Guidelines for decision making in relation to students with eating disorders.

These guidelines have been prepared in consultation with NHS specialists (the College Doctors Association and the Oxford Adult Eating Disorders Service) and with the University’s Student Welfare and Support Services (including the Counselling Service and the Disability Advisory Service) and a representative of the Senior Tutors’ Committee of Conference of Colleges. It is intended that the guidelines, based on the combined expertise and experience of the contributors, will offer a framework to assist colleges and departments in identifying students with eating disorders and making informed decisions on how best to offer help and support. These guidelines should be read in conjunction with any Fitness to Study policy in operation and with due regard to adjustments required by law.

A. Principles

1. Clarification of what is meant by the term “Eating disorders” is to be found in Annexe A to this document.

2. A student with an eating disorder may have a disability within the meaning of the Equality Act 2010. The framework of that Act must therefore be borne in mind. The Disability Advisory Service (DAS) offers support and guidance on the provision of assistance to disabled students and on the provision of reasonable adjustments based on Annexe A of the University’s Education Committee Policy and Guidelines on Examinations and Assessments. This can be found in more detail at: http://www.admin.ox.ac.uk/edc/qa/policies/.

3. Eating disorders are medical conditions and thus any action taken by the University and colleges should wherever possible be informed by medical advice. The College Doctors' Association has its own set of guidelines on how to assess and define fitness to study in relation to students with eating disorders and will use that as the basis of any advice given (see section E).

4. Information relating to the health of students must be dealt with in confidence. Guidance is to be found in the University Guidance on Confidentiality in Student Health and Welfare. Further, the provisions of the Data Protection Act 1998 must be complied with.

B. Rationale

1. Eating disorders, and in particular anorexia nervosa, have a relatively high prevalence in student populations. Very often students with eating disorders do not acknowledge to themselves or to others that they have an illness and may not have sought medical help or be known to the college doctors, even though their health may be severely compromised. It should be noted that the mortality rate of anorexia nervosa is amongst the highest for psychiatric disorders and around half of these deaths are from suicide rather than physical causes. This fact alone is sufficient reason for the University and colleges to be as fully informed as possible about the nature of eating disorders (Annexe A) and the treatment available (Annexe B). This guidance note aims to assist in the identification of those who need to be encouraged to seek professional help as early as possible so that those students are more able to achieve their academic and personal goals.
C. The detrimental effects of eating disorders on students' health and ability to study

1. Anorexia nervosa, bulimia nervosa and related (atypical) eating disorders may have a profound impact on psychological, social and physical functioning. In the absence of treatment they tend to run a chronic course with a progressively worsening prognosis. Profound weight loss and long duration of illness carry a bad prognosis, whereas early treatment and short duration of illness are good prognostic factors. Eating disorders are likely to affect students’ ability to study and to achieve their academic potential. They also interfere with their ability to benefit from the broader aspects of university life. The highly pressured university environment will very often exacerbate an eating disorder. Moreover, it is difficult for students with eating disorders to have a structured eating regime. It is common for freshers with anorexia nervosa to lose weight rapidly during their first term when meal times are no longer supervised but indications of a possible eating disorder can become evident at any point in a student's time at Oxford.

2. A small number of students have a particularly severe eating disorder, mostly in the form of anorexia nervosa. These students are very underweight, physically compromised, and substantially impaired in their psychological and social functioning. Often they minimise their problems or totally deny having an eating disorder and instead focus solely on their studies and on obtaining a good degree. Some may continue to perform adequately academically, but at huge expense to their overall wellbeing. In some circumstances their presence can also be very distressing or disruptive for their peers.

D. Intervention

1. Tutors and supervisors who have a concern about a student should encourage that student to approach an appropriate person in a designated welfare role. College welfare teams and/or college nurses are in the best position to provide support.

2. Where those in key welfare roles are in contact with the student they should encourage the student to make an appointment with the college doctor as soon as possible. Reassurance should be given that the college doctors are understanding and sympathetic and are the point of access to specialist help. In some cases, referral to the Student Counselling Service will be appropriate.

3. The Disability Advisory Service, in collaboration with the Student Counselling Service, offers support to students with long-term health conditions through its specialist mentoring programme within which a team of psychologists, counsellors and psychotherapists work with the students to manage the impact of their condition on their ability to study. This is a useful resource that can be accessed through the named college Disability Officer (http://www.ox.ac.uk/students/shw/das/contacts/college/) but is not an alternative to medical treatment. The DAS will liaise with medical practitioners where appropriate.

4. In certain circumstances it may be necessary or appropriate to invoke the fitness to study procedure contained in the University's Statute (XIII b). The Statute includes reference to the student's ability to meet academic, social and behavioural requirements without his/her physical, mental, emotional or psychological health or state having an unacceptably deleterious impact upon the health, safety and/or welfare of the student and/or other students and/or university or college staff (not withstanding adjustments required by law).
5. **Issues relevant to the particular timing of an intervention**

5.1. When students are about to **commence** studies it may be possible to offer support and a space to think about whether the timing is right for them. Colleges and departments should ensure that offer-holders are encouraged to disclose long-term health conditions to the college and/or the Disability Advisory Service so that such students can receive appropriate assessment and support. Occasionally, college doctors will be made aware of an offer-holder’s condition prior to the student starting at university if their specialist from home writes to the Oxford GP to hand over care. In this situation the college doctor should, wherever possible, assess the student before he/she starts their course and consider treatment options as well as advising on fitness to study. Subject to the consent of the student, liaison with the specialist from home and previous GP is important and the NHS specialist Adult Eating Disorders Service (often referred to as Cotswold House) is happy to provide advice and assess the student if appropriate.

5.2. Where students have **suspended** their studies in order to overcome an eating disorder it may be appropriate to ask them to co-operate in the provision of medical guidance prior to their return, in order that an informed view may be reached as to their current fitness to study and regarding any support that may need to be put in place to assist them. Any medical assessment of the student should take place at least three months before the target return date and, where required additionally, one month before the target date.

6. **Particular issues**

6.1. **Medical students** with eating disorders are over-represented compared to other student disciplines. Fitness to practise considerations may become relevant and the occupational health physician should be involved.

**E. College doctors’ advice on fitness to study**

College doctors have guidelines, developed jointly with the Cotswold House Specialist Adult Eating Disorders Service, to help them come to decisions in cases of students with eating disorders and provide a consistent approach to the advice they give to colleges and university departments. The college doctors’ guidelines are not set in stone. Each case is managed on an individual basis, depending on a full understanding of the individual’s circumstances and medical history.
RECOGNISING EATING DISORDERS

Anorexia nervosa and bulimia nervosa have in common an over-evaluation of body shape and weight with an intense fear of weight gain and fatness.

1. Characteristic features of anorexia nervosa

Anorexia nervosa is more common in women than men (ratio 12:1). Sufferers are emaciated, often wearing layers of baggy clothing to conceal their shape, they feel cold and may have difficulties concentrating, complaining of fatigue and weakness (all physical effects of starvation). Psychologically, they may be low in mood and very anxious with sleep disturbance. Many have obsessional and compulsive behaviours. They have an intense fear of fatness or weight gain. They are usually withdrawn socially, focusing solely on their studies. They tend to avoid eating in public.

2. Characteristic features of bulimia nervosa and binge eating problems

A binge is defined as eating, in a discrete time period (e.g. within 2 hours), an amount of food that is definitely larger than most people would eat in a similar period and under similar circumstances, accompanied by a sense of lack of control during the episode. Binge eating is common in student populations with a prevalence of around 7 per cent. Some will try to compensate after a binge to prevent weight gain by making themselves vomit or taking laxatives or diuretics, or by excessive exercising. Sufferers are generally unhappy with their shape and weight and have an intense fear of fatness. They are usually ashamed of their binge eating, keeping it a secret and do not seek professional help. Depressive symptoms are a prominent feature and some abuse alcohol or drugs and may self harm. They are usually within the normal weight range and keep their eating disorder well hidden. They may come to the attention of the college welfare officers when food keeps disappearing from communal fridges or scouts report evidence of vomit on a frequent basis.

3. Characteristic features of atypical eating disorders

Atypical eating disorders can be regarded as variants of anorexia nervosa or bulimia nervosa but do not fulfil their diagnostic criteria. They are at least as common as anorexia nervosa and bulimia nervosa and are treated along similar lines.

RECOMMENDED READING

The Adult Eating Disorders Service recommends the following books to patients and their parents and suggests that they will be useful for college and department members who wish to broaden their understanding and ability to support students with eating disorders.

TREATMENT OPTIONS

There are effective treatments for eating disorders with the possibility of full and lasting recovery. It is therefore in the best interests of students with eating disorders to receive evidence-based treatment as soon as possible. If this is outpatient treatment, it can be combined with continuing attendance at university. However it may be necessary for students to suspend their studies to focus on overcoming their eating disorder.

**Outpatient treatment**: individual therapy, usually using a Cognitive Behavioural Therapy (CBT) approach is offered on the NHS at Cotswold House, Warneford Hospital. Alternative evidence-based approaches are also offered for those with severe anorexia nervosa. Patients are seen weekly and given additional dietary support. Their weight is monitored during treatment and the GP may be asked to monitor physical state and check blood tests regularly. Outpatient treatment is less likely to be effective for patients with a low body mass index (BMI) and for those who have had previous failed treatment. Additional obstacles are if there are long waiting times to start treatment and frequent interruptions to the treatment programme due to the short university terms and long vacations. Many students find it difficult to make time for the treatment in their busy term timetable.

**Day patient or inpatient treatment**: severe eating disorders require intensive and lengthy specialist treatment. Where outpatient treatment fails, particularly in patients whose BMI falls below 15, day patient or inpatient treatment for three months or more is offered, followed by outpatient treatment for six months to a year. It is difficult, if not impossible, to combine the early stages of this treatment with being at university, and in any case it is usually desirable for such students to devote themselves fully to overcoming the eating disorder.

**Motivation and monitoring** is a supportive approach offered by the community team based at Cotswold House to patients who have anorexia nervosa but who are not ready to engage in active treatment. Regular sessions are offered in conjunction with medical monitoring by their GP practice.