

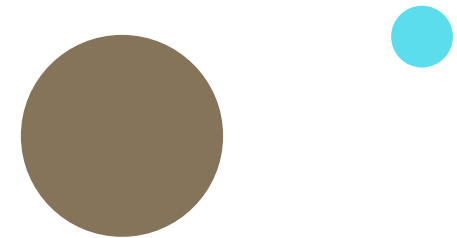
Inpatient treatment for Anorexia Nervosa : Client Perspective

- Preliminary Results-
-Rhiannon Lehndorf Moore-

- Healthcare professionals viewed those with AN as less likeable in contrast to other patient groups (Bryne, 2000).
- Those with ED have personal control over their illness (Currin et al., 2009).
- Sansone et al (1988) study found that over the course of a year nurses who worked on eating disorder wards reported increasingly negative impressions of their patients.
- Experienced eating disorder clinicians experience feelings of frustration, feelings of helplessness, hopelessness worry and boredom (Warren et al., 2009)



Professional Perspectives





Patient experience with Health Professionals

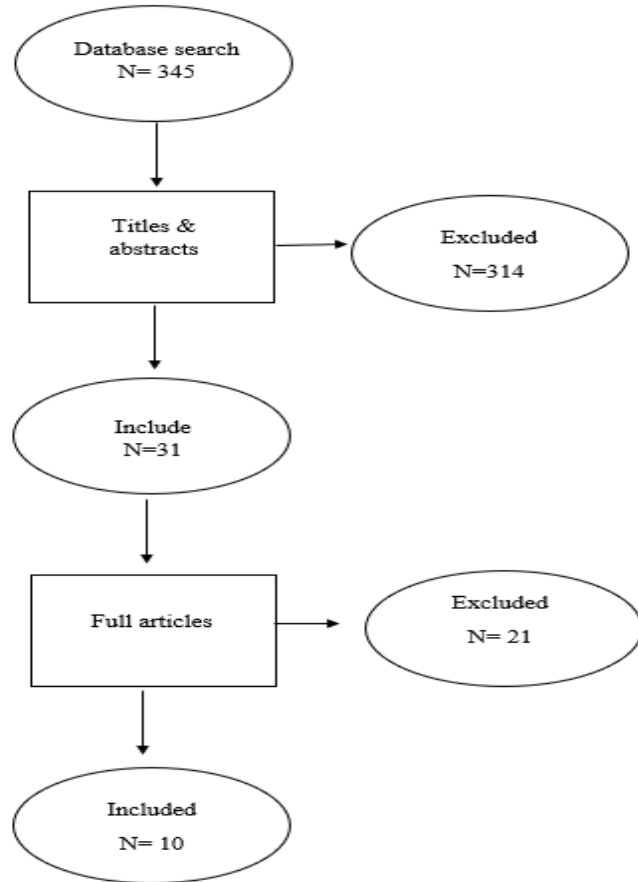
- After experiencing stigmatizing attitudes those with eating disorder experience distress which prolongs engagement in treatment (Touyz, 2011).
- 80% of participants experienced an unhelpful or traumatic experience with a health professional which included punitive treatment methods (de la Rie et al, 2006)



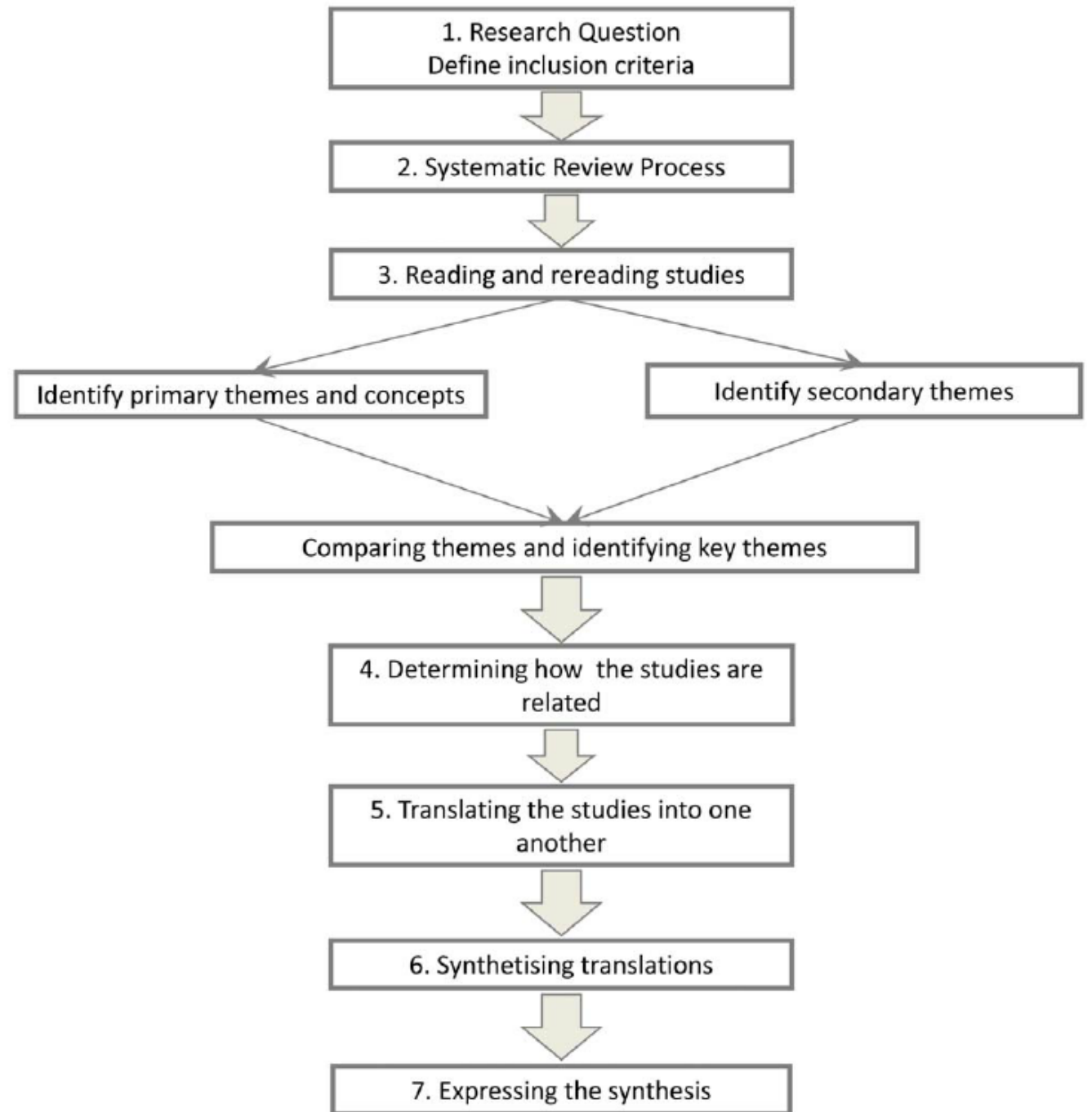
What is the patient experience of
inpatient treatment for Anorexia
Nervosa ?

Systematic Search

- Systematic search using : PsycINFO, Discover, Scopus, Web of Science, Health Databases on EbscoHost
- Search Terms :
 - Target Population: “Anorexia Nervosa” OR “Anorexic” OR “Anorexia” OR “Eating Disorder”
 - Treatment : “Inpatient” OR “Hospitalization” OR “Hospitalisation” OR “Treatment
 - Client View: “Perspective” OR “Patient Experience” OR “Patient View ” OR “Patient Perception”



Meta-
Ethnography
Steps
*Noblit and Hare
(1988)*



Accessing Treatment



“ Unless I’m a BMI of 10 I’m not going to get help”
(Rance et al., 2017)



“I found it difficult to be referred from one institution to another and discuss my problems over and over again”(de la Rie et al., 2006)



“I feel I’m forced to be manipulative sometimes to get the help that I need... when it’s kind of focused on ‘well if you lose another kilo then we’ll escalate you up the waiting list’.. You [are] kind of almost forced to play that game.” (Rance et al., 2017)

Desire for Alliance

“It is nice when someone really listens to you and tries to understand you instead of judging you.” (de la Rie et al., 2006)

“I kind of felt like I was being heard and I actually had a part in this and wasn’t just a balloon being pumped up” (Colton et al., 2004)

“Being quite supportive and talking to you about your emotions and things. Yeah, and I have been, well I use them to speak to.” (Fox et al., 2013)



Inpatient Treatment Specifics

“Our daily life was mainly composed of eating and sitting” (Wu et al., 2019)

“It just feels like the physical perspective is a little too... out of perspective in comparison to the mental, because to me the mental problems are what have caused physical problems and it doesn't seem to be working that way in terms of recover” (Colton et al., 2004)

“You didn't see a therapist or anyone cos I wasn't, they said you weren't cognitively well enough, but that's just crap because you need someone's support .. And you feel like the anorexia punishes you more. The anorexia is punishment, then you feel like you're getting punished by the hospital as well” (Offord et al., 2006)

“it was the 'worst point' about inpatient treatment and 'a waste ... because obviously you're going through huge changes in a really intense environment and there wasn't any outlet ... for your feeling” (Rance et al., 2017)



Lack of understanding from staff

“He was like ‘Oh you can’t be that bad because you’re not throwing up in bags, you’re not hiding it’, it’s like ‘I live on my own’ ... when I started seeing him I was bingeing and being sick about twice a week ... by the time I finished with him I was throwing up all day every day” (Rance et al., 2017)

“She wasn’t very good at all. She didn’t seem, well I don’t know if she was, she didn’t seem particularly experienced and erm I she went off on long term sickness and I was picked up by 2013)somebody else” (Fox et al., 2013)

I have repeatedly been told I am occupying a bed for someone who is “really sick” or who has a “real illness.” (Bannatyne et al., 2018)

Just another Anorexic

“It’s just like everything’s anorexic and everything you do’s anorexic...everyone always says you can’t trust an anorexic” (Colton et al., 2004)

“They were like ‘right you’ve all got an eating disorder so we’re gonna think you’re the same person’ so they kinda of treated us all the same” (Offord et al., 2006)

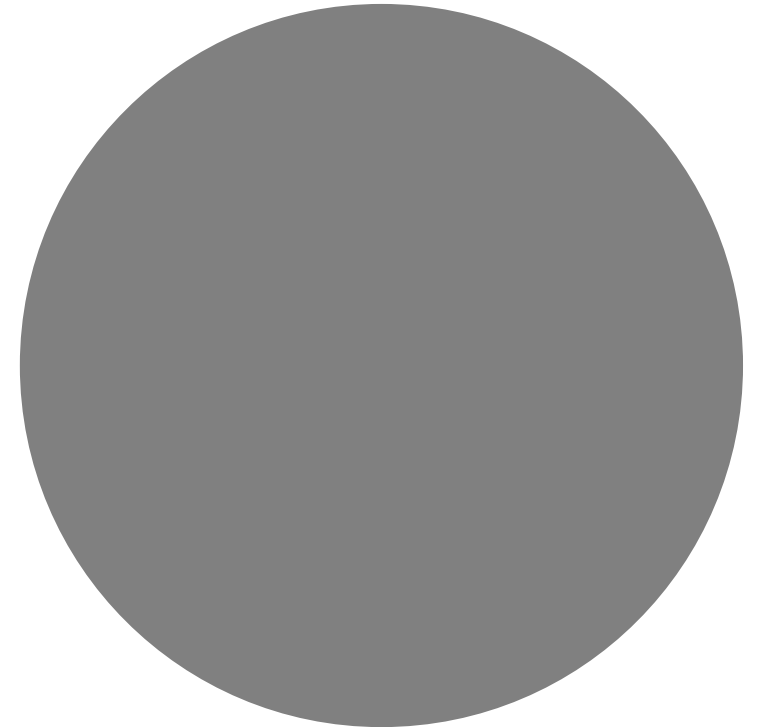
When I was at [the ward] and I had a [GI condition] and it was really painful, and they told me, no, it’s psychological because they raised your [calorie intake].... They didn’t believe me until they found me, fainted.... That’s what annoys me, that they don’t trust you. (Eli, 2014)

“I spent like a constant six months in twenty-four seven care really and then to go from that to kind of being on your own is, em, it’s a hard transition to make. “ (Sheridan et al., 2016)

“It was a little lab like that, that you could be inside.... A lab in the sense that it was very sterile, it was – very very exact and measured conditions, and – you knew that you, it’s not like the real world, so it eased [our burden].” (Eli, 2014)

“Being with other girls inside [the hospital] was like living in a micro-society”. (Wu et al., 2019)

Living in a bubble



Peer Influence

“She hid half of the steam bun in her clothes... we (myself and another patient) decided to report this to the nurses. ... just before she left (the hospital), she taunted me while the other patients were all there” (Wu et al., 2019)

“... you can talk to them [patients] so much easier than what you can when you're out of here. Do you know what I mean, you can talk about anorexia just as you can talk about coronation street .. Whereas at home that issue would be totally avoided and I would not even talk about it” (Colton et al., 2004)




Treatment Trauma

“The most unacceptable intervention method for me was to be tied-up. The patients...every time while I saw this (others being ‘tied-up’ – mechanical restraint), I felt so sad...those being tied up would scream and cry their lungs out” (Wu et al., 2019)

“I suffered trauma prior to developing anorexia nervosa, however sadly the trauma I have experienced in the health system has probably been just as bad, if not worse.” (Bannatyne et al., 2018)

“I still suffer from flashbacks and nightmares four years on. Since then, I have found many professionals I have seen have had very strong views on how to manage EDs without wanting to hear my experience and allowing me to process things from previous treatment holding me back. I think I have been sick for a long time partly because of this.” (Bannatyne et al., 2018)

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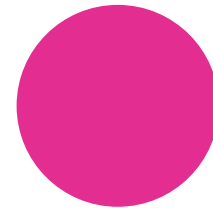
Treatment reproduced eating disorder behavior

“At one stage I wasn’t allowed to see my parents for two weeks, two weeks! There was no way that was happening. I tried to hop out windows, like tried to run out of the unit . . . it made me even more angry. It fed my anorexia once again, I just sat there thinking I’d rather die than be in here. I wasn’t allowed to do anything” (Sheridan et al., 2016)

“I was isolated in a room with no contact with any other human being other than a nurse who didn’t care about me, which reaffirmed my beliefs I was undeserving of life.” (Bannatyne et al., 2018)

“ I knew that I couldn’t cope as an adult. Cos I’d been like hidden away from society so was still only a 14 year old really, in my head... still now.. I’ll phone up my mum for the stupidest reason and she’ll say... ‘you’re 22 I think you can do that yourself’ and I’ll just be like ‘ah no I can’t do that”
(Offord et al., 2006)

Development Halted



Clinical Implications



Often those who are engaged in treatment services have battled to access treatment. The messages that individuals receive during this time can be internalized and can contribute to feelings of not being sick enough for treatment.



Those with anorexia nervosa recognize that they need to gain weight and that this is part of their treatment. However, they are wanting therapeutic treatment during this process; specifically treatment that focuses on emotional regulation and distress tolerance skills.



There is a want for treatment to be collaborative. Rather than the patient being treated.



Certain treatment practices reinforce eating disorder behavior. Specific elements of treatment need to be further researched to understand what these practices are.



Individuals want to be seen as a whole person, not just another anorexic.

Questions ?