



NEDC e-Bulletin

Issue Eight | February 2013

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Editor's Note:

Welcome to the January issue of the NEDC e-Bulletin. It's the start of another year, and this month we have put together a preview of the events and professional development opportunities available to members of the eating disorders sector in 2013. We are also featuring a professional perspective on hospital emergency rooms and their role in the treatment of eating disorders.

We hope you enjoy this edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at nedc@thebutterflyfoundation.org.au.

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The NEDC Knowledge Hub



The NEDC have made it even easier for you to get the 'ed's up' on the latest research and information about eating disorders by putting together the NEDC [Knowledge Hub](#). Previously known as the "Research and Resources" section of our website we have revamped our online clearinghouse to create a new look [Knowledge Hub](#) that provides a more comprehensive, user friendly research and professional resources portal for the eating disorders sector.

Housing the latest, evidence based information relevant to the prevention, identification, early intervention and management of eating disorders, here you can find a single gateway through which researchers, healthcare providers, educators, the media, people with eating disorders and those in their circle of support can access information.

This section is updated regularly with our latest research page in particular updated every month with all of the latest publish ED research. The Knowledge Hub also highlights [events](#), [professional development](#) and other [evidence-based resources](#). If you are aware of a resource that could be added to the Knowledge Hub, please [contact us](#).

We are also engaging in some initial plans to create some more information resources to address the needs of different stakeholder groups include families and carers and rural and remote ED consumers. Watch this space for more details of each of these projects!

Visit the [Knowledge Hub](#).

Paying the Price: the economic and social impact of eating disorders



Overview

In 2012 Deloitte Access Economics was commissioned by [the Butterfly Foundation](#) to assess the economic and social costs of eating disorders in Australia. The work of the Deloitte team was supported by an advisory panel of experts in eating disorders, mental health, and population health.

The resultant report, “[Paying the Price: economic and social impact of eating disorders](#)” is the first of its kind for eating disorder in Australia, identifying prevalence, financial costs, and the productivity and societal impact of the many Australians suffering these mental illnesses. The figures in the report are estimated to be conservative.

Key findings of the report

- *There are an estimated 913, 986 people in Australia with an eating disorder in 2012 or around 4% of the population. Females comprise around 64% of the total. In contrast the last official estimate by the Australian Institute for Health and Welfare suggested that there were only 23,464 people with eating disorders in Australia in 2003 (based on a small survey of Swiss schoolgirls).*
- *There is also a substantial imbalance between the reported estimates of mortality from eating disorders and evidence from research: the latest meta-analysis of epidemiological studies from the published literature (the gold standard of health research) indicates that mortality rates are almost twice as high for people with eating disorders and 5.86 times higher for people with Anorexia Nervosa compared to those without the conditions. On this basis there were an estimated 1,829 deaths from eating disorders in 2012.*
- The total socio-economic cost of eating disorders in Australia in 2012 is \$69.7 billion, including health system costs of \$100 million.

- The productivity costs are \$15.1 billion which are similar in impact to anxiety and depression. Included in this cost is \$2 billion due to lifetime earnings lost for young people who die from an eating disorder.
- *The “burden of disease” from eating disorders is estimated as \$52.6 billion, calculated by multiplying the years of healthy life lost (measured in disability adjusted life years or DALYS), by the value of a statistical life year (VSLY) as recommended by the Department of Finance and Deregulation. The estimate is comparable, although slightly larger, than the estimated value of the burden of disease for anxiety and depression of \$41.2 billion (Access Economics, 2010).*

Recommendations

- *Data and monitoring:* the report recommends that the pressing need in relation to eating disorders for the collection of better information, particularly in relation to tracking prevalence, mortality and health system costs must be met by including eating disorder related questions being included immediately in the Australian Health Survey and that longer term an epidemiological study of eating disorders in Australia be undertaken. The report also recommends that Binge Eating Disorder be included as a condition in the International Classification of Primary Care and that eating disorders be included in all welfare data.
- *Treatment recommendations:* relative to prevalence, there is a lack of focus on treatment for eating disorders across acute and community care settings. The specific recommendations in the report are for eating disorders to be a priority issue for Medicare Locals, that there be an increase in psychology coverage and / or referral to Partners in Recovery and that there be an increase in private health insurance coverage.

The *Paying the Price Report* can be accessed on [the Butterfly Foundation website](#).

For clinicians, more discussion on the *Paying the Price Report* is currently occurring on the [NEDC Clinicians e-Network](#).

Expert response to the **Paying the Price** report What the report means for the Australian eating disorders sector



In the wake of the release of the [Paying the Price: the Economic and Social Impact of Eating Disorders](#) report, commissioned by Butterfly, the NEDC asked a number of experts and members of the Australian ED sector to consider from their perspective what the report means for the management and treatment of eating disorders in Australia.

Professor Phillipa Hay

Foundation Chair of Mental Health at the School of Medicine, University of Western Sydney, Adjunct Professor of Psychiatry at the School of Medicine, James Cook University, Senior Consultant in Psychiatry at Campbelltown Hospital, Deputy Chair of the NEDC and member of the Expert Panel for the [Paying the Price](#) report.

What does this report mean for the Australia ED sector?

This is a very critical report. We've never looked at this kind of data before or these costings and it's a landmark report for us.

What are the most important “take aways” from the report’s findings?

One of the principal take away messages I thought was that the rates of productivity impact for eating disorders was similar to anxiety and depression. They are leading causes of burden both for physical and mental health for the general community nowadays and are often right at the top of the league table so this report says that eating disorders have a similar impact on costs for people in this community. The other message to add to that is that the estimate may be conservative. I think this was a very cautious approach by Deloitte and they were very cautious and conservative in the information that was available to them. So we are definitely not overstating the case. I think it's important to emphasise that: the impact is high, it's not an overstatement.

How can the sector proactively act on the recommendations made in the report?

I think getting better information is one of the vital aspects. I think it's important to take some leadership in national surveys or epidemiological surveys that are being done. That's one of the key things: we need better information being used in national surveys. This could be done by piggybacking on the next national mental health survey or on state based surveys.

How can this report be used to educate the public and raise awareness of eating disorders?

As I already mentioned it's important to have it as much in hand and as visible as possible. It has been suggested that we make it available and widely disseminated via a public access journal or publication which I think is an excellent idea.

Dr Natasha Hepsworth

Clinical Psychologist and member of the Australian Psychological Society and the Clinical College of Psychologists.

What does this report mean for the Australia ED sector?

The Butterfly report is another valuable piece of research to add to the body of eating disorder literature in Australia. It gives us a better understanding of the impact of the illness on individuals, society and treating professionals. The report highlights the incredible cost that experiencing an eating disorder, and accessing and providing treatment, has on people and the Government, perhaps more so than originally estimated. Overall, the report indicates that the Australia sector need to enhance awareness of not only eating disorders in the community but also raise awareness of effective and appropriate treatment services available so that people are linked into support swiftly.

What are the most important “take aways” from the report’s findings?

Take away messages from the Butterfly report for psychologists are:

- A strong need for training of psychologists to be able to confidently and effectively treat people with eating disorders, or to be able to screen and detect eating disorders and refer the patient on if not feeling competent to manage the illness.

- The Medicare Better Access scheme allocated 10 sessions to see a psychologist in private practice does not reflect evidence-based literature that demonstrates a minimum of 20 sessions is required to treat an eating disorder. Treatment of an eating disorder typically requires longer term treatment. As a result the patient may not be able to continue with treatment and could therefore be at a higher risk of relapse or experiencing their eating disorder for a longer duration.
- Furthermore, patients who are medically unstable and with severe eating disorders are often referred to see psychologists. The first two to three sessions are often dedicated more to case management and arranging an inpatient admission.

How can the sector proactively act on the recommendations made in the report?

In order to proactively act on the recommendations made in the report, the sector can increase education of health professionals to ensure patients are 1. Referred to the most appropriate treatment service for their level of need and 2., Provide evidence-based treatment approaches to individuals with confidence. Education and training could take place in a workshop format or in a more accessible format such as online.

How can this report be used to educate the public and raise awareness of eating disorders?

Statistics and personal stories from this report could be used to generate public awareness about the important issues of eating disorders and treatment issues. Despite this, perhaps the largest value and utility of the report to the public will be the indirect benefit they receive through better trained and more aware health professionals.

Dr Genevieve Pepin

PhD, Occupational Science and Therapy, Faculty of Health, School of Health and Social Development, Deakin University

What does this report mean for the Australia ED sector?

In the past, there has been documents highlighting the complexity, severity and needs related to eating disorders but what I think makes *Paying the Price* different, and perhaps more comprehensive is having commissioned Deloitte Access Economics to document the economic and social costs of eating disorders in Australia.

This report gives an up-to-date image of the impact eating disorders on the person with the disorder and their family, but also on the Australian population more broadly. It collated information and data from varied sectors, all concerned with, involved in or having to cope with eating disorders.

What are the most important “take aways” from the report’s findings?

There are some things that really ‘stuck’ with me and that I think are take-aways from the report. These are:

- There is a substantial and real imbalance between the ‘reported estimates of mortality from eating disorders and evidence from scientific studies’
- The costs impacts of eating disorders
- The recommendations made in the document. Having divided the recommendations in two different areas makes them stand out better. For example, in the recommendations about data and monitoring, including BED in the International Classification of Primary Care is absolutely necessary, especially when considering evidence that show an important increase in reported cases of BED.

Also, the actual quotes are quite powerful and should also be part of the take-aways. On page 17 of the report, we can read the following: "Being an adult male it was very difficult to be taken seriously. I had three GP’s and a nutritionist all fail to diagnose the condition." Information like this makes eating disorders take form, they have a ‘face’, they make the broader community think more about eating disorders.

How can the sector proactively act on the recommendations made in the report?

I think some of the recommendations may seem overwhelming or too hard to implement or be long term initiatives. If I think back about my work as an occupational therapist working in the field of eating disorders, I would have felt a bit lost when it comes to more strategic or legislative recommendations. But, using the quote from page 17 (Being an adult male it was very difficult to be taken seriously. I had three GP’s and a nutritionist all fail to diagnose the condition.) again, these are the things that can have an impact on clinicians and managers. They would have had an impact on me. I think one of the strengths of the report is different levels of information is contains and that speak to different stakeholder groups. Each level of information can lead to some changes being implemented.

How can this report be used to educate the public and raise awareness of eating disorders?

Develop brief advertisements (television, radio, public transport, social media, etc) highlighting the main findings or possible implementation strategies.

Dr Susan Hart

Accredited Practising Dietitian, PHD and Program Manager, Derwent House, RPA Eating Disorders Day Program

What does this report mean for the Australia ED sector?

Most clinicians working in eating disorders are aware of the significant mortality and morbidity associated with an eating disorder. Every day in practice, we see the cost it is taking on individuals lives. The report means there is evidence to back up what we are noticing clinically. To date there has been limited local research that could be cited in regards to the economic burden of the illness. I believe this report will be useful in communicating the seriousness of the illness across the ED sector, and importantly, communicating these facts to outside of the ED sector.

What are the most important “take aways” from the report’s findings?

As a clinician, the most important aspect of the report was the provision of concrete numbers, or statistics, such as, that four percent of the population is affected, which is more than 913,000 individuals. Additionally, the breakdown of this 4% into the numbers affected by Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and Other Eating Disorders is helpful. I believe these figures go a long way in breaking the stereotype that eating disorders only affect thin young women. I also noted the numbers of males being affected. Traditionally, it has been thought that a minority of individuals with eating disorders were males (in adults) but the report states that the breakdown 64% are women and 36% are men, highlighting that far more men are affected that has been previously shown.

How can the sector proactively act on the recommendations made in the report?

It is important to highlight the gaps between the numbers of people affected and the numbers of individuals that are able to access specialist eating disorder services, whether it is

community or hospital based treatment. The sector is clearly not meeting the needs of individuals with eating disorders and now we have a means of measuring that gap, or identifying the size of that gap. It would be ideal if the report could be used to support the need for more specialist services across the continuum of care of outpatient, day patients and inpatient treatment.

Additionally, it highlights the need to not only train more clinicians with specialist skills on how to manage eating disorders, but also to increase skills in clinicians who may not identify eating disorders as their main area of practice. Within the sector we need to make sure that not only can all individuals with eating disorders access treatment, but they receive an appropriate, safe and evidence based intervention.

How can this report be used to educate the public and raise awareness of eating disorders?

As listed above, I believe this report highlights the seriousness of an eating disorder, and breaks the stereotype of what the community believe an eating disorder is. The comparison of the economic burden of eating disorders when compared to depression, obesity and smoking is a startling figure and needs to be communicated as widely as possible.

Many thanks to Professor Phillipa Hay, Dr Natasha Hepsworth, Dr Genevieve Pepin and Dr Susan Hart for their contributions to this article.

At home with eating disorders

Two months until Australia's first eating disorders conference for families and carers.

Early bird registrations extended to 15th March.



Featuring international keynote speakers Professor Daniel LeGrange, Professor Janet Treasure and Professor Cynthia Bulik, *At Home With Eating Disorders* will be held on May 23-25 in Brisbane Australia.

Best evidence treatment for eating disorders now shows that the close involvement of families and carers in the care of their loved ones is key to improving early detection, restoration to a healthy weight and maintaining long term wellbeing. For

parents and carers, however, the journey can be confusing, challenging and difficult to navigate.

The *primary aim* of The Conference is to provide access to a range of expert knowledge and skills for families and caregivers of people with eating disorders, so that they can leave the conference feeling empowered, better informed and more able to support, care for and assist in the recovery of the person with the eating disorder.

The *secondary aim* of the conference is to provide families and carers of people with eating disorders with opportunities to network and connect with other people with similar experience, in a safe and supported environment, so that they can benefit and gain confidence and new insights from shared knowledge and experience.

Clinicians and sufferers wanting to learn more about and be inspired by the role of families and carers in supporting recovery are also welcome.

For more details of this event visit the [At Home with Eating Disorders](#) website.

Early bird registrations close 15th March.

