

GENDER

Men, trans YP, gender minorities

What do we already know?

Are there recent systematic reviews?
What do they conclude? Any other important pieces of research / learning?

Men may be less likely to seek out help

extremely long waiting lists for trans healthcare - maintenance of ED as coping mechanism for dysphoria

treatment / diagnosis of ED can contraindicate gender affirmation treatment (e.g. access to hormones, blockers, surgery) and thus can be barrier to accessing help for ED

Stereotype that only young women are affected by ED

EDs are more common in trans YP - risk factors associated with body dysphoria

Different risk for ED presentation across genders - e.g., binge eating disorder more common in men

Good measures that capture symptoms across genders, e.g., muscularity, steroid use, exercise

Most comprehensive review of male ED - key points include: divergence in body ideals/presentations (muscularity-oriented), need for neuroimaging research in men, need for validation of measures/screening tools in males

<https://pubmed.ncbi.nlm.nih.gov/32858597/>



Men more likely to present with EDs associated to fitness -> muscle dysmorphia, 'bigorexia'
highlights different in presentation of EDs

Most up-to-date review of male EDs - likelihood of prevalence underestimation, intersectionality (specifically ethnicity and sexuality)

What are key opportunities?

Can we align with anything else happening? Any links with other projects or initiatives?

Heike's work on ED in men - video content



Heartstopper on Netflix



work with Mermaids and Stonewall for outreach and accessing trans populations

What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Males - neuroimaging, validation of existing measures

trans healthcare changing body composition, body image expectations

interaction of EDs and body image with hormone replacement and gender affirmation surgery

Intersection of gender and culture?

Non-binary experiences

Prevention programmes for men

Men are likely to seek help, likely to be less represented statistically - how do you raise awareness, identify and support? (Break the cycle)

Binge eating disorder - so little understood



BODY SIZE

EDs in larger bodies

What do we already know?

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Those with higher BMI less likely to receive support for restrictive eating disorder

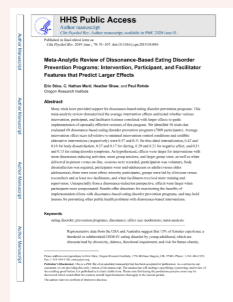
People with larger bodies with EDs - the diagnosis of 'atypical' anorexia (due to not meeting the BMI criterion) provides a barrier to recovery by not being illness-affirming

Body size and BMI can often act as a barrier to accessing treatment - body size limiting access?

puberty = changes in body size and composition

Diagnosis of 'atypical' based on BMI criteria in diagnostic manuals make pts feel invalid leading to further deterioration

Studies associating genetics and body weight w EDs
- lower body weight with anorexia
- higher body weight with BED
- emerging data for bulimia
Body weight is proximate, genes original cause?



Eric Stice - systematic review of longitudinal studies inc prevention programs related to body size



Interesting paper highlighting the importance of broad social-cultural factors, including stigma in binge eating

Media focus on low weight as indicator of EDs, use of before and after pics

What are key opportunities?

Can we align with anything else happening? Any links with other projects or initiatives?

diverse participant group 

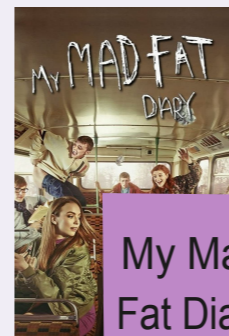
Project eat - risk factors
Diane Neumark Steiner

Beat's campaign for medical student and GP education

in our project, use metrics other than BMI to indicate recovery / 'severity' of ED. Not asking for weight or BMI of participants etc.

schools - education about how puberty changes body. tells people what to expect, removes stigma about weight and fat gain, normalises it

Hope Virgo dump the scales campaign



My Mad Fat Diary

media education re: before and after photos in stories about eating disorder

Challenge stigmatising images of larger bodies

What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Longitudinal research tends to focus on binge eating disorder
Clinical research tends to focus on anorexia

Premature withdrawal of support after weight gain

Lack of research into other ED diagnoses
e.g. EDNOS/OSFED

  Reliance on BMI as outcome measure in research of treatments

Over-prescription of atypical antipsychotics, can cause weight gain - barrier to treatment?

intersection with trans healthcare: hormone replacement therapy impacting body composition and appetite

Perceived body size compared with objective body size

AN in larger bodies - abolishing 'atypical' diagnosis?

Reliance on healthcare to identify and offer appropriate support - GPs less likely to refer to any services at all or refer to weight management services rather than ED services

ETHNICITY

Ethnic minority groups

What do we already know?

Are there recent systematic reviews?
What do they conclude? Any other
important pieces of research /
learning?

Review article which concluded high
prevalence of bulimia and binge
eating in Black-American community
- however not considered clinically /
as an issue unless diagnosed.

IJED had a
special edition
last year on
black minorities

Community study -
higher levels of ED in
ethnic minorities

Diagnostic differences
between ethnicities -
patients not always
aware of EDs due to
cultural recognition
and discussion

Emerging evidence
of impact of racial
discrimination on
ED development

What are key opportunities?

Can we align with anything else
happening? Any links with other
projects or initiatives?

Our wide geographical
reach in the research
team - can help to work
with a range of minority
groups, e.g.,
midlands, north

Try and use data
from existing cohort
studies to identify
any differences
amongst ethnicities

BEAT and
AHSNs are
running
campaigns on
inclusivity

What are the key gaps in research?

What don't we know? What
are new/unexplored
avenues for this group?

We know relatively
little about risk factors
for ethnic minority
groups in the UK - so
much work is in the
USA or Australia

Need to increase
awareness of EDs in
ethnic minority
communities -
representation

Need to improve
awareness of cultural
attitudes towards food
and mental health -
towards a goal of more
culturally sensitive
intervention

Investigate effect of
events of racism,
bullying and onset
of eating disorder
symptoms

effect of intergenerational
trauma and effect on mental
health
e.g. prev ancestors
experience of famine

We'd like to know
more about the
specific risk
factors for
minority groups

And specific
protective
factors

WS2!

SOCIOECONOMIC STATUS



Poverty, NEET, food insecurity

What do we already know?

Are there recent systematic reviews?
What do they conclude? Any other important pieces of research / learning?

Hazzard et al. (2020). Food insecurity and eating disorders: A Review. Current Psychiatric Reports

Emerging evidence that risk factor profiles are different for those with poverty / disadvantage (paper IJED)

1.7 million students receiving free school meals in UK

Paper in BJ Psych: Finnish cohort on NEETS and mental health, incl. eating disorders

rising costs of fuel and public transport (could link to compulsive movement and over-exercise)

Students may prioritise education over buying food

What are key opportunities?

Can we align with anything else happening? Any links with other projects or initiatives?

Growing awareness of cost of living crisis affecting young people

Organisations to access and connect with young people/ build support/ raise concerns - food banks, homeless shelters, citizens advice bureau

Trauma informed therapy (growing up NEET can be traumatic, link between PTSD/CPTSD and EDs)


Leaders Unlocked


schools

online and social media

What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Impact of cost of living crisis 

transition out of school but not into university - how to reach young people in the workplace or unemployed 

economic barriers to recovery: potential to lose job or need to take time off, being sectioned, scheduling appointments around work (especially when paid hourly), costs of food

Impact of being less able to participate in buying 'social foods' (eating out at restaurants, challenging an ice cream as an 'extra' when the ice cream van comes in summer etc.)

Issues buying foods for prescribed meal plans

How do we help NEETs to envisage a hopeful personal future; have some aspiration for themselves

care experienced young people

Issues with prescription charges (psychiatric medication and supplement drinks)

SEXUALITY

Lesbian, Gay, Bisexual, Asexual, Other sexual minority groups

What do we already know?

Are there recent systematic reviews?
What do they conclude? Any other important pieces of research / learning?

Jon Arcleus
Nottingham-based

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6141356/>

Elevated ED risk for all sexual minority youth in the UK - need for early intervention

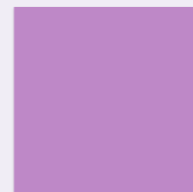
Males specifically - body image and gender identity - that highlights need for intersectionality

Weight stigma and fetishization within male sexual minority community - as well as body image and gender identity



What are key opportunities?

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What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Representation and awareness - lack of research with LGBTQ+ community

Whether/how body ideals and issues are affected by sexuality?

How sexuality relates to other environmental risk factors for eating disorders - whether they have specific or general effects

URBANICITY

Rural, remote and coastal communities

What do we already know?

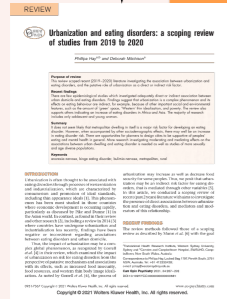
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Viren Swami - work on nature connectedness and that as a protective factor

Greenspace

Poverty in this context may be important - where you live in a city

Urbanisation may impact ED indirectly through social and environmental factors, e.g., 'westernisation' of ideals, green space, poverty



Differences in access to services for those in rural/remote/coastal areas

Might not just be access to services per se but the range of services available, e.g., complementary approaches

How might COVID and telemedicine change this?

Previous narrative was that bulimia was more common in towns

Can we learn from Australia on this

What are key opportunities?

Can we align with anything else happening? Any links with other projects or initiatives?

Can we link with town planners??

Can we link with geographers to look at geo-spatial factors?

What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Certain areas in the UK significantly underfunded in terms of service provision

Effect of digital deprivation in certain locations - unable to access/benefit from Teams and online provision of services

Research not equally spread across the UK - need to explore other areas of the country and identify any difficulties in accessing support

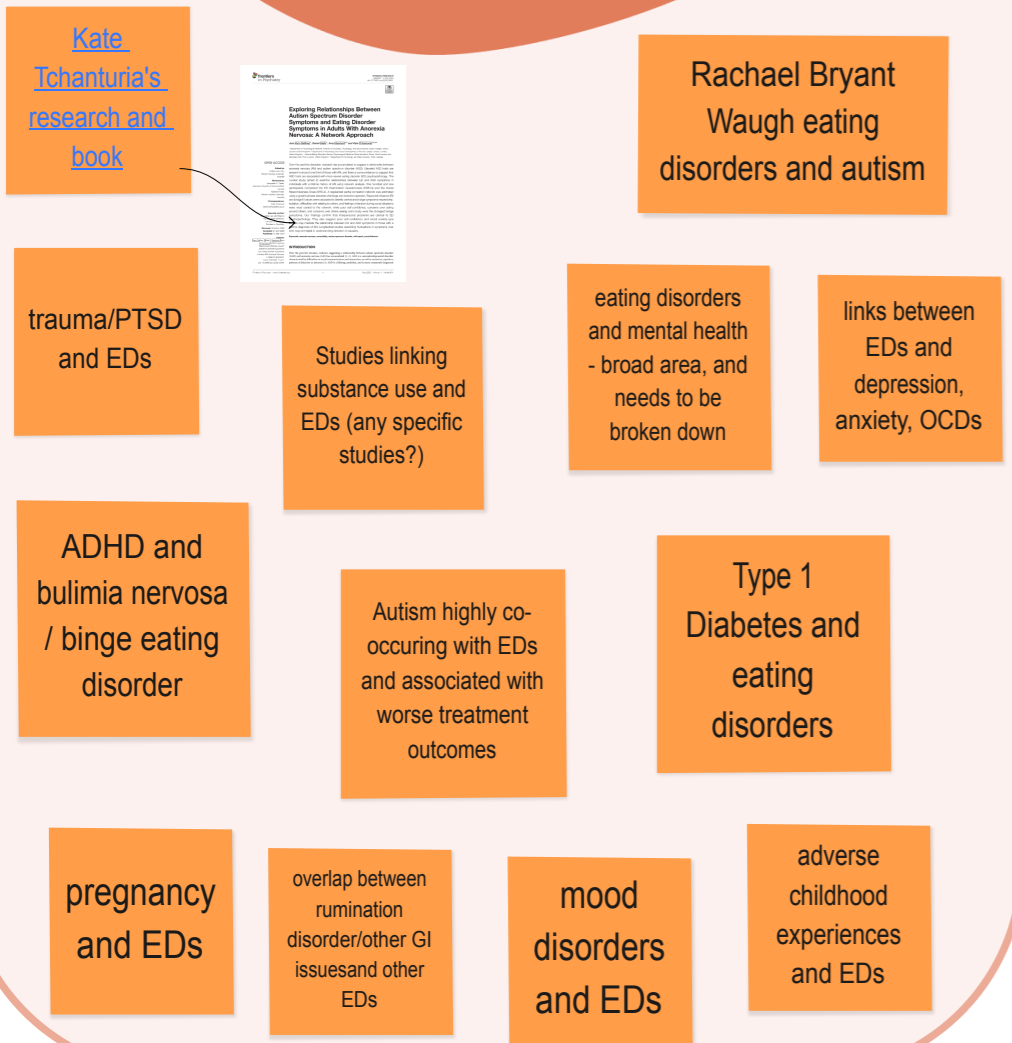
There's lots of variation within rural - e.g., rural midlands versus the islands.

COMORBIDITY

Physical / Psychological / Neurodevelopmental

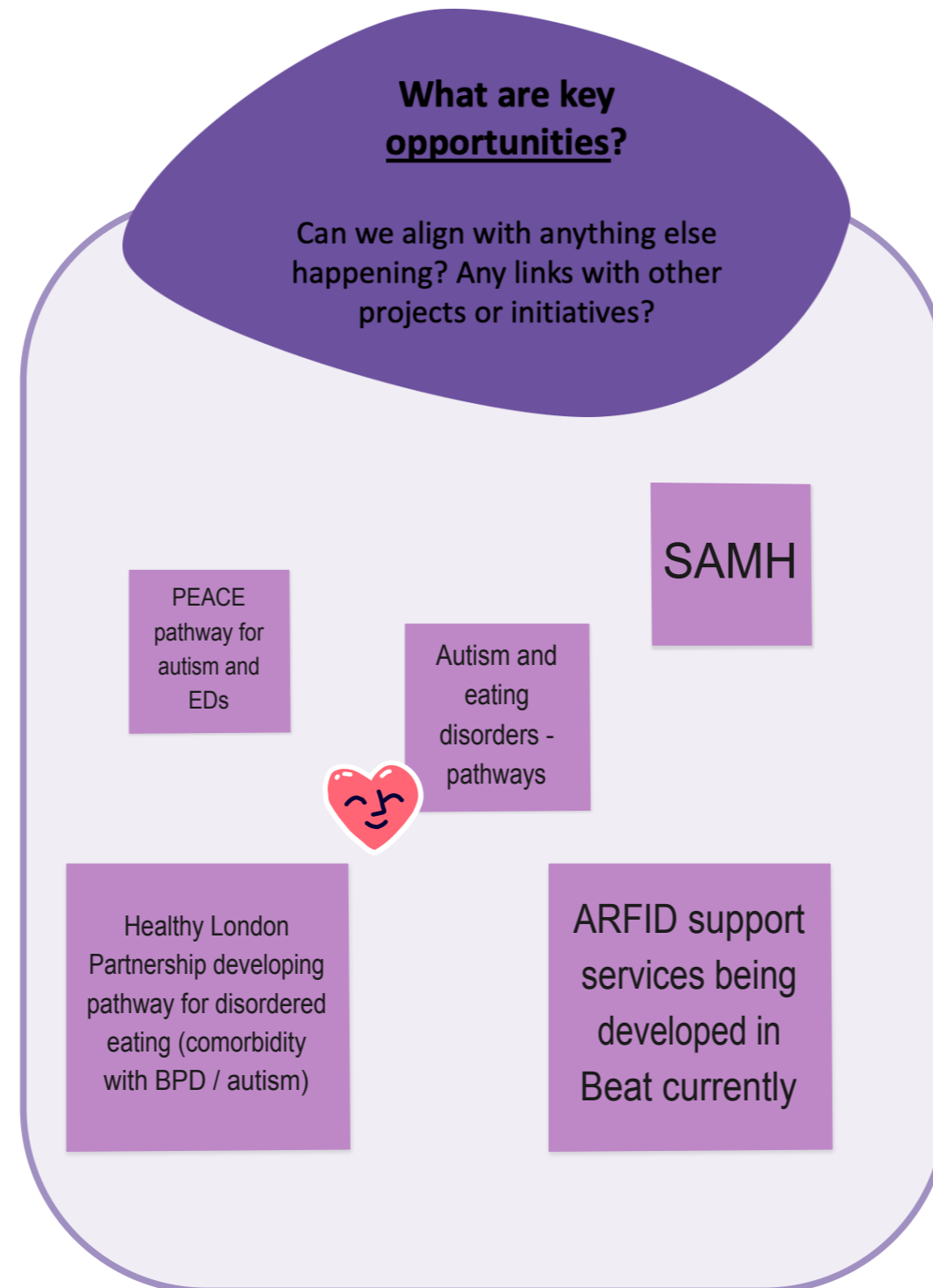
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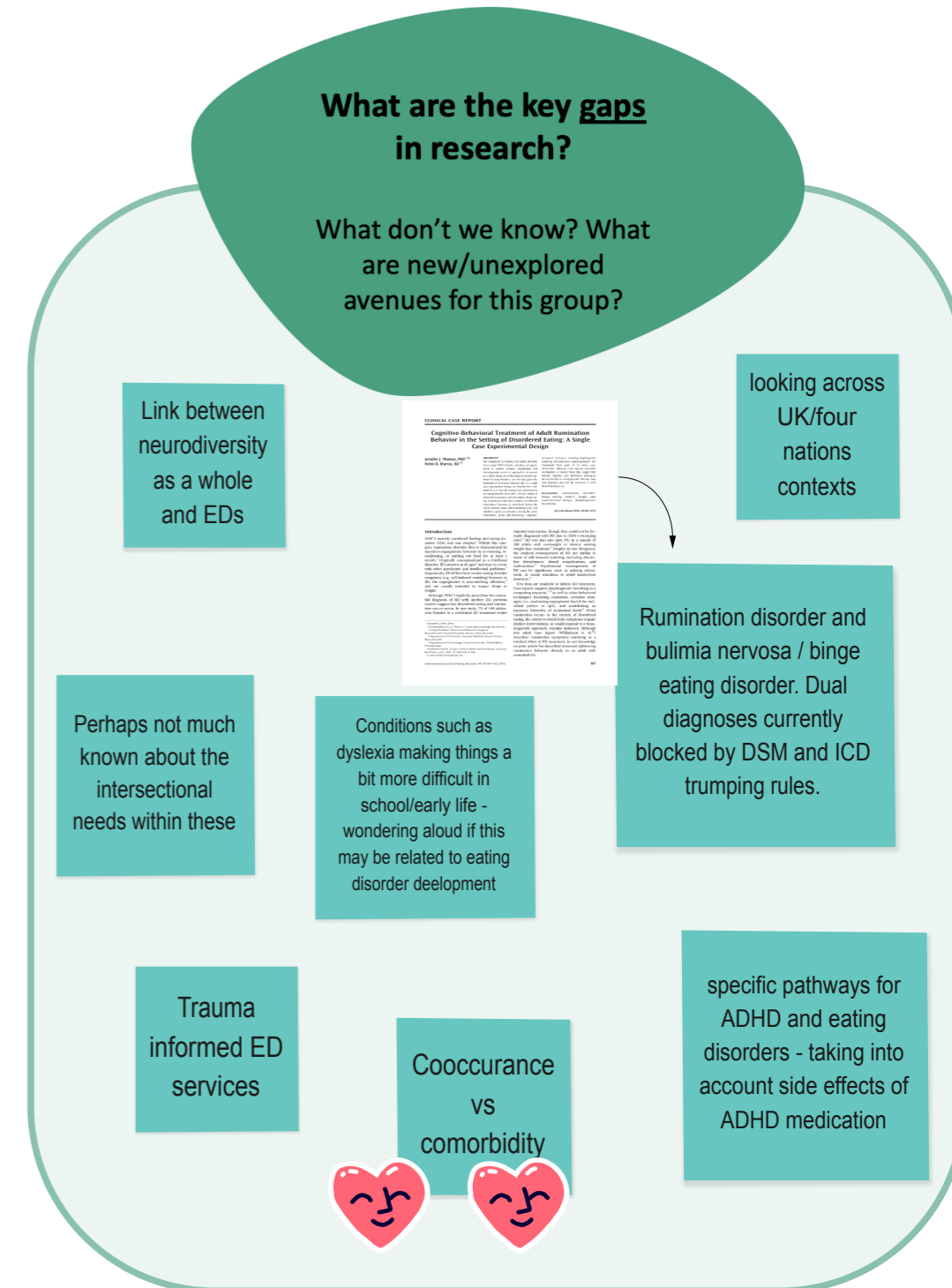
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What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?



ANY OTHER GROUPS/AREAS!

What have we forgotten?

What do we already know?

Are there recent systematic reviews?
What do they conclude? Any other important pieces of research / learning?

Add our ideas on notes like this

Transitions are usually an unhelpful experience

Loneliness is a big issue for young people

Risks of social media



What are key opportunities?

Can we align with anything else happening? Any links with other projects or initiatives?

AHSNs to fund work on evidence and good practice in regards to service transitions

Explore collaboration with UKRI project on digital health (Chris Hollis and Ellen Townsend)

Peer workers can make a difference (big government focus on this area)

Pregnancy and eating disorders

What are the key gaps in research?

What don't we know? What are new/unexplored avenues for this group?

Ability to step-down/transition between services

Service transitions - child and adult

keep asking those with EDs what they think is missing

type of school (boarding school, single-sex etc.)

Seasonality of risk - Scott Griffiths has started to look at this in body image

intersec
tionality

Neurodiversity and autism - effect on eating disorder development and experience of treatment

Effect of university versus home transition and effect on treatment/recovery

Impact of ED on siblings

