

Family ties helping teenagers rise above anorexia

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IT WAS a battle of wills. Gripped by an illness that made every mouthful torture, Lucy Caldwell begged her parents not to make her eat.

"She used to say at meals, 'It's like you're asking me to throw myself out of a plane without a parachute,'" Lucy's mother, Belinda, recalls. But the hospital had warned Belinda and her husband, Rob, to expect this. This was not their daughter. It was anorexia talking. They had to show the illness they were in control. If it took her three hours to eat, that's how long they sat there.

For six months, the Caldwells supervised their 17-year-old daughter's every meal in their Mont Albert home. There were tears, yelling and a bowl of yoghurt hurled across the room. Showers were supervised to stop her purging. Belinda slept next to Lucy, ensuring she didn't succumb to a compulsion to exercise.

It was gruelling, but it worked, and this intensive, in-home therapy, known as family-based treatment, is revolutionising the way children and teens are treated. At the Royal Children's Hospital, admission rates have dropped by 56 per cent since the treatment started in 2008. Of the 83 per cent who complete the six-month program, 97 per cent fully recover.

The results have astounded the eating disorders team, who say it has ended the revolving door for patients admitted for refeeding through a nasal gastric tube, discharged for outpatient psychological therapy, only to fall ill again. Some were hospitalised 20 times a year. The average illness duration was seven years.

Now, by involving the whole family, recovery in six months to a year is common. Readmission rates have dropped by 75 per cent. More than 200 patients have been through the program - the youngest was nine.

"Before, we were not really focused on cure because we saw that so infrequently for those who were very unwell. Cure is now completely expected," says Professor Susan Sawyer, director of the Royal Children's Hospital's Centre for Adolescent Health.

"Anorexia is something that really takes over the young person's mind. Now, families talk about getting their kids back," she says. The program is largely supported by a grant from the Baker Foundation, but its future hinges on \$3 million in recurrent funding, promised by the Coalition government in the 2010 state election.

A spokeswoman for Minister for Mental Health Mary Wooldridge said the Coalition had spent \$400,000 on capital works for the program and it remained committed to its promise.

At the core of the treatment, also known as the Maudsley approach, founded at the Maudsley Hospital in London in 1985, is removing blame from parents and patients. They are taught to externalise the illness and make anorexia the common enemy.

While still not yet considered mainstream, increasing evidence suggests it is becoming the gold standard of care. Professor Sawyer says the shift came after the hospital experienced a 300 per cent rise in admissions for eating disorders between 2004 and 2006.

Unlike traditional treatment, the psychological drivers of the illness are not dealt with until the patient puts on weight. Clinical nurse consultant Stephanie Campbell says that when someone is malnourished their mind is too starved to engage in psychotherapy. "So it's all about weight restoration. It's getting the parents on board and empowering them to refeed ... At the beginning patients will say that 80 to 90 per cent of my thoughts are about eating or food, it's all consuming. And at the end of the six months, they'll say maybe 10 per cent."

Families attend regular sessions to record weight gain and discuss how conflict at mealtimes can be resolved. Family therapist Maria Ganski says the physical consequences of the illness - including heart problems and death in 20 per cent of cases - are stressed to give parents motivation to carry on with what is a test of love and endurance.

"The parents put up with screaming, yelling, scratching, being assaulted. It's probably one of the only illnesses where they don't appreciate the help they're given because they don't want to get better," Ms Ganski said.

Troy Holland, 17, said he was always skinny but "just kind of stopped eating" about 18 months ago. He said the therapy was "full on". The Sunbury teenager is now eating independently but still remembers mealtimes during the program as an ordeal.

"I hated it because the amount of food I was having to eat in a week would have been the same amount that I would have eaten in three or four weeks. It was a lot of food and it was really stressful."

For Lucy, who started family therapy last February after being hospitalised when anorexia left her so weak she had a life-threatening heart-rate of 35 beats per minute, it was a hard road but she is now back at school.

"Logically, I knew what they were doing was right but it was just a compulsion. It was kind of like two parents. They're telling you to do something and at the same time anorexia's telling you to do something else," she says.