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 diagnosis bulimia
- 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

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.

1. More formalised mechanisms need to be in place to facilitate effective team-working.
2. 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
House of Commons, Health Committee, Children’s and adolescents’ mental health and CAMHS. Third Report of Session 2014–15
Eating Disorders Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. National Clinical Practice Guideline Number CG9 National Collaborating Centre for Mental Health commissioned by the National Institute for Clinical Excellence. 2004