

Bringing you the latest news each month from the Newbridge Research Group

## INTRODUCING

### The Research Informer

No-one knows how to treat anorexia nervosa with any certainty. No-one knows who will recover and who will remain ill; no-one knows who will benefit from which treatment or when it should be applied or in which order. It is very unlikely that any new 'magic bullet' will be discovered; rather the answer is most likely to arise at the interface of different treatments or a well thought-out succession of therapies.

These ideas will not come from me or other well-established clinicians; rather, they will come from you, the Newbridge staff. The ideas are likely to be a part of your everyday conversation. 'Would it not be better if we did this instead?' you might say. It is crucial that your ideas are tested and not lost. They should be subject to reflection with colleagues and then audited and finally, if the idea seems good, the gold standard of a random controlled trial that is research. This approach has led to your Occupational Therapy Programme, to Practical Body Image Therapy, to JuniorLeap, to the Self-esteem Groups, and to Teen BodyWise. The CQC has judged you 'outstanding' in part because you audit what you do, repeatedly change it, manualise it and finally subject it to a comparison against a rigorous control. The Research Informer is to inform you what has gone on and is going on. The aim is to fine-tune our therapy and our care such that, one day, we will be able to know which therapy cluster will cure which patient. Keep it up and well done!

**Prof Hubert Lacey**  
Medical Advisor and  
Research Director, Schoen-UK



## How Newbridge is tackling over-exercise in children and adolescents

by Pria Sandhu

Patients with anorexia nervosa (AN) are frequently driven to over-exercise in a compulsive way. Some consider the behaviour to be part of the development of the disorder. Certainly, the disorder seems more entrenched in those who persist in exercising and relapse is more common. For these reasons it is important to develop effective therapies which reduce or eliminate the behaviour.

There are therapies for adults who compulsively over-exercise, but no proven treatment for children or adolescents. Over the years, various staff members at Newbridge have attempted to develop a therapy to help our patients. Junior Leap is the result. It is a seven-session group therapy programme, specifically tailored and adapted for children and adolescents with AN. A recent audit\* published by colleagues at Newbridge House reviewed the efficacy and acceptability of this group.

Thirty-two children and adolescents at Newbridge House were allocated to the group after meeting the entry criteria. They attended weekly sessions of the Junior Leap programme. They completed pre- and post- treatment questionnaires to measure the severity of their symptoms and to determine the effect of the therapy on their exercising. Feedback forms were given out in the final session to assess the acceptability of the group.

Statistical analysis was conducted on the data and results revealed that compulsive exercise and eating disorder pathology significantly reduced following completion of the group. The young people reported and rated each group session as helpful. The authors highlighted the need for further research to assess the effectiveness of the group compared to a control group; please turn over for more details on how Newbridge House have tried to address this in an upcoming research study.

If you would like to read more about this research audit\*, please contact the research team on the email below.

*Please see the glossary on the opposite page for fuller explanation of terms marked with an asterix.*

## Project will explore outcomes for Newbridge's first patients, going back to 2009

by Jenny Hudson

The Research Group are launching a new review of all patient outcomes since Newbridge opened in 2009. The aim is to go back to explore whether treatment at Newbridge has become more effective over time, with many enhancements in treatment and support.

It will create a 'bigger picture' of outcomes with a broader set of results, as traditionally samples have been small, with only around 30 to 40 per cent of patients providing information after they have left Newbridge.

Measures are taken on admission to Newbridge, on discharge and six months after discharge. There is also consideration of length of treatment, weight on admission and distance of the young person's home from Newbridge.

Results have consistently shown that the improvements across all measures in discharge compared with admission are often not maintained by six-month follow-up. This is understood to be a result of wide variations in support once young people leave Newbridge.

Pria Sandhu, Assistant Psychologist, who will be leading the look-back analysis, said: "In theory, because of all the improvements and developments in treatment, we may find treatment is becoming more effective.

"Equally, the young people coming into inpatient care now have increasingly complex needs and difficulties compared with 2009, so this data may tell us something different."

## How do we know what really works? This is what we are doing next with our programme for over-exercise

by Pria Sandhu

You might be thinking after reading about the compulsive exercise group audit, what's next? Well, we are looking to do a Randomised Control Trial (RCT)\* in order to assess the effectiveness of the exercise group. This means that half of the patients will be randomly allocated to the 'Treatment as Usual' group or (TAU)\* and half will be randomly allocated to the treatment group (group and TAU). A RCT allows us to explore the specific effectiveness of the compulsive exercise group. We know our patients reduce or stop over-exercising during the group but we don't know whether it's the therapy itself or the general experience of the all the therapies at Newbridge.

Newbridge is a world leader in this type of group therapy so at this point it is worth mentioning that we have renamed the group from Junior Leap to the new and exciting NEAT (Newbridge Eating-Disorders Activity Treatment).

We will recruit a total of 80 participants for this study (40 in each group). Two questionnaires looking at compulsive exercise and eating disorder psychopathology will be given to both groups at two timeframes; pre and post-NEAT. Statistical analysis\* will be conducted on the data to compare differences between the two groups. We predict that compulsive exercise and eating disorder psychopathology will be reduced for those in the treatment group compared to those in the TAU group.

We are currently in the process of getting NHS ethics approval, which just makes sure all ethical considerations are thought through in preparation for a new piece of research. Once this is done, we will be ready to start data collection, probably in September.

If you would like to learn more about this study, please contact the research team.

### Glossary

**AUDIT** - Designed to find out whether the quality and the objectives of a service or intervention are being met to a particular standard.

**RANDOMISED CONTROL TRIAL** - Is a controlled experiment in which investigators study two or more interventions in a series of individuals who receive them in random order. This type of research design is useful for assessing the effectiveness of a new treatment.

**SIGNIFICANCE** - Includes looking at the statistical probability that a given finding may have occurred by chance alone. Typically, in research we accept findings as being 'significant' if probability is under 5%.

**STATISTICAL ANALYSIS** - The mathematics of the collection, organization, and interpretation of numerical data to discover its underlying causes, patterns, relationships, and trends.

**TREATMENT AS USUAL** - Means that the usual treatment at Newbridge House is given to a group of participants; this includes regular dietetic, nursing, psychological support- to name a few.

The Newbridge Research Group meets once a month and staff of all professional groups are very welcome to attend. You can discuss ideas you may have for research and receive guidance and support for research work. Our next meeting is Wednesday, August 26 at 1pm.



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