

Food for Thought

How effective is early intervention and family based therapy for patients with anorexia nervosa in adolescents

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Introduction:

Eating disorders and specifically anorexia nervosa are a public health issue in New Zealand. "Anorexia nervosa is an eating disorder that can be severe and distressing. It has the highest mortality rate of any mental health illness with suicide being shown to cause 20% of all anorexia related deaths" (NZ herald, 2016).

Summary of results:

For the best results and most successful recovery rate it is important that both early intervention and family based care are used together to gain the best outcomes.

If anorexia nervosa is not treated in the early stages it has effects on growth and development.

The anorexia behaviour can become entrenched and the patient becomes less receptive to treatment (Jones & Brown, 2018).

Early treatment and intervention can help to speed recovery and reduce symptoms which will help the patient manage the condition.

Family based therapy has been shown to be the most effective approach for adolescents within 3 years of the onset of their illness and is recommended as the first line of treatment for this age group (New Zealand eating disorders clinic, n.d). Family therapy's main characteristic is that parents are actively involved in their child's recovery. Benefits include: All family members are involved and can play a role in the recovery process. Allows patients to recover within their usual everyday environment

Recommendations:

Screening – Early detection and intervention can be achieved through screening.

Example: Screening questionnaires

Screening questionnaires can be simple but effective. The purpose is to help identify people who are at risk of having or have a current eating disorder. Which can lead to earlier access to treatment. Types of questions asked: Do you make yourself sick because you feel uncomfortably full? Do you worry you have lost control over how much you eat? Have you lost more than 6.35kg in a three month period? Do you believe yourself to be fat when others say you are too thin? Would you say food dominates your life? Response of yes to more than two of the questions indicates the need for further assessment

Education

Educate the family and individual to make them aware of the condition and common behaviour to look out for.

Example: Family therapy sessions. Discussing types of support that would be beneficial for the child and family. Encourage family to provide emotional support. Being aware of the illness and impact on the person

Making realistic goals

Helping individual set goals that are relative and specific to them. This will increase motivation.

Example: Decrease the number of times that person weighs him/herself in a day.

Conclusion:

In conclusion, the prevalence of anorexia nervosa as an adolescent illness is a serious health threat in many countries worldwide. There is no single solution for those suffering with anorexia nervosa but it can be shown that early intervention strategies combined with different types of treatment options (including family therapy) can have a positive influence on outcomes both short term and long term. Nurses are able to make a positive contribution in the early intervention process through screening and can also provide an important link in the process of family-based therapy through education and support.

References:

Jones, M., & Brown, T. (2018). Why early intervention for eating disorders is essential. [Blog post]. Retrieved from: <https://www.nationaleatingdisorders.org/blog/why-early-intervention-eating-disorders-essential>

New Zealand eating disorders clinic. (n.d). Treatment. Retrieved from: <http://www.nzeatingdisordersclinic.co.nz/family-based-treatment-fbt/>

NZ Herald. (2016). Big increase in eating disorder cases at New Zealand clinics. Retrieved from: http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11725518

eating



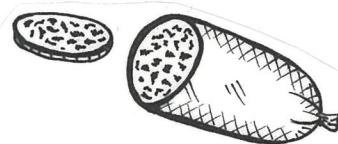
ENERGY



CHEERS!



MANAGE



EAT



CHUNKY

Summary:

It is important to consider the target audience when choosing a way to present information. I have chosen to do a poster for my presentation. This poster is intended to target both health professionals and the general public. I have chosen a poster because after doing some research I found that poster presentations are effective and commonly used for communicating information within public health fields (Ilic & Rowe, 2013). And provide an effective medium for knowledge transfer (Ilic & Rowe, 2009).

Eating disorders and specifically anorexia nervosa is a public health issue that both audiences should be aware of. I thought it was the most effective way to present my ideas in an easy and engaging way.

It has been shown that poster imagery is most likely to draw the viewer's attention. With the visual aspects of academic posters being more appealing to viewers than text and subject content (Ilic & Rowe, 2009).

Therefore I have tried to condense the information as much as possible and include pictures and colour to capture the audience.

PECOT	Information relating to question	Explanation
Population	Young adolescents between the age of 12-24 who develop eating disorders	Eating disorders can happen at any stage in life but they are more common during adolescence.
Exposure / environment	Young adolescents with eating disorders who have support and receive family based treatment	Will be looking at literature that specifically looks at how effective support / early intervention and treatment is compared to inpatient treatment (less involvement of families)
Comparison / control	Young adolescents with eating disorders with family based treatment compared to individual based treatment	Interested to see what treatment method is most effective for adolescents
Outcome	Resolution of illness	Find out if early intervention has an impact on recovery as well as the treatment method used
Time	5 year trial	Evaluate outcomes after treatment

References:

Ilic, D & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. 30(1):4-12.doi: 10.1111/hir.12015.

Ilic, D & Rowe, N. (2009). What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. 9: 71. doi: 10.1186/1472-6920-9-71