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Setting up community services for eating disorders – MARSIPAN, SEED and other nutritious acronyms

Eating disorders are sometimes fatal. Hence services must provide safety for the patients. In order to save life, some will require hospital admission. If this occurs, especially in a general medical setting, staff who may not be familiar with the conditions, must be educated and informed about the assessment and treatment of eating disorders and the MARSIPAN guidelines and checklist are useful resource for these staff. However the majority of patients can be assessed and treated in the community using day care, nutritional advice and support, individual and group therapy and family involvement. Those admitted to hospital can often be discharged when medically stable to such services. Patients treated less than 3 years after onset appear to have a better outlook than those treated later so early detection and treatment is crucial. Some patients are treated late and some do not respond fully and this group may develop SEED, Severe and Enduring Eating Disorder. Treatment of this group should seek to minimise symptoms and difficulties in physical, psychological and social domains. Staff in a community eating disorders service can experience a range of difficulties and a mentalizing approach to the team can help to prevent and address these issues. Priorities in the treatment of severe eating disorder are 1. Preserve life, 2. Optimise quality of life, 3. Inform and support families, 4. Educate and support staff.