

Eating disorder referrals to a district adult psychiatric service

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This paper documents the rate of referral to an eating disorders service for adults which predominantly serves a large defined catchment area. It also defines the proportion of all new patients which presented with such disorders. People with eating disorders amounted to about one in ten of young women and one in 30 of all patients presenting to psychiatric services for the first time.

In recent years there has been an increase in the number of referrals of patients with eating disorders to specialist services. Such services are available only patchily at present (Royal College of Psychiatrists, 1992) although new provisions are budding around the country. General mental health services see many such patients. However, there is an impression that rates of referral differ between services, some clinicians claiming to see rather few. Such variation of referral rate may be the case especially for bulimia nervosa. In all centres the majority of those referred are young women.

The aim of this paper is to document the recent rate of referral to a specialist service. It also reports a study which sets out to estimate what proportion of young women referred for the first time to a catchment area based psychiatric service had an eating disorder. The services studied were those based at the Leicester General Hospital which provides a catchment service for about half of the county of Leicestershire. It is also the site of a well established eating disorders service which serves this population as well as taking patients from the rest of the county and beyond. The services do not cater for children below the age of 16 and those in late teenage may also sometimes be seen within the child and adolescent services which are based elsewhere. It is hoped that the demand reported may provide a useful guide to the level of referral which might be expected where a service is provided for adults with eating disorders.

Total rates of referral to the eating disorders service

During the calendar years 1991 and 1992, 139 and 189 patients were referred to the eating

disorders service. Of these, 115 and 133 respectively were actually seen and assessed within those years. (The difference in numbers between referrals and those actually seen is explained by a combination of patients failing to attend their first appointments and by a rising referral rate and lengthening waiting time over this period.) Of these, only 12 (8%) were students in higher education at one of the three universities in the county. Taking the two years together, 229 (92%) of the patients seen came from within the county of Leicestershire (population 898,000), which is coterminous with the health authority district. This gives a mean referral rate of about 13 per 100,000 per year. Of these local patients, 24% were diagnosed as suffering from anorexia nervosa, 31% from full syndrome bulimia nervosa, 34% from partial or atypical syndromes ("eating disorder not otherwise specified") and 11% did not have a clinical eating disorder, although some of these were morbidly obese.

Catchment area study of young women

The purpose of this study was to estimate what proportion was eating disordered of all those women aged between 18 and 35 who presented to psychiatric services for the first time, whether or not the presentation was to the specialist or general service. For this purpose the population base was the catchment of the Leicester General Hospital which serves mainly the eastern side of the city and county.

A review was conducted of all available case-notes relating to women aged between 18 and 35 who were referred from within the hospital catchment area, for the year 1 June 1991 to 31 May 1992. The study was confined to first-time referrals. The majority were out-patients. A diagnosis was attempted using the categories of DSM-III-R based upon the information available in the case-notes. Only one main Axis I diagnosis was recorded, but all the notes were carefully scrutinised for any documented evidence of past or present eating disorder. Diagnoses for the specialist eating disorder service patients had

been made, where possible according to DSM-III-R criteria, at the time of first assessment, and recorded in the case-notes. Such case-note diagnoses were used for these patients.

A total of 327 appropriately aged women were assigned a hospital number and given an appointment during the relevant period. Of these, 34 were referred from within the catchment area to the eating disorders service. Thirty-five women failed to attend their appointment and no case-notes were available on a further 26. Thus a total of 266 case-notes were reviewed, 29 (11%) of which were related to referrals to the eating disorders service.

Of these 29 women referred to the specialist service, ten were diagnosed as having bulimia nervosa, four as having anorexia nervosa and ten as having partial or atypical syndromes ("eating disorder not otherwise specified"). This last group were largely individuals who narrowly missed fulfilling criteria for full syndrome bulimia nervosa. Five women referred to the specialist service did not have a diagnosable clinical eating disorder. Of the 237 women presenting to the general psychiatric service, none had been given a main diagnosis of an eating disorder but two were thought to be probably and one more possibly suffering from current bulimia nervosa on the basis of information in the case-notes. A maximum of 27 patients (10% of the whole sample) could thus be defined as certainly or possibly eating disordered.

During the same period, a total of 1046 referrals (all ages, both sexes) were made to the service. How many of these failed to attend is unknown. Extrapolating the roughly 13% non-attendance in the study sample to this entire group, about 900 patients would have been seen. The 27 eating disordered patients represent 3% of this total.

Comment

Like many such services, the eating disorders service based at the Leicester General Hospital was established around the special interest of one particular clinician but it has developed in response to a clinical demand which has steadily increased. Most of this demand is local and comes from within one health authority district, albeit an exceptionally large one. The average rate of presentation and assessment of such local patients over the two years 1991 and 1992 was 13 per 100,000 total population per year. However, the rate seems to be still rising and this figure underestimates current demand. The total number of new patients seen in the eating disorders service in 1993 was 183; a rise of 62% over the equivalent 1991 figure and of 38% over 1992. Of these patients, 164 (90%) were local

giving a referral rate of about 18 per 100,000 total population for 1993.

The eating disorders service has come to be fairly well known to general practitioners and most referrals to secondary psychiatric services of adults with eating disorders come directly from primary care. Patients seem to have been appropriately diagnosed and sent up directly to the specialist clinic. The study of a sample of young women presenting to the hospital for the first time supported this view, although it is possible that some additional patients had an undetected or unrecorded eating disorder. About one in ten of all young women presenting for the first time to psychiatric services had an eating disorder. (The exclusion of all but first referrals may have introduced a bias which distorts this as an estimate of the proportion of all presenting disorder.) About one in 30 of all new referrals, regardless of age and sex, had an eating disorder. Eating disorders thus constitute a significant proportion of presenting morbidity at least when a service is perceived as available for their treatment.

The present figures are likely to underestimate both actual and potential demand for treatment for at least two kinds of reason. First, the specialist service studied does not cater for sufferers under the age of 16 and certainly does not see all adults, some of whom may go to physicians or others within hospital services or to psychiatrists or non-medical therapists in private practice. Thus, some individuals seek and find broadly specialist help outside the eating disorders service which was studied. Secondly, there is epidemiological evidence which suggests strongly that for every individual who seeks help for anorexia nervosa or bulimia nervosa, there is likely to be another or even several others who, for a variety of reasons, do not want or do not seek help or both (Hoek, 1993). Among their reasons may be a preception that acceptable or effective help is not available. General practitioners and others working in primary care may themselves offer such help but also occupy a pivotal position of influence upon these judgements. Lacey (1992) reported an annual rate of referral for bulimia nervosa alone of 43 per 100,000 female population in the London Boroughs of Wandsworth and Merton served by St George's Hospital. This rate is markedly higher than that reported here and is likely to reflect both the nature of the catchment area and the exceptional reputation of the St George's service. However, even such a rate may not represent the ceiling of potential demand.

A report of the College has recently reviewed the topic of services for eating disordered people. (Royal College of Psychiatrists, 1992) Many purchasers are thinking how they may find suitable services and potential providers are planning

new provisions. The present study may make some contribution to their estimates of what may be reasonably expected. Furthermore, these figures from an actual catchment based service might appropriately discomfort anyone who is tempted to use lack of apparent demand to justify a low level of service provision. The two are indeed linked but the latter may well be causing the former. Treatment for the eating disorders can be effective. In the presence of such effective treatment, it is ethically questionable for a purchaser to limit service provision on the basis of a spuriously low estimate of need.

LACEY, J.H. (1992) The treatment demand for bulimia: a catchment area report of referral rates and demography. *Psychiatric Bulletin*, **16**, 203-205.

ROYAL COLLEGE OF PSYCHIATRISTS (1992) *Eating Disorders*. Council Report CR14. London: Royal College of Psychiatrists.

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References

HOEK, H.W. (1993) Review of the epidemiological studies of eating disorders. *International Review of Psychiatry*, **5**, 61-74.

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