

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Eating disorders: recognition and treatment

#### *Topic*

This guideline will replace the NICE guideline on eating disorders (CG9) and will be used to develop the NICE quality standard on eating disorders.

#### *Who the guideline is for*

This guideline is intended for use by:

- People with a diagnosis of an eating disorder (including anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders generally called 'atypical eating disorders') and their families and carers.
- Professional groups involved in the recognition and treatment of eating disorders and in care for people with a diagnosis of an eating disorder. These include the following professionals from primary and secondary care: psychiatrists, clinical psychologists, mental health nurses, community psychiatric nurses, social workers, practice nurses, dieticians, secondary care medical, dental, nursing and paramedical staff, occupational therapists, pharmacists, paediatricians, other physicians, general medical and dental practitioners, psychotherapists and family/other therapists.
- Professionals in other health and non-health sectors who may have direct contact with or be involved in providing health or other public services for people with a diagnosis of an eating disorder. These may include professionals who work in the criminal justice and education sectors.
- People with responsibility for planning services for people with a diagnosis of an eating disorder and their families and carers, including directors of public health, NHS trust managers and managers in clinical commissioning groups.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

## ***Equality considerations***

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope, if this was done.

The guideline will look at inequalities relating to gender, age, ethnicity and geographical location.

# **1 What the guideline is about**

## ***1.1 Who is the focus?***

### **Groups that will be covered**

- Children, young people and adults with an eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder or atypical eating disorder), or a suspected eating disorder.

### **Groups that will not be covered**

- People with disordered eating because of a physical health problem or another primary mental health problem of which a disorder of eating is a symptom (for example, depression).
- People with feeding disorders, such as pica or avoidant restrictive food intake disorders (for example, food avoidance emotional disorder or picky/selective eating).
- People with obesity without an eating disorder.

## **1.2 Settings**

### **Settings that will be covered**

The guideline will cover all settings in which care commissioned by health and social care is provided, including health, social care and educational settings.

## **1.3 Activities, services or aspects of care**

### **Key areas that will be covered**

- 1 Identification, assessment and monitoring:
  - recognition and early identification of eating disorders (including formal recognition tools)
  - assessment in people with an eating disorder (including formal assessment tools)
  - monitoring in people with an eating disorder.
- 2 Interventions to treat eating disorders through all phases of the disorder including:
  - psychological interventions, including low-intensity interventions such as self-help and Internet-based therapies, high-intensity interventions such as family therapy and family-based treatments, and individual therapies such as psychodynamically informed therapies, cognitive behavioural therapy (CBT), interpersonal psychotherapy and behavioural interventions
  - pharmacological interventions (note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients)
  - nutritional interventions, including tube feeding
  - physical interventions, such as transcranial magnetic stimulation and physiotherapy.
- 3 The management of physical health problems caused by an eating disorder.

- 4 Interventions for eating disorders in the context of common physical and psychological comorbidities.
- 5 Interventions to support families and carers.
- 6 Organisation and delivery of services to support practitioners in the effective and competent delivery of interventions.
- 7 Consent and compulsory treatment.

#### **Areas that will not be covered**

- 1 The diagnosis or treatment of people with disordered eating in the context of a separate physical or other primary mental disorder of which a disorder of eating is a symptom (such as loss of appetite in depression)
- 2 The management of loss of appetite, psychogenic disturbance of appetite or other conditions that involve significant weight loss but which are due to known physical illness.
- 3 The management of the wider range of eating disorders typically but not exclusively occurring in children (for example, Pica or avoidant restrictive food intake disorders such as food avoidance emotional disorder or picky/selective eating).
- 4 Obesity in the absence of an eating disorder.

### **1.4 *Economic aspects***

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective, as appropriate.

### **1.5 *Key issues and questions***

While writing this scope, we have identified the following key issues, and key questions related to them:

- 1 Identification, assessment and monitoring:
  - What is the validity and reliability of the instruments, tools and methods used to identify the early onset of eating disorders in populations and in clinical samples?
  - What is the validity and reliability of the instruments, tools and methods used to assess and monitor eating disorders?
- 2 Interventions to treat eating disorders in children, young people and adults:
  - Does any group or individual psychological intervention produce benefits/harms on the specified outcomes in people with eating disorders compared with treatment as usual, wait-list controls or another psychological intervention?
  - Does any psychological intervention involving families and carers produce benefits/harms on specified outcomes in people with eating disorders?
  - Does any pharmacological intervention produce benefits/harms on specified outcomes in people with eating disorders?
  - Does any nutritional intervention produce benefits/harms on specified outcomes in people with eating disorders?
  - Do physical interventions, such as transcranial magnetic stimulation or physiotherapy, produce benefits/harm on specified outcomes in people with eating disorders?
- 3 The management of the physical symptoms and negative after effects of eating disorders, including weight management:
  - Does any method of managing the physical symptoms and negative after effects of eating disorders, such as low bone mineral density, produce benefits/harms on specified outcomes in people with eating disorders?
- 4 Interventions for eating disorders where there is comorbidity with other mental health or physical health problems:
  - Does any intervention for other mental and physical health problems in people with eating disorders (for example, interventions for

- diabetes) affect the presentation or management of specified outcomes in people with eating disorders?
- 5 Interventions to support families and carers:
    - Does any intervention aimed at supporting families and carers produce benefits/harms on specified outcomes in families and carers of people with eating disorders?
  - 6 Organisation and delivery of services:
    - Does the setting (inpatient, outpatient or other specific setting) for treating eating disorders produce benefits/harms in people with eating disorders?
    - Do different ways of coordinating care produce benefits/harms for people with eating disorders?
  - 7 Consent and compulsory treatment:
    - What factors/indicators should be considered when assessing whether a person with an eating disorder should be admitted for compulsory treatment (including any form of restrictive interventions usually implemented in refeeding).

## **1.6 Main outcomes**

The main outcomes that will be considered when searching for and assessing the evidence are:

- 1 All-cause mortality.
- 2 Remission and long-term recovery.
- 3 Relapse.
- 4 General functioning, measured by return to normal activities, or by general mental health functioning measures such as Global Assessment of Functioning (GAF).
- 5 Cognitive distortion (evidence of ongoing preoccupation with weight/shape/food/eating).
- 6 Weight and body mass index.
- 7 Family functioning.
- 8 Quality of life.
- 9 Cost effectiveness.

- 10 Resource use.
- 11 Growth/bone density.
- 12 Service user experience.

## **2 Links with other NICE guidance and NICE pathways**

### **2.1 NICE guidance**

#### **NICE guidance that will be updated by this guideline**

This guideline will replace the existing NICE guideline on eating disorders (CG9).

#### **NICE guidance about the experience of people using NHS services**

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to eating disorders.

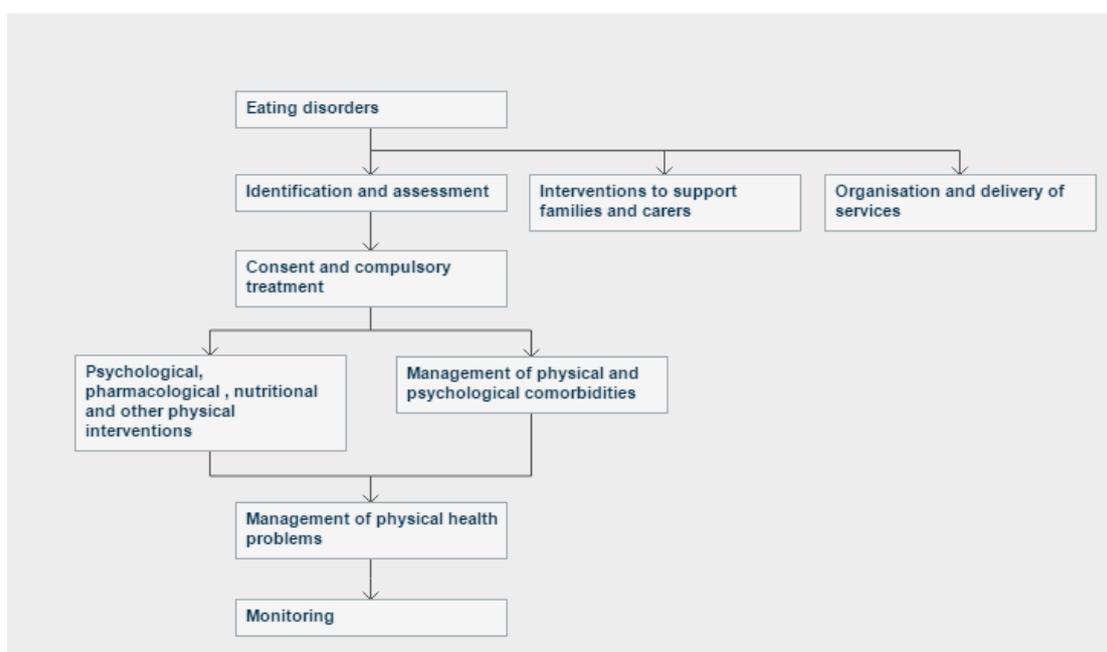
- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

### **2.2 NICE Pathways**

When this guideline is published, the recommendations will be added to [NICE Pathways](#). NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

A draft pathway outline on eating disorders, based on this scope, is included below. It will be adapted and more detail added as the recommendations are written during guideline development.

## Eating disorders overview



The pathway will link to the NICE pathways on [nutrition support in adults](#) and [behaviour change](#).

## 3 Context

### 3.1 Key facts and figures

- Estimates of the incidence and prevalence of eating disorders vary, depending on the population studied and the methodology. The prevalence of anorexia nervosa is estimated to be about 0.3% across all age groups and up to 1.7% in adolescence; 90% of people diagnosed with anorexia nervosa are women. The annual incidence in primary care for anorexia nervosa is 14 per 100,000 per year in women. The prevalence of bulimia nervosa is estimated to be about 0.8%. Again, 90% of people diagnosed with bulimia nervosa are women. Binge eating disorder has a prevalence of 2.2% and a female to male ratio of around 3:1.
- Other eating disorders include 'atypical eating disorders' (also known as eating disorders not otherwise specified [EDNOS] and other specified feeding and eating disorders [OSFED]). These include subthreshold cases of anorexia nervosa, bulimia nervosa and binge eating disorder, and other

specified disorders (for example, night eating syndrome and purging disorder). Although they are less well researched, such atypical cases are estimated to make up approximately 50% of all cases of eating disorder.

- Because eating disorders are less common in men, and are more likely to be 'atypical', they can go undetected. Eating disorders are also underdiagnosed in people of normal weight, people who are overweight and in black, Asian and minority ethnic group populations, despite similar prevalence rates.
- Severe eating disorders can result in long-term ill health or death

The existing NICE guideline on eating disorders (CG9) was 11 years old in January 2015 and was developed before the publication of the 2004 guidelines manual. Consequently it contains no review protocols, no clear methodology of how evidence synthesis was achieved, no evidence tables, and no statement linking the evidence to the recommendations or documentation of decision-making. In addition, an arbitrary lower age limit of 8 years was used for the guideline population.

We are updating CG9 using the methods and processes set out in 2014 in [Developing NICE guidelines: the manual](#). The updated guideline will cover the identification, treatment and management of eating disorders as defined in the World Health Organization's International Classification of Diseases (ICD) and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM–5). These include anorexia nervosa, bulimia nervosa, binge eating disorder and eating disorders generally called 'atypical eating disorders'.

The updated guideline will be used to develop a NICE quality standard.

### **3.2 Current practice**

Current practice is for healthcare professionals and service users with eating disorders to refer to the existing NICE guideline on [eating disorders](#) (CG9). However, there is new evidence that may change current recommendations on psychotherapy.

### **3.3 Policy, legislation, regulation and commissioning**

#### **Legislation, regulation and guidance**

- The Children Act 1989
- The Mental Health Act 1983
- The Mental Capacity Act 2005
- The Human Rights Act 1998.

#### **Commissioning**

- Guidance for commissioners of eating disorder services. Joint Commissioning Panel for Mental Health, 2013.

## **4 Further information**

This is the final scope, incorporating comments from registered stakeholders during consultation.

The guideline is expected to be published in April 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.