

Severe and Enduring Eating Disorder (SEED)

Management of Complex Presentations
of Anorexia and Bulimia Nervosa

Paul Robinson

 **WILEY-BLACKWELL**

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*To the patients, and their families, who granted
me their confidence.*

Contents

<i>Clinical Descriptions</i>	ix
<i>About the Author</i>	xi
<i>Preface</i>	xiii
<i>Acknowledgements</i>	xv
1 Introduction	1
2 SEED, Psychiatric Considerations	19
3 Medical Aspects of SEED	41
4 Social and Occupational Aspects of SEED	59
5 Family Life with SEED	79
6 Care Programming in SEED	95
7 A Pilot Case Series Using Qualitative and Quantitative Methods: Biological, Psychological and Social Outcome in Severe and Enduring Eating Disorder (Anorexia Nervosa)	107
8 A Comparison between SEED and Chronic Schizophrenia	121
9 99 Research Ideas	143
<i>Glossary</i>	151
<i>References</i>	157
<i>Index</i>	163

Clinical Descriptions

Chapter 1

Patient A: Chronic and life-threatening, but apparently not “Severe and Enduring”.

Patient B: Anorexia Nervosa, auditory hallucinations, somatoform disorder and sexual abuse.

Patient C: Chronically stable low weight, obsessive cleaning, social isolation.

Patient D: Anorexia Nervosa, poor attachments.

Patient E: Consultant, therapist disagreement reflects parental dynamics.

Chapter 2

Patient F: Condiment abuse in Anorexia Nervosa

Patient G: Where’s that strange smell coming from?

Patient B (continued): PTSD treated with EMDR

Patient H: SEED-AN. Prolonged inpatient treatment, far from home. Severe depression, self harm, attempted suicide.

Patient I: Anorexia Nervosa, epilepsy, somatization, obsessive compulsive disorder and hoarding.

Patient J: Obsessional house cleaning

Patient K: Anorexia and bulimia nervosa, deliberate self-harm, drug and alcohol abuse and mood swings treated by repeated brief private admissions.

Chapter 3

Patient L: Anorexia and bulimia nervosa, food allergies and Irritable Bowel Syndrome. A potentially fatal combination.

Patient M: Record waterloading of 10 litres caused fits.

Patient N: Wrist spasm due to low vomiting-induced low potassium levels

Patient O: A sad young woman who presented in terminal kidney failure.

Patient P: Refeeding syndrome induced at home by panic overeating after doctor threatens admission.

Patient Q: Temporomandibular Joint syndrome due to repeated chewing and spitting.

Patient R: Twins die after fertility treatment in Anorexia Nervosa.

Chapter 4

Patient Q: Mother falls asleep during all night supper vigil

Patient S: SEED-AN, yet holds down a highly responsible job.

Patient Q: I can't draw again. I might not do it perfectly!

Patient T: SEED-AN: Very slowly up the stairs with Mum's breakfast tray.

Chapter 5

Patient U: Only room for one eating disorder in this couple.

Patient V: Family therapy leads to extreme dependence on mum. Solution is a compromise with Anorexia Nervosa.

Chapter 6

Patient S: Care plan for someone with pretty good adjustment to SEED-AN

Patient L: Care plan for patient with SEED-AN and crippling IBS

Chapter 8

Patient W: Usefulness of a specialist Eating Disorders rehabilitation hostel.

Patient I: Very complex problems, and she quite likes staying in hospital!

Patient X: Doctor, tell me about the birds and the bees . . .

Patient Y: Can I see the doctor please . . . Actually I don't think I'm sick enough!

Patient Z: The voices tell me they're spiking my Coke with sugar: *Anorexia Psychosa*

About the Author

Dr Paul Robinson is a Consultant Psychiatrist in Eating Disorders Psychiatry at the Russell Unit Eating Disorders Service, part of the St Ann's Eating Disorders Service, Barnet Enfield and Haringey Mental Health Trust. After postgraduate training in medicine, psychiatry and family therapy, he conducted research into the physical determinants of food intake in eating disorders at Johns Hopkins Medical School, Baltimore, and the Institute of Psychiatry and now has been working in Eating Disorders Psychiatry for 23 years. His interests over the last 11 years have been in the community care of severely ill patients with eating disorders and the use of e-mail to deliver treatment for eating disorders. He lives in North London with his wife, Sonja Linden, a playwright.

Preface

Organization of This Book

Chapter 1 introduces the idea of SEED and its relationship to SEMI (severe and enduring mental illness). In addition, the complementary concepts of 'Handicap and Adaptation', 'Models of Illness' and the domains introduced with Care Programme Approach are covered.

The next part of the book (Chapters 3–5) is arranged such that each major domain has its own chapter. Psychiatric disorders in SEED are described in Chapter 2, according to whether they are attributable to malnutrition, disturbed body image or other origins. Medical monitoring and the assessment and management of chronic medical problems such as osteoporosis are covered in Chapter 3. Social and occupational problems, including those associated with accommodation, food shopping and consumption, finances, occupation, social networking and transport, are described in Chapter 4; issues arising in different family constellations are described in Chapter 5. Family of origin, family of creation and independent living are considered, as are eating disordered children of divorced parents, siblings and the children of eating disordered mothers. In each of these chapters, the problems of SEED are illustrated by reference to specific patients. Their histories have been changed to protect their identity, but the essentials remain. Chapter 6 aims to integrate the assessment process and introduce comprehensive management under the Care Programme Approach, and the results of a pilot study of a group of patients with SEED are presented in Chapter 7. Chapter 8 compares the concept of SEED with the severe and enduring category as applied to schizophrenia, and in Chapter 9 a number of potential research ideas in the field are listed and organized according to the chapter in which the area is described. The book ends with a glossary of terms (some eight neologisms are proposed) and an index.

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The references to inpatient treatment allude to experiences at the Capiro Nightingale Hospital, to whose excellent staff I am very grateful.

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I am grateful to the editorial and production staff of John Wiley & Sons who have done such an excellent job in helping this book and its precursor from computer file to bookshop.

Chapter 7 was co-written with Dr Jamie Arkell who is a Consultant in General Adult Psychiatry at the South Kensington and Chelsea Mental Health Centre, which is part of Central North West London Mental Health Trust. He has postgraduate training in family therapy and cognitive behavioural therapy. He sits on the development board at The Almeida Theatre in Islington and is honorary consultant at The Royal College of Art. We acknowledge with gratitude that John Wiley & Sons allowed us to reprint this article in the present book.

Lastly, I should like to thank my family: my children, who have shown me how young people grow up, something that no amount of training could have done, and my wife, Sonja, for her example and her support.

