

## Scope for the Development of a Clinical Guideline on the Management of Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorders

### Version 3

12 September 2001

#### 1. Objective

- 1.1. The National Institute for Clinical Excellence has commissioned a clinical guideline for patients and clinicians on the management of anorexia nervosa, bulimia nervosa and binge eating disorders. The guideline will provide advice on effective care using the best possible research evidence.
- 1.2. The commission received from the Department of Health and the National Assembly for Wales is in Figure 1.
- 1.3. The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSF) in those aspects of care where a framework has been published. The statements in each NSF reflect the evidence, which was used at the time the framework was prepared. The clinical guidelines and technology appraisals published by the Institute after a NSF has been issued will have the effect of updating the

Figure 1

#### **Remit from the Department of Health and the National Assembly for Wales**

- We would wish the guideline to cover both primary and secondary care and to consider children as well as adults.
- We would like the guideline to give clear guidance to primary care on the situations under which someone should be referred urgently on to specialist services.
- We would like NICE to guide both primary care and general (non-specialised) psychiatric services in their treatment and referral choices (e.g whether drug treatments may be tried, whether to refer to clinical psychology, whether/when to refer to tertiary care).

framework.

#### 2. Clinical Need and Practice

- 2.1. Information on the incidence and prevalence of eating disorders is scarce. The prevalence of anorexia is estimated to be between 0.5% and 1.0%. 90% of people diagnosed as anorexic are women. The

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prevalence of bulimia is estimated to be between 1.0% and 3%. 90% of people diagnosed as bulimic are women. Because eating disorders are less common in males, they can go undetected.

- 2.2. Severe eating disorders can result in long-term ill health or death.
- 2.3. The World Health Organisation, The American Psychiatric Association, and The Eating Disorders Association have developed guidance in this area. The Faculty of Dental Surgery have developed guidance on the Management and Prevention of Dental Erosion.

## 3. Population

- 3.1. The guideline will cover all people aged 8 years and over with anorexia nervosa, bulimia nervosa or other binge eating disorders.
- 3.2. Although the guideline will be of relevance to all patients with anorexia or bulimia, the guideline will not explicitly address the diagnosis or treatment of people with eating disorders in the context of a separate physical or other primary mental disorder of which a disorder of eating is a symptom.
- 3.3. The guideline will provide advice on the involvement of family members and carers in the treatment and care of people with eating disorders.
- 3.4. The guidance will be presented to ensure that patients and carers have the information they need and the opportunities to discuss with their clinicians the advantages, disadvantages and potential side effects of treatment so that they can make informed choices about their treatment options.
- 3.5. The guideline will need to recognise best practice on confidentiality and consent of people under 18.

## 4. Health Care Setting

- 4.1. The guideline will cover the care received from primary, secondary and tertiary health care professionals who have direct contact with and make decisions concerning the care of patients with these conditions.
- 4.2. The guideline will also be relevant to the work but will not specifically cover the practice of other professionals such as A&E staff and those who work in education sectors.
- 4.3. The guideline will offer guidance for the management of these conditions in:
  - 4.3.1. primary Care
  - 4.3.2. secondary care including general (non-psychiatric) and non-specialised psychiatric services
  - 4.3.3. outpatient and day treatment services
  - 4.3.4. tertiary care and specialist services.

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- 4.4. The guideline will offer guidance on referral from primary care or non-specialise services to specialist care including urgent referrals.
- 4.5. The guideline will address the interface between services and care shared between primary and secondary settings.

### **5. Interventions and Treatment**

The guideline will include:

- 5.1. Best practice advice on recognition, assessment and diagnosis
- 5.2. Appropriate use of psychological interventions
  - 5.2.1. Family interventions
  - 5.2.2. Cognitive behavioural treatments
  - 5.2.3. Other psychological therapies
- 5.3. Appropriate management of dietary regimes
  - 5.3.1. Type
  - 5.3.2. Frequency
  - 5.3.3. Duration
  - 5.3.4. Nutritional replacement and parenteral feeding
- 5.4. Management of people with acute physical health problems arising from their eating disorder
  - 5.4.1. Assessment
  - 5.4.2. Types of intervention
  - 5.4.3. Interface with physical health services
- 5.5. Appropriate use of pharmacological treatments
  - 5.5.1. Type
    - a. Anti-depressants
    - b. Anti-psychotic
    - c. Anxiolytics
    - d. Appetite stimulants
  - 5.5.2. Dose
  - 5.5.3. Duration
  - 5.5.4. Discontinuation
  - 5.5.5. Changing drug regimes and sequencing in non-response
  - 5.5.6. The guideline assumes that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.

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- 5.6. Where appropriate, the guideline will provide advice on the recognition and management of strategies, which those suffering from an eating disorder may adopt including, for example, excessive exercise, use of Benzodiazepines, laxative abuse.
- 5.7. Where the evidence is available to enable robust advice to be formulated, the guideline will address self-help approaches.
- 5.8. Advice on treatment options will be based on the best evidence available to the development group. When referring to pharmacological treatments, the guideline will normally recommend within the licence indications. Exceptionally, and only where the evidence clearly supports it, the guideline may recommend use outside the licence indications.

### **6. Presentation**

The guideline will be available in three forms:

- 6.1. The full guideline containing the evidence base used by the developers.
- 6.2. A short form version, using a standard template, which will form the Institute's guidance to the NHS including a clinical practice algorithm.
- 6.3. The guideline will be accompanied by a version prepared specifically for patients and their carers. This patient/carer version will interpret the recommendations made in the Institute's short form version and will be designed to help patients to make informed choices about their care.

### **7. Status**

- 7.1. This scoping statement is the subject of a four week period of consultation with stakeholders. The scope was then re-drafted, submitted to the Guidelines Advisory Committee and subsequently the Institute's Guidance Executive, for approval. Once approved, it will be posted on the Institute's website, together with details of the Commissioning Brief and the name of the Collaborating Centre through which the guideline is being commissioned. The development of the guideline will begin in the autumn of 2001.
- 7.2. Information on the guidelines development process, stakeholder involvement and the progress of this guideline is available on the website <http://www.nice.org.uk/>.