

Treatment for under 18s.

- NICE Guidelines (2017)
- Evidence base for family work: a non-blaming approach that supports the family as a vital resource in a young person's recovery from anorexia nervosa. Treatment duration is typically 9-12 months
- Aims to prevent inpatient admission.
- Promotes MDT working together.

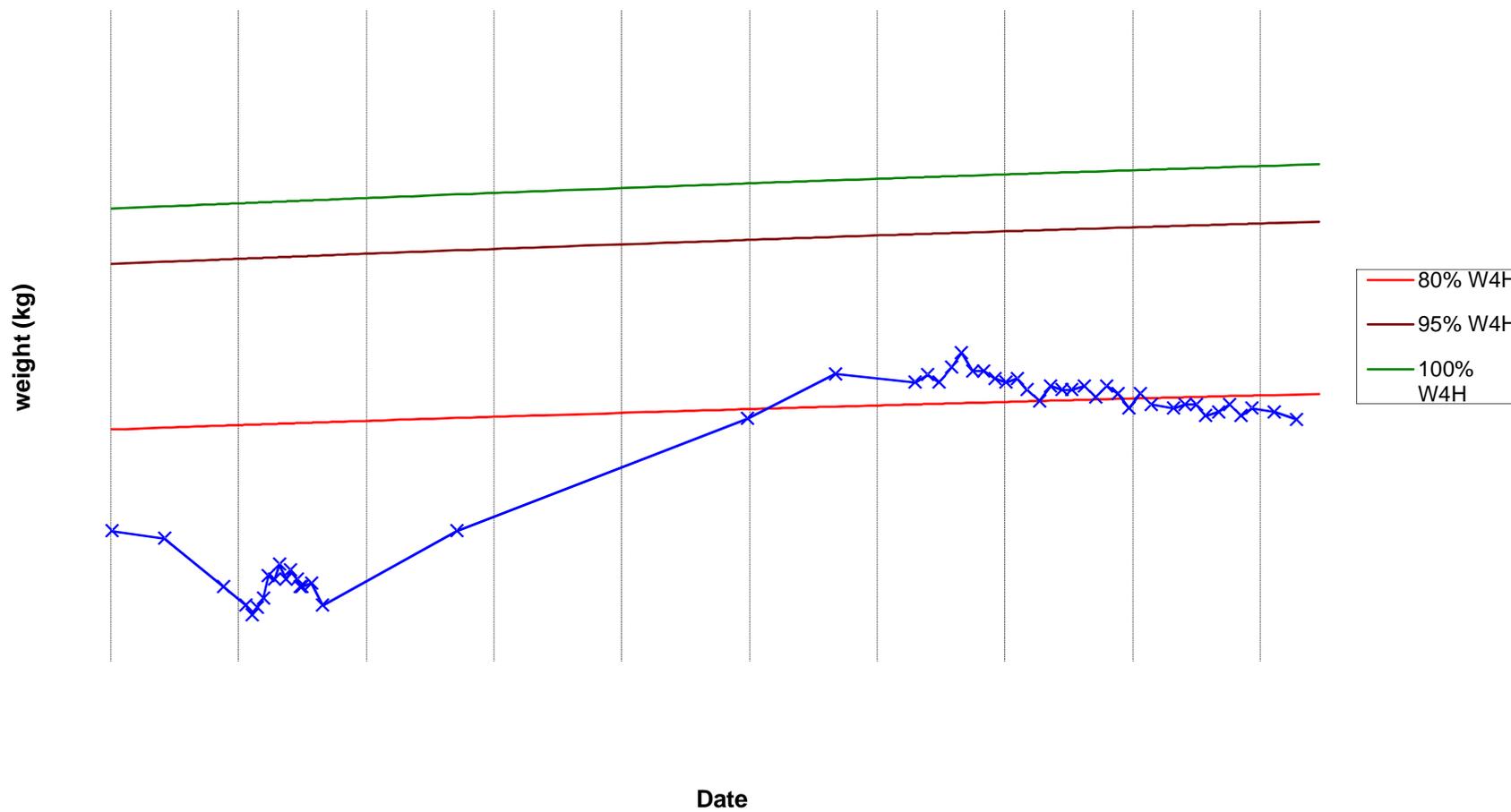
Key Principles of Family Work

- Understanding the family in the context of a potentially life threatening illness
- Parents take a lead in managing re-establishment of healthy eating for their child, in partnership with clinicians.
- Psychoeducation
- Use of externalisation

Child 1

- Girl referred by GP in 2016 aged 15, five month history of weight loss.
- Problems in peer group and high level of focus on academic achievement and dancing.
- Admitted straight to paediatric ward for initial monitored refeeding
- Family work started – stopped weight loss and initial increase but very difficult to maintain progress.
- Significant increase in risk during wait for inpatient bed
- Long stay in inpatient, very gradual improvements but not to where we would hope at discharge. Struggling to maintain in community.

Weight against W4H ratios



Child 2

- Girl referred by GP aged 9.5
- History of being bullied, noticing she was the heaviest in the class, 'feeling fat and ugly', followed by strong interest in body image, 'healthy eating' and exercising after meals.
- High level of control over eating / anger when challenged. Problems with sleep, mood swings
- Work with family to empower parents to support recovery and build confidence in feeding their daughter again. Involved meal plans, managing activity levels, liaising with school and GP.
- With increased physical health, focus on body and eating has decreased significantly and family relationships improved. Eating and activity moving back to 'normal'.

Weight against W4H ratios

