



Hope in ACTion

EATING DISORDERS

Treatment in Gauteng, South Africa:

Current Trends and the Way Forward”

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ABOUT THE AUTHOR

Guillaume Walters-du Plooy (MA Clin Psych) is a practicing clinical psychologist based in Pretoria, Gauteng. He is registered with the Health Professions Council of South Africa (Clinical Psychologist), The British Psychological Society (Chartered Psychologist), as well as the Academy of Eating Disorders in USA (Affiliate member). He has been practising as a psychologist for almost eight years, with a special interest in behavioural- and addictive problems. He is currently enrolled in his PhD degree at the University of South Africa (UNISA), with the projected completion by middle 2016. The research focus for this degree falls upon perfectionism within treatment resistant cases of Anorexia- and Bulimia Nervosa.

His clinical experience includes in-depth treatment of eating disorders and substance abusers. Previously, he has served at management level and provided treatment at a substance-abuse rehabilitation facility for almost two years. Guillaume also currently heads up Eating Disorders South Africa (EDSA), a leading entity in the field of eating disorders and its treatment in the country, which also boasts the only free support group for eating disorders sufferers currently in Gauteng.



RECOGNISING THE EATING DISORDERS PROBLEM IN SOUTH AFRICA:

THREE STUMBLING BLOCKS

In trying to portray the extent of the problem of eating disorders (ED) in South Africa, you hit three main stumbling blocks. The first of these: **CURRENT AND UP-TO-DATE STATISTICS.**

One of the key practical problems with ED's in South Africa is the fact that we still can't currently gauge the extent of the problem. We don't have accurate and up-to-date statistics on the prevalence of ED's – we just don't know how many people are affected! This is actually true for many psychiatric conditions in our country.

Having no real statistics about ED's may lead to possibly underestimating the extent of the problem. However, in clinical practice these problems are faced on almost a daily basis. Professionals in the treatment of psychiatric conditions are challenged on these issues very regularly, and denying their existence would be quite dim-witted.

The next stumbling block would be surrounding the **NATURE OF EATING DISORDERS:**

Eating disorders are seen as 'shame-based' disorders. Most people with these conditions easily withdraw from society, and delve into their conditions in secrecy – their family or loved ones aren't even aware of the problem! Many sufferers feel ashamed of the behaviours they regularly engage in, and feel that they'd rather keep it a secret for fear of judgement from those around them. I have heard of many cases whereby the sufferer has been living with their problem for many years, whilst keeping it totally secret from their spouse!

The last stumbling block surrounds our country's **SOCIO-ECONOMIC STATUS AND CULTURE:**

The majority of the people in our country remain either ignorant or judgmental about psychiatric conditions, and ED's are no exception!

Many people still think that ED's are not serious conditions. They judge ED sufferers as 'pathetic' individuals, who 'just want attention'. Out of all the recognised psychiatric conditions we treat, ED's have the highest mortality rate, of **ALL OF THEM!!!** It boggles the mind how someone can still conclude that these aren't serious conditions which need recognition and treatment. On the other side of the spectrum, many people aren't knowledgeable about ED's. Especially in rural-based populations, who receive poor education and don't have access to information resources (such as internet) – their understanding about ED's is extremely limited.

The fore-mentioned three aspects contribute to many ED sufferers doing so in silence - fearful of talking to their family or doctor about their problem because they might be judged, or not understood. This has significant negative implications for ED's in our country as some don't acknowledge their problem, and thus don't access treatment. They 'slip through the cracks', and their quality of life remains significantly impaired (in some cases for decades).

THE NATURE OF EATING DISORDERS AND ITS TREATMENT

Eating disorders such as Anorexia- and Bulimia Nervosa usually follow a chronic nature and course. Just like other behavioural problems (such as drug- and alcohol addiction, gambling, etc.), the ED sufferer can 'live with their problem' for a very long time.

In this way, their problem 'chips away at their soul'. As time passes, these conditions take their toll on the individual (and the family), which may sometimes culminate in some or other 'breaking point' (in some cases this can take years). This is when the pressure of their problems becomes too much. Their cry for help is usually one where they feel in 'dire straits', and need IMMEDIATE help...Have a look at the example below (actual case study):

I am a 26 year old female residing in the Western Cape. I am not sure what to call myself currently, but I am emailing you out of total desperateness! I have never been able to speak to anyone about my problem....

I started with my disorder when I was 17 years old. I was just tired of being fat and started to go on a diet. The diet went well – lost a few kg's. I used to help a friend with her accounting, and one day she told me that she used to vomit up her food after she ate, in order to lose weight. So I decided to try it and...it just continued to get worse! Initially, I was anorexic for about a year (I lost about 10 kg's), but thereafter it changed to Bulimia for the next 4-5 years. This morphing process from Anorexia to Bulimia started when I went to university. I went to one of the residences, and lived alone in one of the dorm rooms. It gave me the opportunity to live out my eating disorder behind a closed door without having to keep it secret. Nobody could spoil my time with my eating disorder. My family was totally unaware of the problem! As long as I was passing my subjects, my parents didn't really think there was anything wrong.

Anyways, years later I am now a qualified young professional. This weekend was really bad! I had three binge-purge episodes on Saturday, and yesterday I had another MASSIVE episode as well. I ate so much! And when I threw up it was VERY sore! I think I hurt something in my body. The vomit was red, and I could see some blood in it. These binges-and-purging episodes have become the bane of my existence for the last 5 years! I'm at a point where I don't have control over them anymore. I've tried to stop before, but it doesn't work! I'm scared of picking up the weight after binges (and on some level I really LOVE my binges! It gives me comfort and pleasure). Even though I've been living with this problem for so many years, I know I need help....FAST!

I can't go on like this! PLEASE HELP ME!!! I don't even know where to start!

It's clear to see how this person has been 'living with her problem'. What started out as a mechanism to lose weight, evolved into something that's enjoyable on one end, but destroying their life on another. In many instances people deny their problems, and first need to 'hit their heads hard' before they acknowledge their problem, or ask for help to start treating it.

Eating disorders treatment is not easy. It has addictive elements to it (many sufferers state how their disorder makes them feel more in control, or helps improve their self-esteem, or gives them pleasure), and starting to create new ways of behavioural patterns takes time and intense effort. In many instances family need to be involved (especially in young and adolescent cases).

TREATMENT OPTIONS AVAILABLE IN GAUTENG PROVINCE

The development of a knowledge base for eating disorders (ED) has been long-standing, and today we know quite a lot about these types of conditions. Long have the days gone by where ED's are seen as untreatable or unmanageable conditions.

Broadly speaking, the medical industry in South Africa is divided into governmental- and private healthcare.

An investigation into treatment options available at government healthcare level will highlight Tara Hospital in Johannesburg as the facility of choice for treating eating disorders. At Tara hospital they have an Eating Disorders Treatment Unit which specialises in housing ED sufferers. Admissions are usually for consecutive months (depending on the extent of the problem, and how the patient responds to treatment), and they have a full composite of treating professionals available. Apart from the ED unit at Tara Hospital, there are no other governmental facilities/units exclusively specialising in ED treatment in the Gauteng Province.

When considering private healthcare, more options are open to the individual. If one has a medical aid, admission to healthcare facilities that specialise in ED treatment can be arranged. An example of such a facility is Crescent Clinic in Johannesburg, which has a specialist ED treatment unit. Other psychiatric hospitals/facilities also cater for such conditions across the province. However, a key problem with admissions to most of these facilities is that medical aids usually only authorise admission for 21 days per year. After a three week period most patients are discharged, and treatment management MUST progress on an outpatient basis. As mentioned previously, treating chronic behavioural conditions such as Eating Disorders usually needs extensive time (depending on the severity of the illness). Even though outpatient consultations do' assist some individuals to find recovery, there are many patients who relapse into old behavioural patterns (especially if their illness severity is intense). In these cases, treatment options become limited. Funding options for re-admission to a psychiatric facility are very restrictive.

Thus, in cases where relapse has occurred, and medical complications are present, the individual is left in a situation where few treatment options are available!

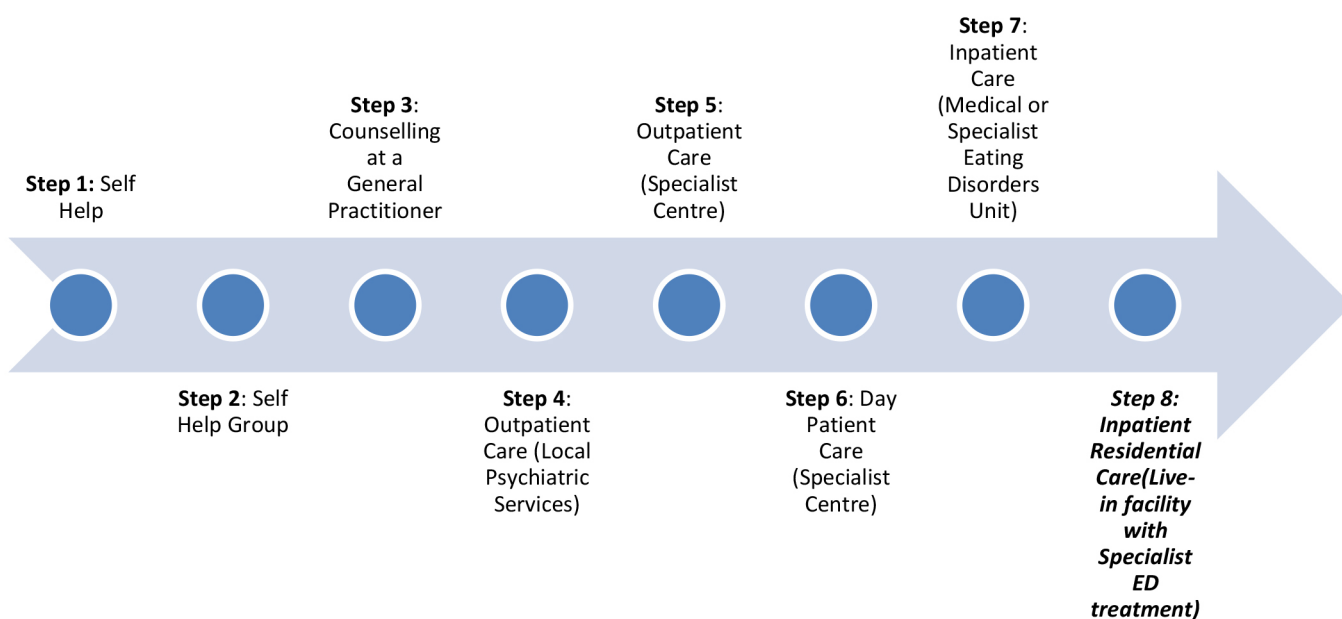


THE NEED FOR RELEVANT TREATMENT PROGRAMS

In 1992, a stepped-care treatment model of eating disorders was put forward by the Royal College of Psychiatrists in the United Kingdom. This model gives some form of guidance in understanding the treatment recovery paths in ED's. These paths would be based upon the unique presentation and severity of each individual's illness severity.

The model illustrates how someone with an eating disorder would seek intervention from the least intensive types of care (i.e. Step 1: Self Help), to having to be admitted to hospital (Step 7: Inpatient Care). A stepped-care approach would link each individual's needs to treatment options that range from simple advice, to intensive inpatient care. Anorexia Nervosa typically demands expert and sustained treatment, thus the lower levels of stepped-care are generally not applicable for these patient populations.

The stepped-care recovery model indicates treatment for sufferers at the lowest appropriate service tier in the first instance, and then only 'stepping up' to more intensive/specialist services as clinically required (based on the severity of their illness). The level of professional input is augmented gradually, until satisfactory health status is achieved:



When considering the current stance of ED treatment in South Africa, we propose adding another step to the model ('Step 8: Inpatient Residential Care'). This caters for individuals whose illness severity dictates the necessity for intensive long-term treatment. Such cases usually focus on individuals who have lost most of their independent functioning in society. At residential treatment level, the person would live at the facility for extensive periods of time (minimum 6 months) as they learn new behavioural patterns and habits.

Examples include school learners whose ED's are too intense and cannot continue schooling, or professionals who cannot meet their responsibilities, or are continually putting their own lives at serious risk.

THE WAY FORWARD

Why residential treatment?

There is the necessity to treat the ED sufferer on the physical-, cognitive-, and emotional level. This usually dictates that multiple professionals are involved in ED treatment - usually a doctor, dietician, and a therapist trained in ED treatment.

As afore-mentioned, a key aspect of treatment for ED's is the necessary time to learn new patterns of behaviours, as well as appropriately dealing with the anxieties that accompany treatment (e.g. re-feeding phases, eating 'forbidden' foods, learning elements of self control, etc.). Imagine trying to learn new habits where your eating disorder has been in your life for decades. Three weeks inpatient treatment in hospital does not usually alleviate these issues!

With this in mind, Eating Disorders South Africa is in the process of establishing a specialist residential eating disorders treatment program. With restrictions to licensing and rezoning permits, it is not currently clear when the launch for this program will commence. The program itself is designed to give the individual the necessary time and effort to start effectively dealing with their problems. 'Removing' the ED sufferer from society seems appropriate in intense cases where previous inpatient treatment has not succeeded in bringing about recovery, or where relapses have occurred that are life threatening. A major advantage of inpatient residential treatment is consistent monitoring of each person, which limits their capacity to engage with their eating disorder. In this way, the behavioural pattern is broken over time (e.g. binge-purge cycles).

The Facility: Ezekiel House

The staff will include the full range of emotional- and behavioural disorders specialists: Consulting psychiatrists, clinical psychologists, 24-hour nurses, and operational managers.



Indicators for admission to Ezekiel House

The eating disorders program will be an intensive holistic residential ('live in') treatment program. Indications for residential treatment would include:

- Individuals with an eating disorder that require more intense structure and supervision than could be provided in an outpatient program setting, or in the home environment.
- Individuals who are medically stable enough to not necessitate hospitalization at this time, but still need inpatient care for their behavioural problem (i.e. need to learn new habits which they can't learn themselves).
- In some cases, are 'stepping down' from a hospital setting, and need continued and sustained help, or need assistance in generalizing skills learnt in treatment to the outside world.

Program treatment components

The program will focus on learning skills for managing emotions, and stopping eating disordered behaviours.

Initial Assessment: At the outset, a full psychiatric assessment of each new resident is conducted. This highlights the severity of the problem, and dictates specific aspects of the treatment program. The assessment also confirms the candidate's appropriateness for the residential program.

Individual Therapy: Each patient is assigned an individual therapist from the treatment program. These sessions are scheduled once a week, although this could vary depending on the needs of the resident for more support. Therapy offers the resident time to process individual responses to treatment.

Group Therapy: Many group sessions will be offered, including: Dialectical Behavior therapy (DBT), Cognitive Behavioral Therapy (CBT), process groups, and relapse prevention groups.

Medical Consultation: As there is a prominent medical component to eating disorder treatment, our residential psychiatrist and nursing staff would work closely together to coordinate medical issues that may arise. Regular laboratory investigations may be conducted as required, as well as monitoring vitals and dispensing psychiatric medications.

Art Therapy: This group provides patients with the opportunity to be less linear in their thinking. By drawing, painting, and expressing their feelings through art they can access hidden issues and learn how to uncover them in a supportive environment.

Cognitive-Behavioural Therapy (CBT): Therapy is offered individually- and in a group setting. It offers residents the opportunity to work on their dysfunctional thoughts and beliefs, which affect their decision making. These beliefs can either support recovery or support the eating disorder. By changing the way that patients think about their self, body, food, relationships etc., recovery can be strengthened and prognosis improves.

Dialectical-Behavioural Therapy (DBT): This group is designed to help patients learn how to regulate emotions, and become better able to manage distress. Coping skills are taught by staff and homework is assigned.

Pre- and Post Meal Groups: Before and after every meal, this group session is designed to help patients to cope with eating a meal in front of others and keeping it down. Patients confront their fears by being exposed to the feared object (food, fullness, etc.) and response prevention (staying in the room and eating the required amount). Exposure and response prevention in a group setting is a powerful method to reduce anxiety.

Goal Setting: Residents engage in a goal setting process to help them continue their progress after treatment. Goals are related to reducing eating disorder behaviours, such as bingeing and purging or restricting. Residents are encouraged to set reasonable goals and get feedback from both staff and other patients.

Family/Couples Therapy: Each resident is not just treated on their own. Consideration for the resident's family members, partners, etc., is given within family therapy. Families are viewed as vitally important in the recovery of their son or daughter. Although families are not responsible for creating the eating disorder, their help is essential for the recovery of their family member.

Nutrition Education: This group is designed to help residents unlearn the myths they have about food, metabolism, weight, and nutrition.

Process group: This group is less structured than the other groups in order to provide a time for patients to bring up topics and issues of their choice. Group leaders provide a safe environment for patients to discuss personal issues.

Psycho-education: Therapy is offered in a group setting and covers a variety of topics such as: The role of dysregulated emotions in eating disorders, body image, anger management, stress management, and assertiveness.

Religious Counselling: A significant component of the residential treatment program includes bringing the resident back in contact with their spiritual side. Daily religious teachings assist in dealing with spiritual issues.



FUTURE CONSIDERATIONS

Treating Obesity

Although the current treatment caters for eating disorders like Anorexia- and Bulimia Nervosa, future considerations will investigate the incorporating treatment for severe obesity. These conditions are severe, and are becoming more and more prominent in our society (South Africa is actually one of the most obese populations in the world). The program will cater for structured weight loss, whilst dealing with the emotional aspects related to food and eating.



Love and Peace,



Hykie Berg
Actor, Producer, Writer
Founder of the Hope In ACTION Group
Addictions Counselor
Son of the most High

Email: hykie@attooh.co.za
Web: www.hykieberg.com

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"There are no guarantees in life but one thing is for certain; God fearing parents who speak life into the hearts of their children and who pro-actively involve themselves in their children's daily doings, dreams and desires, dramatically lessen the chances of them becoming socially rebellious and involved in destructive and dysfunctional behaviour."

- Hykie Berg