



**St Patrick's**  
Mental Health Services  
*Empowering recovery*

# Founder's Day Conference 2018 – Eating Disorders in a Modern Society

## Integrating MANTRA into an Adult Eating Disorder Service

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St Patrick's Mental Health Service



# Introduction

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- Eating disorders historical perspective to modern day
  - MANTRA – integrating this approach into adult ED service
  - MANTRA and dietitian
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# Historical Perspectives

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- 12<sup>th</sup> to 16<sup>th</sup> centuries
  - Holy anorexia
  - Rudolph Bell
  - St. Catherine of Siena
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# Historical Perspectives

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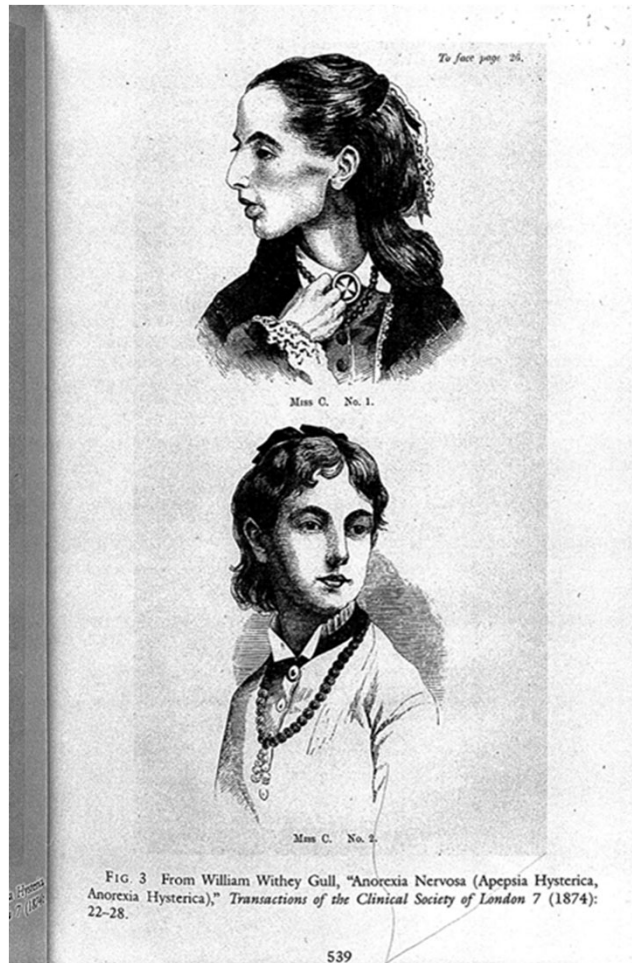


- 1689
- Earliest medical documentation
- Dr Richard Morton of London



# Historical Perspectives

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- 1873
  - Sir William Gull
  - ‘Anorexia Hysterica’
- ‘The patients should be fed at regular intervals and surrounded by persons who would have moral control over them: relatives and friends being generally the worst attendants’*



# Historical Perspectives

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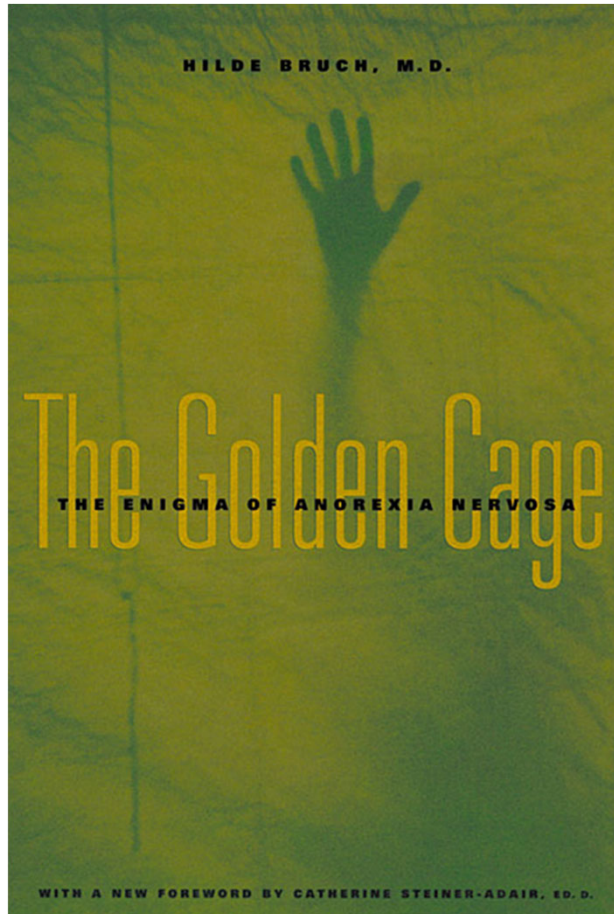


- 1979
  - Gerald Russell
  - Bulimia nervosa: an ominous variant of anorexia nervosa
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# Historical Perspectives

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- 1978
- Hilde Bruch's
- The Golden Cage



# Eating Disorder Diagnoses

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## DSM-5

- Anorexia nervosa (AN)
  - Bulimia nervosa (BN)
  - Binge eating disorders (BED)
  - Pica
  - Rumination disorder
  - Avoidant/Restrictive Food Intake Disorder (ARFID)
  - Other Specified Feeding or Eating Disorder (OSFED)
  - Unspecified Feeding or Eating Disorder (UFED)
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# Statistics

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- Lifetime prevalence estimates of anorexia nervosa, bulimia nervosa, and binge eating disorder are 0.9%, 1.5% and 3.5% among women, and 0.3%, 0.5% and 2% among men
  - It is estimated 190,000 people in Ireland will experience an eating disorder at some point in their lives. It is estimated that approximately 1,757 new cases occur in Ireland each year in the 10 – 49 year old age group
  - Incidence rates of AN highest for females aged 15 – 19 years constituting approximately 40% all cases and this group may be increasing
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# Statistics Cont'd

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- More middle aged women presenting for specialist eating disorder treatment and 1% prevalence of women presenting for treatment at 50 years of age or older
  - Recent community-based studies have found that AN is more common among males than previously thought. AN may be even more under-detected in males than in females
  - BED is more common among males and older individuals
  - Increasing occurrence of eating disorders in non-Western countries and among ethnic minorities
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# Eating Disorders in Modern Society

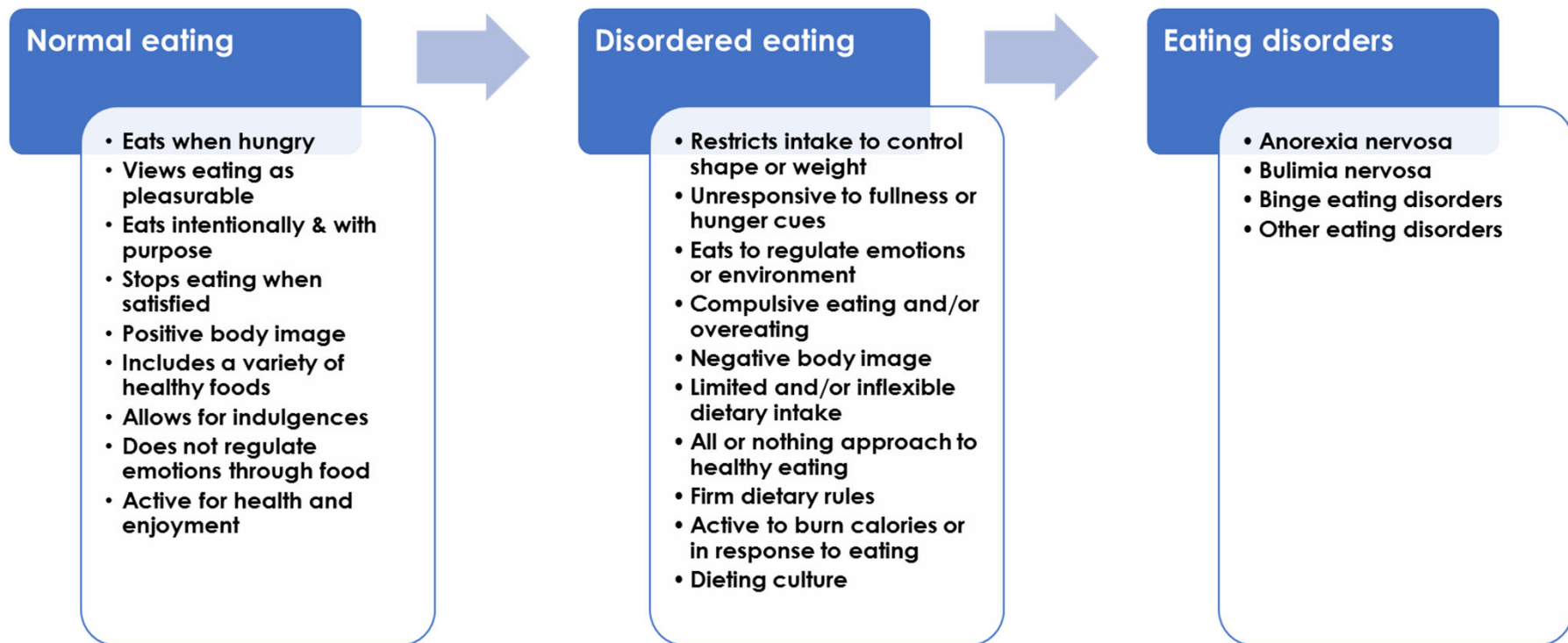
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# Spectrum of Eating Behaviour

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# Integrating MANTRA Treatment

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- Knowledge shaping treatment intervention
- Approach to integrate MANTRA into our adult ED service





# Adult ED Service SPUH

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- Comprises inpatient, day care, and outpatient services
  - Multidisciplinary team
  - Treatment addresses the medical, nutritional, and psychosocial needs
    - Group interventions
    - Family work
    - Individual therapies to include CBT-e, IPT, CFT-e, motivational interviewing, psychology, SSCM, and most recently MANTRA
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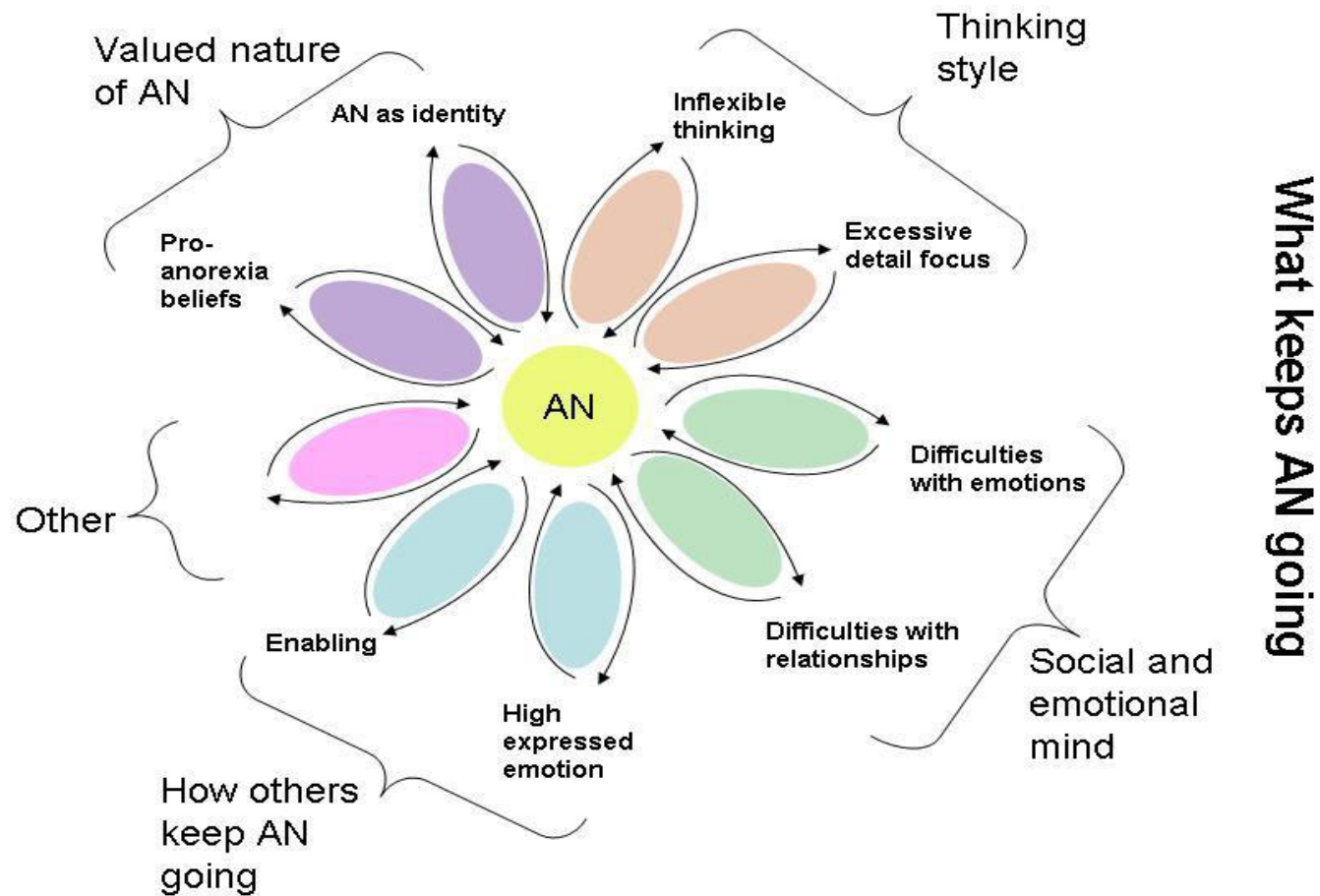
# MANTRA – What is it?

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- MANTRA is a cognitive-interpersonal treatment of adult AN
  - Uses a manualised approach addressing the factors that maintain the ED
    - Thinking style
    - Emotional and relational styles
    - Value of AN
    - Responses from others
  - Two pronged formulation process
    - Letter
    - Diagram
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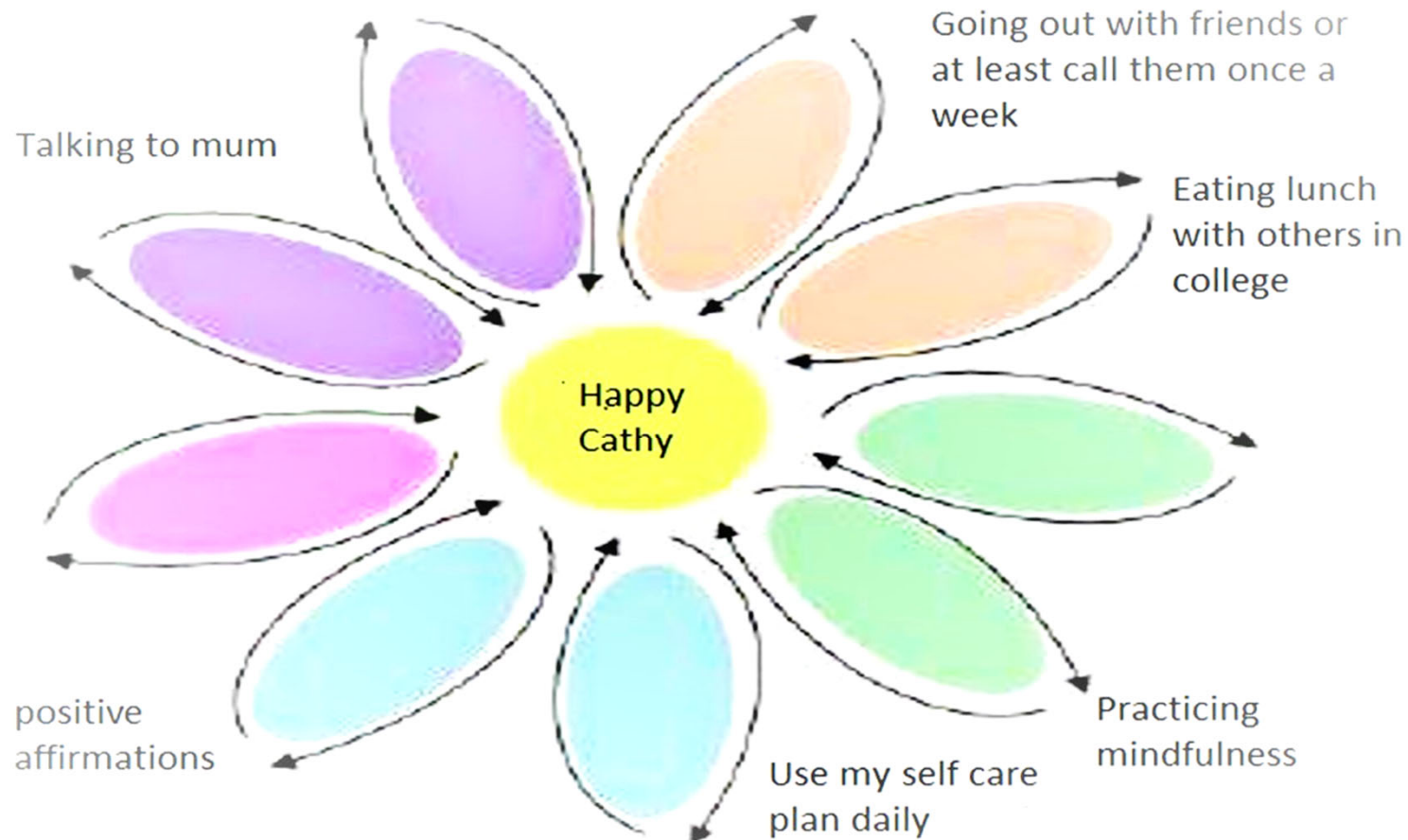
# Vicious Flower





# Virtuous Flower

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# Structure

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- 20 – 30 individual sessions
  - Two carer sessions
  - Up to four sessions with a dietitian
  - Four follow up sessions
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# Phases of Treatment

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Working on nutritional health  
Monitoring risk

## **Phase 1**

Assessment  
and  
engagement

## **Phase 2**

Formulation

## **Phase 3**

Working  
for change

## **Phase 4**

Relapse  
prevention

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# Implementation to Date

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- Multidisciplinary involvement
    - Two staff trained at level 1
    - Four staff trained at advanced level
  - Eight people have commenced MANTRA
  - Outcomes
  - Supervision
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# Strengths and challenges

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- An early intervention tool
  - Flexible
    - Stage of recovery
    - Level of motivation
    - can be used alongside other interventions
  - Engagement
    - *‘I like having the knowledge about it [what AN means to me]. It’s good to understand more about my anorexia and have the knowledge, because I’m still wavering.’*
    - *‘It gives you a lot of self awareness of your illness... It’s very good to look back on the letters, especially the one ‘to AN my enemy,’ I look back on that a lot especially if I am struggling’*
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# Strengths and Challenges

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- Resources
- Logistics
- Training
- Personal challenges

*‘It’s overwhelming to think I have all this work to do, I’m just so tired and I don’t have the concentration to think so much’*

*‘It’s difficult going into detail about my anorexia as it brings me back into my past’*

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# Integrating MANTRA into our Service

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Integrating the principles of MANTRA into existing group sessions

- Exploring the concept of change
  - Social emotional mind
  - Goal setting: development of treatment goals and experiments
  - Nutritional education
  - Incorporating 'moving forward' into WRAP sessions
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# Working with Support

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- Provide education to enhance understanding of the ED
- Provide support to those supporting recovery





# Individual Work

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- Exploring personal motivation
  - My anorexia: what, why, and how
  - Formulation
  - Exploring thinking styles
  - Working towards change: New identity
  - Dietetics
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# What do Dietitians do?

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- Dietitians give patient-centred, non-biased, evidence based, and practical advice
- Support the individual with food choices
- Provide psychoeducation
- Work as part of wider team



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh  
Regulating Health +  
Social Care Professionals





# Nutritional Steps in Anorexia Nervosa

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- Assessment
  - Careful reintroduction of food/fluid following best practice (MARISPAN etc)
  - Refeeding Monitoring
  - Once eating/dietary intake established and medical status is stable can work on increasing nutrition and provide education
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# Dietetic Assessment

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- Examine current nutritional status and identify its deficits
  - Assess existing and potential risks of maintaining a low weight (bone health, iron levels etc)
  - Gain information about the eating behaviour, beliefs and attitudes of the person +/- family
  - Use findings to guide treatment goals and objectives
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# Integrating MANTRA our Dietetic Service

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- Individualised work
  - 1 to 1 assessment as per MANTRA
  - x 4 sessions with Dietitian recommended

Integration into our services it reduces 1 to 1 requirements and can do more through group work

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# MANTRA and Dietetics

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- Dedicated chapter focussing on nutritional health
- Flexible approach providing practical information and use of a variety of worksheets
- Workbook recommends using this chapter with caution:

*‘If you know you are someone who obsesses about detail then please, as you read, try to zoom out, focus on getting the gist and aim to come away with three or four key messages that can be your personal nutritional goals. Skim any sections that you know will only fuel your anorexia’*

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# MANTRA Worksheet 1:

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## Understanding your Nutritional Health and Risk

- Weight and Height
  - Heart and Circulation
  - Temperature
  - Blood Tests
  - Looking at as much information as possible about all aspects of the current health picture of a person with Anorexia nervosa
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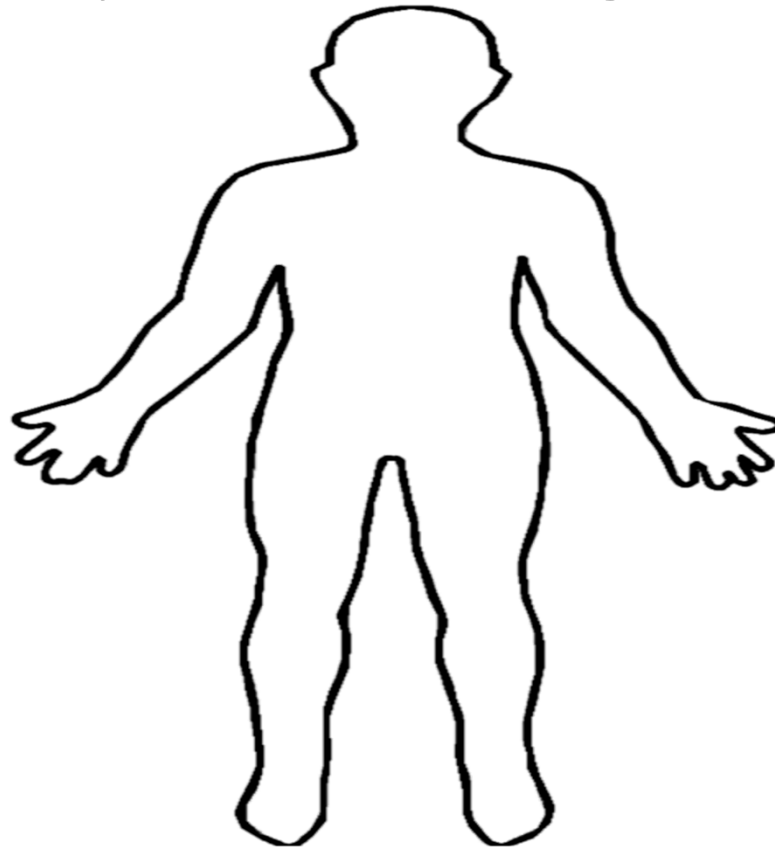


# Starvation

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Mark out on the map the areas of the body which might be affected by starvation e.g. cold extremities





# Worksheet 4: Brain Nutrition

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- The normal process by which new learning takes place is stunted and it becomes difficult to concentrate, learn, and remember new information
- Habits become entrenched and difficult to change
- Thoughts of food distract attention and concentration

*‘Look back at the list above and tick those that apply now’*

*1) Has this always been the case? If not, how were things before anorexia?*

*2) Do I really want to sign up to these side effects for the rest of my life?’*

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- **BMI < 12** Pretty much all (90-100%) of thinking relates to food or 'safety' behaviours (exercise, weight etc)
    - Inflexible, rule driven, and detail-focused thinking at 90% of maximum
  - **BMI = 12 - 13.5** 80-90% of thinking relates to food or 'safety' behaviours (exercise, weight etc)
  - **BMI = 15 - 17.5** 30-60% of thinking relates to food or 'safety' behaviours (exercise, weight etc)
  - **BMI = 17.5 - 19.5** 15-30 % of thinking relates to food or 'safety' behaviours (exercise, weight etc)
  - **BMI = 19.5-25** Healthy, normal, flexible, thinking, according to your personal thinking style
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- Dietetic groups can link with other groups interventions not dietetic led e.g. WRAP (Recovery plan), goal setting, self-care in CFT-e

*‘Only offer dietary counselling as part of a multidisciplinary approach’*

- NICE Guidance 2017

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