1. Dietitians’ opinions regarding refeeding syndrome, clinical guidelines and extended scope of practice. 
Author: Matthews KL, Palmer MA, Capra SM. 
Abstract: Refeeding syndrome (RFS) prevalence rates vary across studies depending on the criteria used for assessment and identification. For registered dietitians, the assessment and management of RFS is highly reliant on daily serum electrolyte values; however, registered dietitians working within Australia do not currently possess laboratory test ordering privileges. We aimed to examine the opinions of registered dietitians regarding RFS identification, management and guidelines and the option of using extended scope of practice to order electrolyte monitoring autonomously. 
Our findings suggest that more stringent tools for the identification of RFS are necessary. There was limited uniformity across countries, and updated practice guidelines are needed. 
Full text: http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=2&sid=ec4651bf-adc5-47c6-9d21-a2820231ee07%40sdc-v-sessmgr02

2. Inpatient versus outpatient care, partial hospitalisation and waiting list for people with eating disorders 
Author: Phillipa J Hay, Stephen Touyz, Angélica M Claudino, Sanja Lujic, Caroline A Smith, Sloane Madden 
Abstract: International clinical practice guidelines recommend that overall, people with eating disorders should receive their treatment in an outpatient setting. Most people also prefer to avoid a hospital admission, as it takes more time and resources. However, it is not known if outpatient care is as effective as more intensive inpatient or partial (day) hospital care, or if it is more acceptable for people. Those who are at medical or psychiatric risk of harm or suicide, and those with anorexia nervosa who are severely underweight or rapidly losing weight may not be safe in an outpatient setting. 

Author: Austin SB, Hutcheson R, Wickramatilake-Teleman S, Velasquez K. 
Abstract: Over the past decade, a first wave of US public policy advocacy for eating disorders made substantial progress, with passage of the federal 21st Century Cures Act in 2016 as its crowning achievement. However, the US response to eating disorders continues to fall short in several ways. On the cusp of a second wave of policy advocacy, efforts must be broadened to target structural determinants of illness and inequities to maximize clinical impact and diminish suffering. Mental health clinicians, patients, and their families will be essential players in public policy advocacy efforts in this regard. 
4. **Eating disorders in musicians: a survey investigating self-reported eating disorders of musicians.**  
**Author:** Kapsetaki ME, Easmon C.  
**Source:** Eat Weight Disord. 2019 Jun;24(3):541-549.  
**Abstract:** This study aimed to estimate the prevalence of eating disorders (EDs) in musicians, and to evaluate their relation to perfectionism, stress, anxiety and depression. EDs are prevalent in musicians and possible risk factors are their increased perfectionism, depression, anxiety and stress due to the demands of their job.  

5. **The use of enteral nutrition in the treatment of eating disorders: a systematic review**  
**Author:** Hale MD, Logomarsino JV.  
**Source:** Eat Weight Disord. 2019 Apr;24(2):179-198.  
**Abstract:** Enteral nutrition (EN) is frequently used in the treatment of anorexia nervosa (AN), and less commonly, bulimia nervosa (BN); yet, no standardized guidelines for treatment exist at this time. The aim of this review is to investigate the efficacy of EN in the treatment of eating disorders and make recommendations for clinical practice and future research.  

6. **Gender, Embodiment, and Eating Disorders**  
**Author:** Scott Griffiths, Zali Yager.  
**Abstract:** Duffy et al. have published an important study in the Journal of Adolescent Health about the health of transgender individuals. In a survey of 365,749 college students living in the United States, 678 (.2%) self-identified as transgender. Among those identifying as transgender, Duffy et al. observed a past-year eating disorders prevalence rate of 18% (nearly one in five) compared with rates of 1.8% and .2% for cisgender women and men, respectively. But why are eating disorders so common among transgender individuals in the first place? In this editorial, we articulate one potential answer by drawing on two inter-related psychological concepts: gender and embodiment.  

7. **Prevalence of Self-Injurious Thoughts and Behaviors in Transgender Individuals With Eating Disorders: A National Study**  
**Author:** Duffy ME, Henkel KE, Joiner TE.  
**Source:** J Adolesc Health. 2019 Apr;64(4):461-466.  
**Abstract:** This study examined prevalence of self-injurious thoughts and behaviors (SITBs) in transgender individuals with eating disorders, as compared to cisgender individuals with eating disorders and transgender individuals without eating disorder. Results found extremely high rates of SITBs in transgender individuals with eating disorders. This combination of identities, each associated with SITBs, may have a compounding effect.  

8. **Treatment outcome research of enhanced cognitive behaviour therapy for eating disorders: a systematic review with narrative and meta-analytic synthesis.**  
**Author:** Dahlenburg SC, Gleaves DH, Hutchinson AD.  
**Source:** Eat Disord. 2019 Sep-Oct;27(S):482-502.  
**Abstract:** Enhanced cognitive behaviour therapy (CBT-E) has recently generated interest as a potentially useful treatment for eating disorders (ED). In the systematic review of the outcome literature on CBT-E, with both narrative and meta-analytic synthesis. We included single-group uncontrolled pre-post design studies and randomised control trials (RCTs) of CBT-E, which allowed us to compare the two methodologies in terms of effect size. The primary analysis included 15 CBT-E studies with a total of 948 participants. Narrative synthesis examined bingeing and purging episodes, BMI change, and follow-up results. A large, statistically significant effect supported CBT-E as a treatment for all EDs (g = 1.06). Despite the limitations, this study provides additional support for CBT-E as a successful treatment across the range of EDs.  
8. **Predictors of Weight Restoration in a Day-Treatment Program that Supports Family-Based Treatment for Adolescents with Anorexia Nervosa.**

Author: Martin-Wagar CA, Holmes S, Bhatnagar KAC2


Abstract: Family-Based Treatment (FBT) is considered a first-line treatment for adolescents with eating disorders. The traditional outpatient model of FBT may not, however, be appropriate for adolescents requiring more intensive treatment due to severe medical complications or insufficient progress in traditional outpatient FBT. In response, efforts have been made to incorporate FBT into higher levels of care, such as day-treatment programs (DTPs), for families who need additional support. Little is known about the factors that predict weight restoration for DTPs intended to support FBT.


Full text: https://www.tandfonline.com/doi/full/10.1080/10640266.2018.1528085

9. **High-intensity exercise is associated with a better nutritional status in anorexia nervosa.**

Author: Rizk M, Kern L, Lalanne C, Hanachi M, Melchior JC, Pichard C, Mattar L; EVHAN Group, Berthoz S, Godart N.


Abstract: The aim of this study is to investigate the links between duration and intensity of exercise and the nutritional status in terms of body composition in acute anorexia nervosa (AN) patients. Exercising at higher intensity in AN is associated with a better nutritional status, thus, a better resistance to starvation. The impact of therapeutic physical activity sessions, adapted in terms of exercise intensity and patient's clinical status, should be evaluated during nutrition rehabilitation.


10. **Incidence of anorexia nervosa in young people in the UK and Ireland: a national surveillance study**


Abstract: This study aimed to estimate the incidence of DSM5 anorexia nervosa in young people in contact with child and adolescent mental health services in the UK and Ireland. 305 incident cases of anorexia nervosa were reported over the 8-month surveillance period and assessed as eligible for inclusion. The majority were young women (91%), from England (70%) and of white ethnicity (92%). Mean age was 14.6 years (±1.66) and mean percentage of median expected body mass index for age and sex was 83.23% (±10.99%). The overall IR, adjusted for missing data, was estimated to be 13.68 per 100,000 population (95% CI 12.88 to 14.52), with rates of 25.66 (95% CI 24.09 to 27.30) for young women and 2.28 (95% CI 1.84 to 2.79) for young men. Incidence increased steadily with age, peaking at 57.77 (95% CI 50.41 to 65.90) for young women and 16 (5.14, 95% CI 3.20 to 7.83) for young men. Comparison with earlier estimates suggests IRs for children aged 12 and under have increased over the last 10 years.


Full text: https://bmjopen.bmj.com/content/9/10/e027339

11. **Avoidant/restrictive food intake disorder: what do we know so far?**

Author: Laura Coglan, John Otasowie.


Abstract: Avoidant/restrictive food intake disorder (ARFID) was a new diagnosis in DSM-5 and is due to be included in ICD-11. However, confidence in making the diagnosis seems to be low among clinicians. This article aims to improve clinician confidence in the use of ARFID as a diagnosis and explores current consensus on treatment approaches, in order to progress future service planning for this complex and diverse patient group.

https://www.cambridge.org/core/journals/bjpsych-advances/article/avoidantrestrictive-food-intake-disorder-what-do-we-know-so-far/6FD093EE6A5665822066A87F2C6DB7D8

12. **Clinical management of females seeking fertility treatment and of pregnant females with eating disorders**

Author: Georgios Paslakis, Martina de Zwaan.


Abstract: Several specific aspects are to be considered by medical professionals when females with EDs either become pregnant or intend to undergo fertility treatment. Clinical management algorithms for gynaecologists and
fertility specialists are missing. Based on currently available evidence on the topic, specific clinical recommendations are presented. Treatment by a mental health professional may be necessary for pregnant females suffering from acute EDs or prior to fertility treatment.


   Author: Arts H1, Lemetyinen H2,3, Edge D2,3.
   Source: Int J Eat Disord. 2019 Oct 7
   Abstract: Evaluate the quality and readability of United Kingdom-based websites on anorexia nervosa. The Royal College of Psychiatrists website (https://www.rcpsych.ac.uk/) received the only "excellent" quality rating and was the only website that met the recommended reading level. The other websites' quality varied, and their reading levels ranged from fairly to very difficult. Ebsite quality seals could prove beneficial, and web developers should use quality and readability measures to ensure information accessibility. Future research should utilize DISCERN and FRE to evaluate quality and readability of websites pertaining to other eating disorders too.

   Author: Yamazaki T, Inada S, Yoshiuchi K.
   Abstract: Refeeding hypophosphatemia (RH) is a life-threatening complication in underweight patients with eating disorders (EDs). Although a lower body mass index (BMI) has been reported as a risk factor for RH, the exact BMI cut-off point is not known. Herein, we aimed to identify the optimal BMI cut-off point for RH in adults with EDs.

National Institute for Health Research
19/76 Antipsychotics for young people with anorexia nervosa
HTA: For young people with anorexia nervosa, is it feasible to conduct a trial to examine the benefits and harms of prescribing atypical antipsychotics to those who have not responded to first-line treatments?

Guidelines in Practice
Top tips: eating disorders
Dr Dominique Thompson offers 10 top tips for general practice on the role of GPs in managing eating disorders, including signs to look out for, the right questions to ask, and the need for referral without delay
https://www.guidelinesinpractice.co.uk/eating-disorders/top-tips-eating-disorders/454613.article

SIGN Topic Proposal
Scottish Clinical Guidance on the assessment and treatment of eating disorders are now significantly dated. Whilst the new NICE Guideline (2017) on the management of eating disorders is admirable in systemically reviewing the research evidence, unfortunately for a number of reasons the guidance does not meet the unique service needs of Scottish patients
https://www.sign.ac.uk/assets/eating-disorders-proposal.pdf

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