EDANZ
Eating Disorders Association of NZ

Submission to NZ Government Mental Health and Addictions Inquiry
Supplementary Information

Complex Trauma Eating Disorders with Dual Diagnosis, Substance Use Disorder and Addiction.

Co-morbidities are so common, especially substance use disorder, and over the years EDANZ have heard of many patients who are turned away from treatment as the eating disorder service will not treat people with a dual diagnosis. The eating disorder is left to thrive when they are in treatment for SUD, or they are denied treatment for this as a result of the eating disorder.

"With up to 50% of ED patients meeting criteria for a SUD or addiction and 1/3 of SUD patients reporting eating pathology, it is remarkable how few people in the field are are fully trained to address both disorders". Amy Baker Dennis The International Forum on Integrated Treatment for Traumatized Eating Disorder Patients with Substance Use Disorders, 2017 Academy of Eating Disorders (AED), International Conference for Eating Disorders, Prague. See attached summary "What We Know and What we Still Need to Find Out".

And despite this overlap there is a dis-connect of the two services. We have differently focussed dedicated professionals working within their own specialisations and perspectives whereas they need to be working hand in hand.

What is needed are fully integrated, standardised treatment programmes, where all co morbidities can be treated simultaneously by clincians who have full training to address both disorders. Additionally models of diagnosis that are patient centred and holistic.

There are currently no evidence based treatments for eating disorders and substance use disorders and very few (if any) centres in NZ even attempting to develop fully integrated treatments in either field. Treatment is either parrallell or sequential.

Model of care: Timberline Knolls is a private residential treatment facility for women with eating disorders, addiction, mood disorders and trauma.
http://www.timberlineknolls.com/?utm_source=Yext&utm_medium=Directory%20Listing&utm_campaign=Yext%20Main

Eating Disorders, Addictions and Substance Use Disorders. Research, Clinical and Treatment Perspectives. Editors: **Brewerton**, Timothy, **Baker Dennis**, Amy (Eds.)
https://www.springer.com/gp/book/9783642453779

National Drug Strategy of Australia
http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/FE16C454A782A8AFCA2575BE002044D0/$File/m719.pdf

South Africa study: A clinical approach to the assessment and management of co-morbid eating disorders and substance use disorders
https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-289

Attached pdf:
Academy of Eating Disorders International Forum, Summary of Data on Integrated Treatment for Traumatised ED Patients and SUD's

International Forum on Integrated Treatment for Traumatized Eating Disorder Patients with Substance Use Disorders: What We Know and What We Still Need to Figure Out

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What we know:

- Males abuse substances at higher rates than females except among adolescents age 12-17 where female rates are higher
- Older women become addicted faster to prescription drugs – even when using smaller amounts – than any other group of adults
- Patients that undergo bariatric surgery (particularly gastric bypass) are at risk for the development of a new alcohol use disorder (AUD) post-surgery
- Eating disorders and substance use disorders have the highest mortality rates of any psychiatric disorders
- Anorexia nervosa and bulimia nervosa rates of suicide are higher than all other psychiatric disorders and ***23*** times that of the general population[1]
- Alcohol dependent women are ***20*** times more likely to commit suicide than the general population[2]
- Anorexic women are ***19*** times more likely to die from substance abuse, primarily alcohol abuse
- ***50%*** of individuals with an eating disorder also abuse drugs/alcohol which is ***5*** times the abuse rates seen in the general population
- ***30-40%*** of women with alcohol use disorder (AUD) have a history of an eating disorder
- Approximately ***35%*** of individuals seeking substance abuse treatments report eating pathology.
- Researchers have repeatedly found that food deprivation leads to increased self-administration of virtually ***any drug***, including, cocaine, nicotine, amphetamines, alcohol, barbiturates, phencyclidine and opioids
- Rates of SUD rise in older patients. As many as ***50%*** of BN patients will have an alcohol use disorder (AUD) by age 35
- Nearly ***57%*** of males with BED experience substance abuse problems across their lifetime
- Individuals with ED use *large* quantities of sorbital (sugar free gum), packets of artificial sweeteners and low calorie beverages
- Between ***26-67%*** of individuals with eating disorders use laxatives for weight control
- Regular smoking and caffeine disorder are the most prevalent substance use disorders (SUD) found in women with eating disorders
- Approximately, ***26%*** of individuals with anorexia nervosa and ***23%*** of individuals with bulimia nervosa meet criteria for caffeine disorder
- Approximately, ***52%*** of individuals with anorexia nervosa and ***45%*** of individuals with bulimia nervosa are regular smokers
- A majority of patients with ED also have experienced significant trauma

- There are currently no evidence-based treatments (EBT) for patients with both eating disorders and substance use disorders
- Most SUD programs do not screen for or provide evidence based treatments for patients with comorbid ED
- Most ED programs do not provide integrated treatment for patients with comorbid SUD
- The most common form of treatment for individuals with both ED and SUD is either parallel or sequential treatments
- Integrated treatment focuses on treating the "whole person" and all psychiatric comorbidities simultaneously.

What is Integrated Treatment?

- *Comprehensive and integrated screening for ED and SUD*
- *Comprehensive screening for all comorbid conditions*
- *Individualized comprehensive treatment plan*
- *Individual therapist and treatment teams that are highly trained in evidence based treatments for both disorders*
- *Services provided in the same location by the same providers in a stepwise, integrated fashion*
- *A plan for patient movement through different levels of care should be established with other integrated programs*
- *Formal contracts established to provide specific services "off site"*

Barriers in the development of integrated treatment

- Lack of evidence based treatment for this comorbid group
- Significant differences in treatment philosophy
- Lack of cross training between fields and disciplines
- Different staffing patterns
- Lack of accessibility to treatment
- Lack of formal connections between ED and SUD communities
- Significant gaps between research and practice in both fields

Treatment requires understanding the adaptive function of ED and SUD

Benefits of Integrated Treatment

- Improve treatment delivery
- Improve continuity of care
- Reduce time in treatment
- Lower overall treatment costs
- Improve treatment outcome
- Lessen professional treatment referral confusion
- Lessen consumer confusion
- Creates a climate of "no wrong door" in the ED system of treatment

Further Information:

Eating Disorders, Addictions and Substance Use Disorders: Research, Clinical and Treatment Perspectives. Brewerton, T.D. & Dennis, A.B. (2014) Springer

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45-50 2 SUD's w ED's.
International research?