

Scottish Eating Disorder Interest Group Newsletter

September 2002

Attached to this issue of the newsletter is the application form for the next meeting on Thursday 24th October. Keeping with the theme of Dual Diagnosis, i.e. an eating disorder accompanied by one other diagnosis, the day will begin with registration at 10-10:30a.m. Subject to change, our morning slot, organised by Pauline Fox who works within the Community Drug Problem Service, shall focus on addictions, with Chris Freeman discussing eating disorders and OCD in the afternoon. 4pm close.

Also, those who are due membership fees will receive a reminder included with their newsletter.

Please send any contributions, for the next newsletter to myself at 73 Market Street, Musselburgh, East Lothian, EH21-6PS.

N.B. stamps and A4 envelopes are also appreciated.

Thanks.

Heather Marrison
Secretary.

Committee Reshuffle – New Treasurer Needed.

I am stepping down from the committee and the post of treasurer in October. I have not embezzled the funds, nor have I been overcome by the hardship of the job – I've done it for over three years and am moving on to other things!

The post involves: keeping an eye on the bank balance, minding the chequebook and providing a balance sheet for the meetings. It is not onerous. In my three years in post I have written only 25 cheques, and I had no idea how to do a balance sheet when I started – it is not difficult honestly, and I will help if

necessary. Please consider taking a turn on your committee and taking on the post.

Rosemary Stewart.

Charge Nurse Justin McBride is also standing down.

Pressure Group - and a Welcome Addition to the Committee.

The Carer's Group in Keith, facilitated by Gràinne Smith, and in Aberdeen, co-ordinated by Margaret Reid, are now working together - whilst maintaining their respective autonomies - as a pressure group aiming for better resources and services in Scotland. MSP David Davidson recently attended the group, expressing enthusiasm over plans to aggregate a comprehensive "Scottish Network of Support Groups". To this end, any information concerning self-help groups, other than those registered with the EDA, would be gratefully received.

After discussion, Gràinne was invited to join the committee and has since written on behalf of SEDIG and NEEDS to MSP's currently serving on health committees. Gràinne is now appealing for as many signatures as possible to add to a letter of petition. Please find enclosed. Alternatively, the petition will be made available for signing at the October conference.

Website.

This is now up and running owing to the work of Fred Grieve. It will be updated every six months with each newsletter. The site includes links to the EDA, a list of committee members and pictures of the Murray Royal Hospital. Members have decided to buy Fred a gift thanking

him for his help and support. The Website can be found at:

<http://sedig.members.beeb.net>
or simply: sedig.members.beeb.net

Service Changes and Development in Scotland:

EDA have received a large grant and are setting up a working party to look at the impact of devolution. Melissa confirmed that the EDA are growing as an organisation and are beginning to focus on Scotland

Heather Gardiner spoke of staff additions to the Adolescent Service in Glasgow. A new service will be attached onto the current unit, bridging the gap between in-patient and outpatient resources.

Beth Hunter reported another half time post at the centre for women's health. This will accommodate additions to the self-help groups they currently run, extending sessions with sufferers and mothers to include fathers as well.

The Eating Disorder Service in Perth has now closed as part of the Trusts financial recovery plan. It is assumed that patients previously using this service will now be seen within general psychiatry.

Yvonne Edmonstone is beginning an outpatient Psychological Therapies Service in Inverness. This will not be primarily an Eating Disorders Service. Yvonne, a Nurse Therapist, and two other CBT Nurses will make up the team.

Other News

Feedback concerning the 2nd Cullen Centre National Eating Disorder Conference, held on Friday 10th May 2002 at the Carlton Hotel, has been resoundingly positive. A number of SEDIG members have written in requesting that their commendations be passed on to the organisers, namely Dr. Charlotte Procter and co. The day

included a lecture on family interventions presented by Dr Ivan Eisler (Senior Lecturer in Clinical Psychology at the Maudsley Hospital London), a Courtroom drama depicting ethical dilemmas involved in the treatment of Eating disorders, base on a real case scenario, and workshops covering Multi-family day treatment, Cognitive Analytical Therapy (CAT), Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT), self-help, and discussion pertaining to procedures employed during medical and psychiatric emergencies, as perpetuated by Anorexia Extremis. In brief, a highly condensed and illuminating day.

Future Meetings - Dates and Provisional Themes:

Thursday 6th March 2003 – Art Therapy
Thursday 30th October 2003 – Exercise and physical consequences.

Personal Reflection – SEDIG Meeting Friday 8th March 2002

The atmosphere was tense. A pair of steely grey eyes scanned the room, waiting. Somewhere to my left a door creaked and clattered, a cold wind flowed past sending shivers down my spine... my hand slowly, cautiously, raised above my head. CAUGHT! It had been spotted. The pressure had got to me and I had volunteered to write my experience of the SEDIG meeting for the newsletter. The only sure-fire way to get me to concentrate on a Friday afternoon...

And I'm glad I did pay attention because what resulted was, as usual, an interesting and informative discussion. Heather Gardiner presented the case example of a patient with bulimia nervosa and deliberate self-harm behaviours. I enjoyed splitting into groups and discussing the new patient information as it emerged. It made the situation more realistic and more of a learning experience – particularly when as smaller numbers encouraged you to

forward your own point of view. I also found the discussion on family work very informative, as my experience of Alan Carr's model of family therapy, and indeed of systematic work in general, is rather limited.

The business meeting being placed earlier on the agenda decidedly altered its conductance. Firstly, I didn't feel content to nap through it as I would if it had been in its usual post-lunch slot and secondly, items were satisfactorily "ticked off" at tremendous velocity as stomachs grumbled "hurry up"! Although I down play it, there were serious issues to be discussed. The closure of eating disorder services in Perth despite SEDIG's involvement in the campaign against closure, is a tremendous blow to eating disorders sufferers, carers and workers. In response to the closure of services and the lack of in-patient beds in Scotland the Keith support group is to change its focus from support of carers to pressuring service providers using "parent power" to get results.

Despite the dreadful cuts to services provided in Perth, Yvonne Edmunstone had some good news in that she is trying to establish a general psychiatry service in Inverness with a specialist interest in eating disorders. We also heard about how the Centre for Women's Health in Glasgow has self-help groups for sufferers of eating disorders and support groups for their carers.

I must confess I was rather sleepy after lunch when Jane Morris and James Walker were to give their presentation on the challenging combination of eating disorders and diabetes. Yet the seriousness of the issue, so candidly highlighted in Jane's case studies and her comment "the combination... is like someone who self-harms being given a gun" grabbed my attention, so that I had no difficulty in concentrating. James Walker's awesome statistics regarding the dramatic increase in obesity and type 2 diabetes in nations like the US and the

UK and his following discussion of the increased prevalence of eating disorders in diabetes (a minimum of 10% in type 1 diabetes compared with 4% in controls) was captivating. I found it a fascinating slant within an eating disorders conference to hear about the dangers of obesity. The subject sparked an interesting discussion on how to prevent obesity in the population, whether people with a very high Body Mass Index are suffering from an eating disorder and, if so, then how is it treated?

In all, a wide range of topics was covered. I learned many new things, caught up with old acquaintances and formed new ones. Worth paying attention on a Friday in anyone's book!

Leeanne Ramsay
Assistant Psychologist
Cullen Centre, Royal Edinburgh Hospital

Thoughts after SEDIG meeting, March 2002

"Dual Diagnosis" was the title of the March SEDIG day and as a carer who started attending SEDIG meetings only two years ago, I rather wondered what I'd let myself in for, indeed if I'd be able to understand all the medical terms. The last two years have certainly been a very steep learning curve, as I've become involved in efforts to improve resources for treatment as well as support for families struggling to cope with eating disorders. My vocabulary has certainly expanded and did so again that day!

Throughout the clear and interesting presentations it was fascinating to listen to the complicated case studies outlined. And throughout, I found myself thinking of the effects of the behaviour described in such carefully detached language. In the first presentation, Eating Disorders and Self Harm, Dr. Heather Gardiner described problems which started at transfer to secondary school – am I right in thinking the first symptoms of many mental illnesses often show, and relapses

often occur, at times of stress and change? Dr. Gardiner outlined her patients laxative abuse; bingeing and vomiting: positive periods followed by chaos; hospital admissions and going home when mum gave in to pleading; bingeing being contained only to be “replaced” by cutting... a see-saw of frustration for everyone involved before the sufferer began to slowly improve. In the second presentation Dr. Jane Morris spoke of a patient with diabetes as well as an eating disorder – bladder problems, neuropathy, fatigue, insomnia, the difficulties of balancing sugar levels, were all part of the picture as well as the physical and emotional effects of the eating disorder, and the many therapeutic paths tried were described in the effort to find the right ones leading to improvement.

I was very sorry to miss the last presentation of the day due to travel and holiday arrangements.

Having no medical training, I take my hat off to professionals who work so hard to address the very difficult and complicated problems of patients who, through the distorted thinking of their illnesses, may not be motivated or ready to change. But at the end of the day, no matter how long or difficult or frustrating, the professionals go home, hopefully to loving support and “switch off”.

At the end of the March SEDIG day I felt yet again how fortunate I am to watch my daughter recovering, going out and getting on with her life, and to feel that I have emerged at the end of a very long dark tunnel relatively unscathed. I may have lived through times in my daughter’s struggle with AN/BN when I felt I was living in a soap opera (I was the one without a script), at times a very bad dream, at others a complete nightmare, but through listening on the EDA helpline, at meetings with carer’s and families, listening to the SEDIG presentations, helping Professor Janet

Treasure in her presentation and Family Surgeries at the National Carer’s Conference in London, I know that life could have been, could still be, even more difficult. And yet again I am very, very thankful.

Gràinne Smith

NEEDS/SEDIG PETITION

The NEED’s/SEDIG petition, for better resources and services in Scotland for the treatment of eating disorders, has been provided as a separate document accompanying this months edition of the newsletter.

Please photocopy and distribute as necessary to ensure as many signatures as possible.

Return to:

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By 31st December 2002

Many thanks for your help.