

Eating disorders are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. An individual suffering from an eating disorder may focus excessively on their weight and shape, leading them to making unhealthy choices about food with damaging results to their health (NHSchoices, 2015).

Anorexia nervosa and bulimia are amongst the most common types of eating disorders and are characterised by starvation and deliberate purging. A person who does not have all the characteristics for a specific eating disorder may be recorded as eating disorders (unspecified), other eating disorders, atypical anorexia nervosa or atypical bulimia (NHSchoices, 2015).

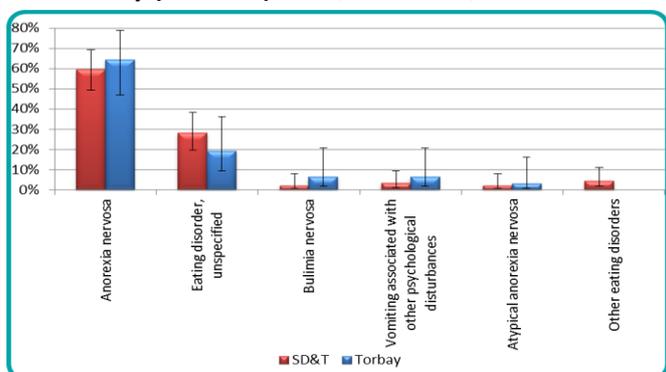
Eating disorders generally have an onset in childhood or adolescence and can range greatly in severity. People with eating disorders often experience acute psychological distress, as well as severe physical complications. If left untreated, patients can develop issues with osteoporosis, infertility, an irregular heart beat and other heart problems (BEAT, 2014).

Note: Finished Admission episode (FAE) is the first period of inpatient care under one consultant by one provider.

Prevalence – The Adult Psychiatric Morbidity Survey 2007 suggests a national prevalence of 6.1% (male) and 20.3% (females). Applying this prevalence for 2013, it is estimated that **2,468** females and **807** males had eating disorders in SD&T. Torbay is estimated to have **1,236** females and **397** males with eating disorders.

From 2011/12 to 2014/15, there were a total of 89 inpatient admissions in SD&T (31 in Torbay) where the primary diagnosis was for an eating disorder (ICD10 F500-F509). Anorexia nervosa and eating disorders (unspecified) were the most common types recorded.

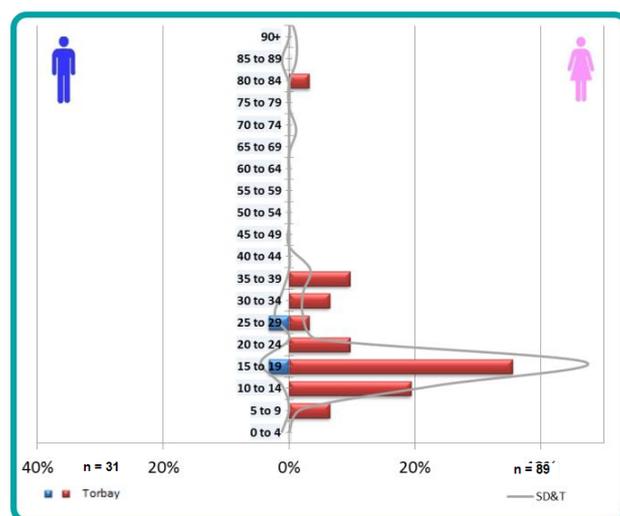
Figure 1: Proportion of FAEs with a primary diagnosis of eating disorder by type of eating disorder in SD&T and Torbay (resident) 2011/12 – 2014/15



Source: SUS, 2015

Age – The majority of inpatients were female between the ages of 15 and 19 years (figure 2). Male inpatients ranged between 15 and 29 years.

Figure 2: Percentage of FAEs with a primary diagnosis of an eating disorder by age group and sex in SD&T and Torbay (resident) 2011/12 to 2014/15



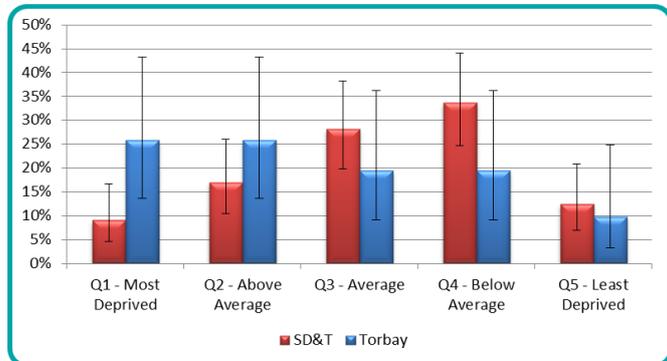
Source: SUS, 2015

Weight Classification - The National Child Measurement Programme (NCMP) shows that around 1.2% of pupils (36 pupils over 3 years, 2012/13 – 2014/15) aged 10-11 years were classified as underweight in SD&T and Torbay. Considering that these pupils fall within the second most common age group for inpatients with eating disorders, early intervention at this stage may help prevent admissions.

Deprivation – Inpatient data shows that eating disorders are more prevalent in the more deprived

areas of Torbay. Conversely, eating disorders are more common in the lesser deprived areas in SD&T (figure 3).

Figure 3: Proportion of FAEs with a primary diagnosis of eating disorder by national deprivation quintile (resident) in SD&T and Torbay (2011/12 – 2014/15)



Source: SUS, 2015

Mental Health - Over a third of inpatients in SD&T and Torbay with an eating disorder had a secondary diagnosis relating to mental health. This included a personal history of self-harm, anxiety disorders, depressive episodes, obsessive compulsive behaviour and psychotic symptoms. This is indicative of the fact that eating disorders are often a result of an underlying mental health issue. The National Institute of Mental Health (2014) suggest that anorexia is associated with the highest mortality rate of any psychiatric disorder, if left untreated.

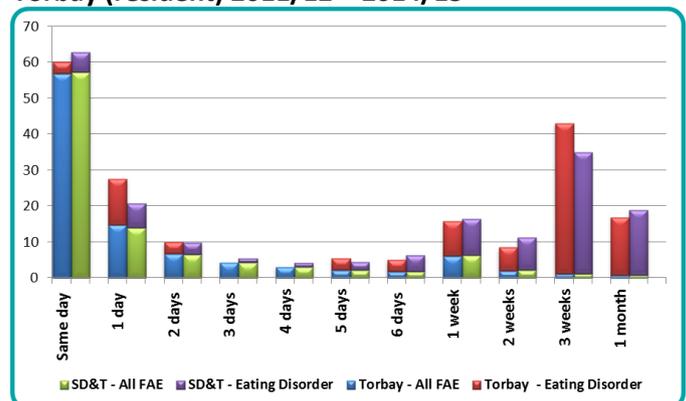
There were 45 Torbay patients referred to CAMHS (Child and Adolescent Mental Health Services) from 2012/13 to 2014/15 who had an eating disorder. Annually, referral numbers have doubled year on year since 2012/13. The majority of patients were female, between the ages of 6 and 17 (average age of 14), with most being referred from a GP or child health. Similar to inpatient data, referrals were from the more deprived areas of Torbay. SD&T CAMHS data was unavailable.

Treatment – There is one NHS service in Devon for people with eating disorders - Haldon Eating Disorder Service. In addition, there are eating disorder support groups in Exeter and Plymouth and a private practitioner (Exeter) who specialises in eating disorders.

Outpatients - Outpatient numbers were too small to report for SD&T and Torbay. Where outpatients were classed as having an eating disorder, the treatment function code confirmed they were referred to a specialist eating disorder service.

Inpatients - Patients admitted for an eating disorder from 2011/12 to 2014/15 were more likely to stay in hospital for a longer period of time compared to all FAEs. Over 50% in SD&T and Torbay with an eating disorder stayed in hospital between 3 weeks and 1 month compared to just 2% of all FAEs (figure 4).

Figure 4: Percentage of FAEs with a primary diagnosis of eating disorder compared to all FAEs in SD&T and Torbay (resident) 2011/12 – 2014/15



Source: SUS, 2015

Furthermore, 94% of FAEs with an eating disorder had no main procedure compared to 30% of all FAEs.

Re-admissions – Over 23% of inpatients in SD&T (count = 21) and Torbay (count = 5) from 2011/12 to 2014/15 were re-admitted for the same primary diagnosis of an eating disorder over the same three year period.

Mortality – Numbers of deaths due to eating disorders were too small to report for SD&T and Torbay. Where deaths have occurred, this was due to anorexia nervosa. This is consistent with research which suggests that full recovery for anorexia is around 46%, with 33% improving considerably and around 20% remaining chronically ill (BEAT, 2014).