



**11/11/09 POSITION STATEMENT:
OUTPATIENT SERVICES FOR EATING DISORDERS**

Introduction

Eating disorders are serious illnesses with physical and mental aspects, and a high level of morbidity and burden of disease.¹ They have a strong, negative impact on cognitive, physical, social, and psychological aspects of health, and are associated with the highest risk of death among all psychiatric problems. Standardised mortality rates for eating disorders are 12 times higher than the annual death rate from all causes in females aged 15 to 24 years of age.² Up to 10% will die as a direct result of their disorder.³

Increasing Prevalence

Eating disorders and disordered eating affect a significant and serious percentage of individuals in the Australian community. There has been a two-fold increase in eating disorder behaviours in the past decade.⁴ Epidemiological data suggest that approximately 15% of Australian women develop a clinically significant eating disorder within their lifetime.⁵ Data from 2005 provide staggeringly high prevalence among youth between ages 15 to 24 years: 29.3% binge eat, 13.6% purge and 20% are on strict diets or fasting.⁶ Body image is the number one concern among young Australians aged 12 to 25⁶. Negative body image is a well-established risk factor for an eating disorder.

Economic and Social Burden

Eating disorders carry significant economic and social burden. Bulimia nervosa and anorexia nervosa are the 8th and 10th leading causes, respectively, of burden of disease and injury in females aged 15 to 24 in Australia, as measured by disability-adjusted life years.⁷ Eating disorders are the 12th leading cause of hospitalisation costs due to mental health within Australia⁷ and the expense of treatment of an episode of anorexia nervosa comes second only to the cost of cardiac artery bypass surgery in the private hospital sector.⁸

ANZAED Position

The Australia and New Zealand Academy for Eating Disorders (ANZAED) takes the position that there is a need for specialist outpatient services for individuals with eating disorders. While some patients with an eating disorder can be treated effectively in generalist outpatient treatment settings, there are many individuals with eating disorders who require specialist treatment.

Clinicians with specialist expertise will necessarily be familiar with the specific psychological, medical and nutritional complexities and risks, including the ego-syntonic nature of eating disorders. ANZAED recommends comprehensive care is best provided by a multi-disciplinary team and this recommendation is premised on the consensus that the treatment of eating disorders, especially Anorexia Nervosa, is complex. This view is reflected in the guidelines of the American Psychiatric Association (APA)⁹, the National Institute of Clinical Excellence (NICE)¹⁰, and the Royal Australian and New Zealand College of Psychiatry (RANZCP)¹¹.

Whilst ANZAED recognises that most people with eating disorders can be managed as outpatients (NICE, RANZCP), it recommends that outpatient care be available as part of a continuum of specialist services which would also include day treatment and inpatient treatment.

Specialist services also need to be provided for an adequate duration. Regarding Anorexia Nervosa, NICE recommends that most individuals should be managed on an outpatient basis, “with psychological treatment (with physical monitoring) provided by a service that is competent in giving that treatment”, and that, “the length of outpatient psychological treatment and physical monitoring following inpatient weight restoration should typically be at least 12 months”. The APA guidelines state that, “psychotherapeutic treatment is frequently required for at least one year and may take many years”. RANZCP also recognises that “long-term treatment is usually necessary for chronic forms of the illness”. Services to outpatient treatment for eating disorders of adequate intensity are currently inadequate and this issue should be addressed as a priority.

Access to such specialist care for people with eating disorders is widely variable across Australia and New Zealand, with some regions having no such services. ANZAED accepts an important role as the leading bi-national professional organisation in the area to work for improved services and to redress this current situation.

References:

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