



RHWYDWAITH IECHYD  
CYHOEDDUS CYMRU  
PUBLIC HEALTH  
NETWORK CYMRU



January 2017

# Welcome to the ebulletin

Welcome to the January edition of the Public Health Network Cymru ebulletin. This month's spotlight topic is Eating Disorders. Eating Disorders Awareness Week is an international awareness event, fighting the myths and misunderstandings that surround eating disorders. The week will run from 27 February to 5 March 2017.

The goal of National Eating Disorders Awareness Week is to put the spotlight on eating disorders and improve public understanding of their causes, dangers and treatments. Millions of people across the country suffer from eating disorders, but by increasing awareness and access to resources, we can encourage early detection and intervention. Eating Disorders have the highest mortality rate of any mental disorder, so early intervention can mean saving lives.

Advisory Group member Judith John talks to us about her areas of expertise in Public Health Nutrition and Dietetics.

We have a Research in Wales Showcase event taking place on 2 March 2017 at University of South Wales, Cardiff Atrium.

We have a conference planned for 15 March 2017 focusing on Adverse Childhood Experiences (ACEs) which will be held at Cardiff City Stadium.

Finally if you have any news or event items that you would like to see included in next month's issue please email [publichealth.network@wales.nhs.uk](mailto:publichealth.network@wales.nhs.uk)





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*Getting to the C*



A photograph of a person's hands clasped together on a light-colored wooden table. A white plate is partially visible in the bottom left corner. The background is dark.

# Core of the Problem

## Spotlight on Eating Disorders

Mae efwletin y mis yma'n canolbwyntio ar Anhwylderau Bwyta. Ystod o gyflyrau  
This month's ebulletin focuses on Eating Disorders. Eating disorders are a range of conditions that can affect someone physically, psychologically and socially. They are serious mental illnesses and include anorexia, bulimia and binge eating disorder. Over 725,000 men and women in the UK are affected by eating disorders (B-eat, 2014).

# Eating Disorders

Anyone can develop an eating disorder, regardless of their age, sex or cultural background. Young women are most likely to develop an eating disorder, particularly those aged 12 to 20, but older women and men of all ages can also have an eating disorder. Children as young as seven can develop anorexia and there is a greater proportion of boys in this younger age group.

Eating disorders are complex and there is no one single reason why someone develops an eating disorder. A whole range of different factors combine such genetic, psychological, environmental, social and biological influences. A number of risk factors need to combine to increase the likelihood that any one person develops the condition.

Eating disorders are complex and not everyone will experience the same symptoms. People will respond differently to treatment and can take different amounts of time to recover. Some people can be affected by more than one type of eating disorder or find their symptoms change in type as they recover.

More information can be found here: <https://www.b-eat.co.uk/>

## Eating Disorders and the Role of the Dietitian - Produced by Annette McLean, Dietetic Lead Mental Health, Cardiff and Vale UHB: January 2017

Eating disorders are an outward expression of deep psychological and emotional turmoil. Sufferers turn to food as a means of expressing their difficulties. An eating disorder can therefore be seen as, an avoidance mechanism, a way of coping with a life or exerting control over his or her body and life in general.

### Types of Eating Disorders

There are different types of eating disorders including:

**Anorexia Nervosa:** where the individual restricts their dietary intake, is of low body weight and either has an intense fear of gaining weight or of becoming overweight, or persistent behaviour that interferes with weight gain. There is also a disturbance in the way the individual sees themselves and they judge themselves based on weight and shape.

**Bulimia Nervosa:** where the individual binge eats and engages in recurrent inappropriate compensatory behaviours, which they believe plays a role in preventing weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting or excessive exercise. An episode of binge eating is characterised by eating in a discrete period of time (for example, within any two hour period), an amount of food that is larger than most people would eat during a similar period of time and under similar circumstances. There is also a sense of lack of control over eating during the episode.

Binge eating disorder: recurrent episodes of binge eating and the episodes are associated with three or more of the following:

- Eating much more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food when not feeling physically hungry
- Eating alone because of feeling embarrassed by how much one is eating
- Feeling disgusted with oneself, depressed or very guilty afterward

There is notable distress regarding binge eating and it occurs at least once a week for three months. Binge eating is not associated with the recurrent use of inappropriate compensatory behaviours.

### **Risk Factors**

- Genetics
- Ballet, gymnastics, modelling, 'visual sports'
- Personality traits (for example, perfectionism)
- Environmental: (for example, parental eating behaviour and weight)
- Trauma history such as physical, emotional or sexual abuse
- Low self-esteem
- Poor Body-image
- History of excessive dieting, frequently skipped meals, compulsive exercise

### **Early Warning Signs**

- Avoiding Meals
- Slow eating / picking at food
- Cook for family: NOT for self
- Excessive exercise
- Leaving table immediately
- Avoids socialising in environments which typically require eating
- Increased interest in food labelling / Low calorie food / becoming vegetarian

### **Physical Health Symptoms**

- Dizziness, blackouts, weakness, fatigue
- Pallor, easy bruising / bleeding
- Cold intolerance
- Hair loss, dry skin
- Vomiting, diarrhoea, constipation
- Fullness, bloating, abdominal pain
- Muscle cramps, joint pains, palpitations, chest pain
- Menstrual irregularities
- Symptoms of hyperthyroidism, diabetes, malignancy, infection, inflammatory bowel disease

## **The Role of the Dietitian in the Management of Eating Disorders**

Dietitians are the only qualified health professionals that assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level. They use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. Dietitians are the only nutrition professionals to be regulated by law, and are governed by an ethical code to ensure that they always work to the highest standard. Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, government and Non-Government Organisations. Dietitians advise and influence food and health policy across the spectrum from government, to local communities and individuals (BDA, 2017). Dietitians are required to be registered with the Health Care and Professions Council (HCPC) to practice. Dietitians have an essential role within multidisciplinary teams in the treatment of Eating Disorders and are frequently involved in the assessment, treatment and monitoring of patients with Anorexia Nervosa, Bulimia Nervosa and other Eating Disorders. The area of food and diet is loaded with myths, therefore Dietitians are best placed and most qualified to give this advice (Mehler and Andersen, 2010). Dietetic input should be considered as a treatment for outpatients and inpatients in conjunction with psychologically-based treatments.



## **Nutrition-related areas where a Dietitian can offer advice and support**

A Dietitian specialising in Eating Disorders can act as the specialist on nutritional aspects of a patient's care within the multidisciplinary team as they are the only professionals with the necessary knowledge and skills to manage malnutrition (Birmingham and Treasure, 2010). See below for a list of areas where a Dietitian can offer support to individuals presenting with eating difficulties.

- Offer expert dietary psychoeducation in relation to underlying physiology, malnutrition, starvation syndrome, role of regular eating and re-feeding syndrome.
- Highlight risk of nutrition-related complications associated with eating difficulties and low weight, including risk of osteoporosis, hypokalaemia (low potassium levels), amenorrhoea, cardiac
- Abnormalities. Highlight concerns to medical service.
- Support weight recovery and maintenance where indicated.
- Work collaboratively to design, review, adjust and support the implementation of meal plans.
- Correct underlying nutritional deficiencies and help improve the physical and emotional wellbeing through a supported improvement in nutrition.
- Support individuals in establishing regular eating patterns to help eliminate bingeing, vomiting and discontinuation of laxatives.
- Support individuals to challenge their fears surrounding food types; to reintroduce and develop a positive approach to food and eating, liaising with and supporting families and carers as required.

Specialist Dietitians have a sound knowledge of the development and maintenance of Eating Disorders in addition to an understanding of the physiological, psychological and medical aspects of management. Additionally Specialist Dietitians have an understanding of interventions including, Cognitive Behaviour Therapy (CBT), Psychodynamic Psychotherapy, Interpersonal Therapy and Family Therapy.

## **References**

- BDA (2017): Accessed on 17/1/2017  
<https://www.bda.uk.com/improvinghealth/yourhealth/dietitians>
- Birmingham, C.L & Treasure, J. (2010) Medical Management of Eating Disorders (2nd Edition). Cambridge University Press
- Mehler, P.S & Andersen, A.E. (2010). Eating Disorders, A Guide to Medical Care and Complications (2nd Edition). The John Hopkins University Press

## **Local Services**

There are numerous websites and literature available online but it is essential to ensure individuals access evidence-based information and hence people should be cautious where they gain their information from. If you or someone you know is struggling with their eating they should attend their GP in the first instance. They may then signpost or refer into Child and Adolescent Mental Health Services (CAMHS) for children or GP counselling or Specialist services for assessment of need, for adults. This may include a referral into a Community Mental Health Team (CMHT) and an Eating Disorders Service.

## **Useful website / resources**

- British Dietetic Association - [www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/eating\\_disorderskf\\_sheet](http://www.bda.uk.com/improvinghealth/healthprofessionals/keyfacts/eating_disorderskf_sheet)
- Eating Disorders Association - [www.b-eat.co.uk](http://www.b-eat.co.uk)
- Cardiff and Vale University Health Board - Eating Disorders Service - [www.cardiffandvaleuhb.wales.nhs.uk/video-resources](http://www.cardiffandvaleuhb.wales.nhs.uk/video-resources)
- Aneurin Bevan University Health Board - Eating Disorders Service - [www.wales.nhs.uk/sitesplus/866/page/70420](http://www.wales.nhs.uk/sitesplus/866/page/70420)
- NICE: National Institute for Clinical Excellence - [www.nice.org.uk](http://www.nice.org.uk)



# Middle-Aged Women Show Eating Disorders Aren't Just for the Young

Eating disorders are on the rise among middle-aged women, a study has found.

One in every 28 women from 40 to 50 years old are now thought to have an active disorder, such as anorexia or bulimia.

The study, published in the journal BMC Medicine, is the first time the prevalence of eating disorders has been investigated for the age group.

More than 5,300 British women took part and the researchers were surprised to find that 15.3 per cent reported having had an eating disorder at some point in their lives, while 3.6 per cent said they had been affected in the past year. Fewer than three in 10 had sought help.

The death of a carer early in life was associated with a sevenfold increased risk of purging disorder - where someone forces themselves to be sick to lose weight.

Parental separation or divorce was linked to increased odds of bulimia, anorexia and binge-eating disorder. Other risk factors included having an unhappy childhood, "low maternal warmth" and sexual abuse in early life.

Tom Quinn, of B-eat, the national eating disorders association, said: "Stereotypically, the world sees people with eating disorders as young. When we reinforce stereotypes, we also add to the stigma of these serious mental health illnesses. And this stigma can prevent individuals coming forward to seek help - a dangerous path to take when the chance of full and fast recovery is vastly improved when treatment is found quickly."

More than 725,000 people in the UK are affected by an eating disorder.

Dr Nadia Micali from University College London, lead author of the study, said: "Many of the women who took part in this study told us this was the first time they had ever spoken about their eating difficulties, so we need to understand why many women did not seek help."

1 in 28 women aged between 40 and 50 have a disorder such as bulimia or anorexia.

As the study covers the past 40 years, the authors said it might reflect the past rather than any current lack of awareness of eating disorders.

Further studies are needed they added, for a better understanding of disorders in mid-life and to determine the impact of the various risk factors that lead to mid-life eating disorders, compared with those that occur earlier in life.

A good mother-daughter relationship was associated with a 20 per cent reduced chance of developing bulimia. The charity B-eat said 15 per cent of calls to its helpline last year were from someone over 40.

# On The Spot



This month we have Public Health Network Cymru Advisory Group member Judith John on the spot. Judith works for Public Health Wales as Consultant Dietitian in Public Health.

## What is your area of expertise?

Public Health Nutrition and Dietetics

## Why did you join the PHNC Advisory Group?

Food, nutrition and diet are key public health topic areas and I am keen to ensure that they remain a high profile on the Network and that the Network continues to work in close collaboration with the Public Health Dietitians in Wales to address food issues.

## This month's e-bulletin spotlights Eating Disorders; What do you think are the main challenges facing us in addressing Eating Disorders in Wales?

- Prevention - enabling young people to develop positive mental wellbeing and self esteem and a healthy body image
- Improving health professionals' awareness to ensure appropriate early recognition and intervention
- An equitable and accessible service across Wales

## What tips would you give our members to actively promote awareness of Eating Disorders?

- Adopt the 5 ways to wellbeing
- Explore community advocacy in raising awareness
- Undertake training to improve early recognition and signposting to services



If you were granted 3 wishes what would they be?


- We develop a positive food culture and environment in Wales
- There are no people in Wales or the UK that are experiencing food poverty
- Women choose to breastfeed and they are fully supported

What are your personal interests?

- Walking and trying to keep fit with friends
- Supporting my children's activities
- Watching rugby

Have you made any New Year's Resolutions?

No I tend to set myself small goals throughout the year.





# The Grapevine

This section of the ebulletin is dedicated to news from the network members. You can submit news on the work being undertaken in your area, write us an article, showcase an upcoming project or show off your achievements! If you would like to submit an article for the Grapevine, please email [publichealth.network@wales.nhs.uk](mailto:publichealth.network@wales.nhs.uk) The article should be no longer than 500 words and pictures are always welcome!

## Beat Cymru - Our Work in Wales

Beat and Welsh mental health and wellbeing charity Gofal are working in partnership to enable Beat Cymru to continue to deliver and develop support services for people with eating disorders and their families in Wales.

Set up in 2009 and funded by the Big Lottery Fund, Beat Cymru was the first dedicated service providing information, help and support to people living in Wales affected by eating disorders. The five year project aimed to establish Beat's presence on the ground in Wales as it was recognised there was a lack of specialist care and training in the country.

Beat and Gofal will be working together in partnership to maintain some of the vital services that Beat Cymru currently deliver in Wales. We will also be exploring opportunities for future collaborations which will strengthen and enhance these services. The work is led by Michelle Bushell, Wales Project Development Officer, based in Gofal's RCT office based in Trefforest.

Support provided in Wales includes:

- Local, volunteer led services to ensure people can access the health and support they need to beat their eating disorder, including self help and support groups for both sufferers and carers
- Working alongside the Welsh Government and statutory healthcare providers to ensure that people affected by eating disorders can access the treatment and support they need when they need it
- Campaigning to challenge the stigma and misconceptions that can prevent people affected by eating disorders accessing treatment and support
- Raising awareness through attending events, talks and presentations at schools, colleges and universities; GP practices and third sector organisations

To find out more contact Michelle on [m.bushell@b-eat.co.uk](mailto:m.bushell@b-eat.co.uk) or call 0783 7641 063



# Shared Practice

Every month we will be showcasing one of the projects from the Shared Practice Directory on the website. The directory provides an opportunity to share learning, including things that didn't work so well, and highlight work with other projects around Wales.

This month we are showcasing Project HE:RO (Health Engagement: Real Outcomes). This project is recognised as a reliable solution to help pupils become happier, healthier and take responsibility for their learning. It does this by placing Health Mentors within schools for between one and five days per week, every week, to address the unique challenges that they are facing. The Health Mentors address the social, physical and emotional wellbeing of pupils, getting them in the right frame of mind for learning. They develop much needed rapport with pupils, helping them to access the curriculum and providing them with the motivation that they need to achieve. Further information about this project can be found on the [website](#).

If you would like to add your own project to the [Shared Practice Directory](#) there is an easy online form (only accessible to members) and once approved by one of the coordinators your project will then appear on the directory. There is also a Self Assessment Toolkit which can be printed off or completed online and allows coordinators to quality assure the development and delivery of new and existing projects. If you need help completing the toolkit or have any questions, please contact one of the coordinators at [publichealth.network@wales.nhs.uk](mailto:publichealth.network@wales.nhs.uk)



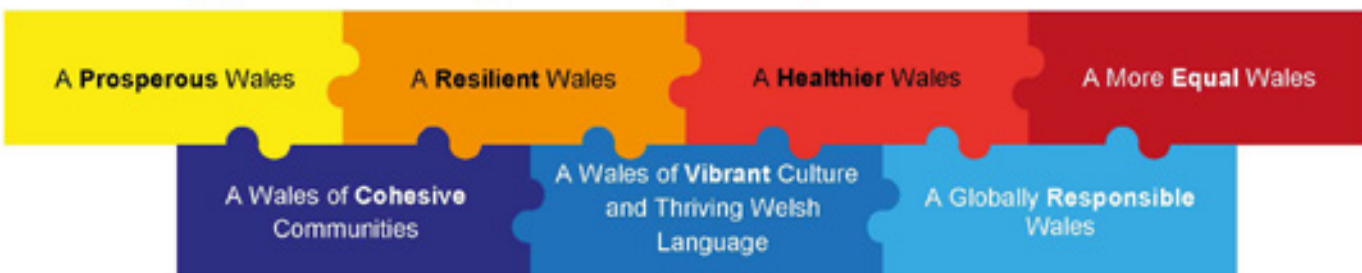


## One Welsh Public Service


Improving the economic, social, environmental and cultural well-being of Wales

As One Welsh Public Service, we have a shared purpose and shared drivers to achieve a better and lasting quality of life for us all.


### Well-being goals: the responsibility of all public services




### Public service values: the beliefs we hold




**Working for the Long Term:** To safeguard the ability of future generations to meet their own needs, requires real long-term integration and collaboration addressing the well-being of people and communities, economic prosperity and the health of the natural environment.




**Always Growing and Improving:** We will be at our best for citizens and each other by choosing positive attitudes and behaviours, embracing learning and development and sharing ideas on ways to improve and deliver public services.



**Working Together:** Where everyone involved in the delivery of public services, values others contributions, shares common principles and collaborates for the benefit of the people of Wales, within and across organisational boundaries and sectors.




**Treating Everyone With Respect:** Recognising, valuing and respecting the diversity of the people of Wales is central to seeing people as individuals and doing the right thing, at the right time and in the right place for citizens and each other.



**Putting Citizens First:** Our organisations need to be focussed on the needs of the people of Wales. This requires us to genuinely involve people in decision making which impacts them and their communities.


### Well-being delivery principles: how we will work




**Long term:** The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.




**Prevention:** How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.



**Integration:** Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.



**Collaboration:** Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.



**Involvement:** The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

The aim is to have a single set of values which guide how we work, change culture and shape the way we behave. Living these values means being autonomous yet accountable, being both brave and bold and creating a culture that is open and

## One Welsh Public Service

Improving the economic, social, environmental and cultural well-being of Wales

As One Welsh Public Service, we have a shared purpose and shared drivers to achieve a better and lasting quality of life for us all.

### Leadership in all roles: how I will behave

- I will reflect honestly on my personal style and its impact on others and I will develop my skills so that I can adapt my style as appropriate.
- I will learn from my successes and mistakes and develop new areas of knowledge and expertise.

- I will maintain a realistic and positive attitude to challenges, adversity and change and support others to do the same.
- I will pursue unpopular initiatives and plans if they represent progress and the 'right thing to do'.

- I will encourage and support others to think differently, to question and to try new ways of doing things, taking appropriate calculated risks.
- I will understand and embrace the benefits of new technology and implement their use for managing and delivering public services.

- I will work with others to generate a shared sense of purpose and a positive view of what the future looks like.
- I will act with agility to adapt my role and purpose in response to the anticipated needs of the service.

- I will seek to understand the different aims and agendas of those with whom I am working, and use this knowledge to address any potential conflict and to achieve a positive outcome.
- I will plan ahead to identify and cultivate relationships that are likely to be important to the successful delivery of services now and in the future.

- I will communicate openly, build credibility, and be straightforward with people to generate trust and confidence in me.
- I will lead across boundaries, see the public service as a single system and seek to break down silo thinking.

- I will communicate with citizens in a way they can understand and relate to; use appropriate channels, harnessing digital technology effectively.
- I will seek to continually improve financial performance and deliver value for money without compromising quality.

- I will continually reinforce a culture of inclusive decision making and shared leadership.
- I will demonstrate trust in others, knowing when to support and when to step back.



# News Round-Up

Welcome to the News Round-Up. Click on the headings of the news item to take you to the full news story on the Public Health Network Cymru Website.



## Gender

### [Trans\\* Ageing and Care \(TrAC\): Dignified and Inclusive Health and Social Care for Older Trans\\* People in Wales](#)

TrAC are running a study looking at health and social care delivery for older trans\* people in Wales, of which we know very little.



## Mental Health

### [Middle-Aged Women Show Eating Disorders Aren't Just for the Young](#)

Eating disorders are on the rise among middle-aged women, a study has found.



## Gambling

### [Flutter-Free February](#)

Flutter-free is a new campaign from the Beat the Odds initiative, led by Living Room Cardiff, which aims to encourage those who gamble - whether online or at the bookies - to take a pledge to stop gambling during the month of February 2017.





## Noncommunicable Diseases

### Wales Campaign Aims to Lower the Nation's Risk of Stroke

The Stroke Association has launched a Wales wide campaign aimed at reducing the number of strokes in Wales.



## Mental Health

### Draft National Dementia Strategy

The Welsh Government are seeking views on developing and implementing a national dementia strategy, Together for a Dementia Friendly Wales 2017 - 2022.



[Click Here for more news on the Public Health Network Cymru website](#)

# Whats going on in February

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1

Flutter-free February  
National

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Understanding How to Safeguard the Welfare of Children and  
Young People - Accredited Training Level 2 Through Agored  
Cymru  
Cardiff

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3

Reducing Children's Sedentary Behaviour, and Promoting  
Physical Activity  
Belfast



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4

World Cancer Day 2017  
Worldwide

04

Art Therapy  
Anglesey

07

Early Years: Children's Health, Transition to Transformation  
Church House, Westminster

08

A Brief History of LGBTQ Psychology: From Pathology to Identity,  
and Beyond  
UWE Frenchay Campus, Bristol

09

Eating Disorders in Children and Young People  
Conwy

15

Parenting Conference 2017 - Parenting and Family Support -  
Developing our Workforce to Meet the Challenge  
Holiday Inn, Cardiff

16

Active Travel Conference 2017  
Cardiff

23

Two Day Sexual Health Awareness and C-Card Training  
Cardiff

28

Young People and Substance Misuse: Why the Drugs Don't Work?  
Conwy

28

Evaluating and Monitoring Outcomes  
Carmarthen

[Click Here for more events on the  
Public Health Network Cymru website](#)



# The Health Buzz

## Companion App

The [Stress and Anxiety Companion](#) app helps to reframe negative and anxious thoughts, by using a simplified thought reframing process. This helps to identify potential triggers and their associated thoughts, by replacing those thoughts with new ones.

## Recovery Record

[Recovery Record](#) helps you chart your progress and check in with your mood throughout the recovery process. The food logging system is easy and discrete and you can connect the app to your dietitian which is pretty handy.

## BoosterBuddy

The [BoosterBuddy](#) app is aimed at children and teens wanting to improve their general mental health through daily quests and tasks. It allows you to check in with your mood and keep track of your appointments and medication. It's not specifically for eating disorders, but it's a great way to track and improve your coping skills and self-care.



# Contact Us

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If you have any news or events to contribute to the next edition please submit them to  
[publichealth.network@wales.nhs.uk](mailto:publichealth.network@wales.nhs.uk)

Deadline for submission is the 3rd Friday of every month.



*Next Edition:* Heart Health

