •21/42 had ECG scanned/ECG reported by GP or paediatrician





Results cont..

41/42 Risk assessment done.

41/42 mental state examination documented

25/42 on medication

Psychological work (groups, one to one)

36/42 offered, attended or declined documented

6/42 offered and no record of attendance.

Family therapy

17/42 offered and attended family therapy

25/42 no family therapy documented

Results

0/42 patients fill in a patient satisfaction questionnaire.

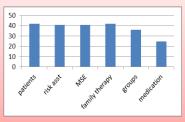
no records that patients or families were given the option to fill in a "I want a great care" form on line.

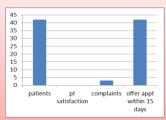
3/42 patients complained, 1 out of 42 declined services, 1 out of 42 requested discharge.

Waiting time

42/42 patients were offered appointments within 15 days after referral received from GP or paediatrics department.

Only 3 patients our 42 were seen after 15 days of the referral.





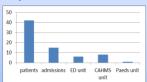
Admissions

15 admissions recorded

13 out 15 patients recoded as admissions, were admitted and discharged before the audit collection data . 6 in ED unit, 1 in paediatric ward for refeeding, 6 in CAHMS unit

2 out of 15 patients recorded as admissions, were admitted at ED units

at the time of performing the audit.



Conclusions

The Service broadly does not meet NICE guidelines

- Family therapy is not consistently offered.
- Interpersonal therapy (IPT) for bulimia is not offered as an alternative.
- Assessment is mostly complaint in terms of accessing services on time.
- Monitoring of patients is not consistent and although mental state and risk was nearly carried out in all the cases the systematic physical examination lacked requests on ECG, blood test in a huge proportion of cases was not done nor documented.
- No self-help material was offered to any of the patients.
- There is no support group neither for patients or carers.
- · The number of admissions was high

Recommendations

The Trust should take into consideration this outcome when planning the restructuration of a new Eating Disorder Unit.

- More formalised mechanisms need to be in place to facilitate effective team-working.
- Teams should engage in robust, transparent data collection and analysis processes that will allow them to monitor the following; physical health, psychological work, outcomes for families, user experiences of the service.
- 3. Re audit in 12 months once a new eating disorder unit is in place.

References