

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

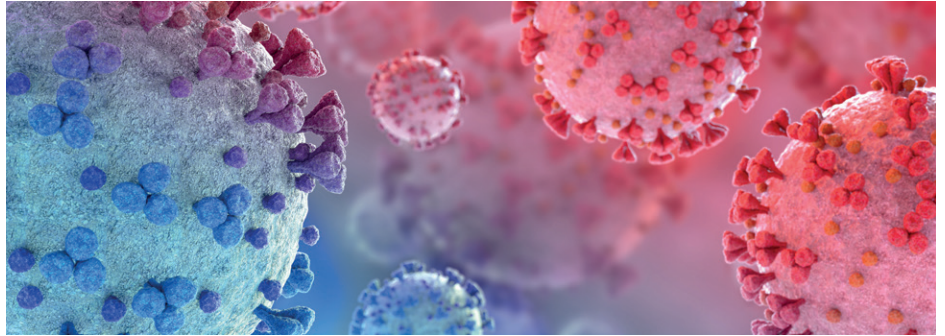
INTRODUCTION

In this third edition, we present a true cross-section of the different parts of the research toolkit. We open with news of Newbridge's involvement in a national research project to investigate Covid and eating disorders: asking what we can learn about the relationship between Covid susceptibility and BMI and what happens when people with eating disorders develop Covid. Currently, we know little about these emerging themes and can only begin to develop some answers through national multi-centre research like this.

We also talk about what we describe as the Randomised Controlled Trial dilemma: when research progresses to a Randomised Controlled Trial, this means some patients will be allocated to a particular treatment programme and others will not (or rather, their participation will be postponed). This is to precisely measure the effect of the programme by comparing patients who have that treatment with a similar cohort who have not. Understandably, some of our staff find it difficult to divide patients in this way, delaying treatment for some. In her article in this issue, Assistant Psychologist Amy Coop confronts this thorny issue and explains why we need to do RCTs.

Equally, another part of the research 'toolkit' is described in an article about a Relaxation Group run by the occupational therapists at Newbridge. Although the group was well tolerated and popular, the team wanted to know – does this work? In this edition, Janet Tighe, who was Lead OT at Newbridge at the time, describes what they did and what it told them. It is a great example of the core principle here: test everything you do; it can be large or small scale, but always test.

Jenny Hudson
Communications Specialist



National study of COVID and eating disorders is launched

by Amy Coop

Dr Tony Winston, Medical Director of Newbridge House, is currently leading a national study on the impact of COVID-19 on those with eating disorders (ED) – the 'EDCOVID Study'. He spoke to Assistant Psychologist Amy Coop about the study.

Can you give me an overview of the study?

Dr Winston: The study is a national database of all patients with ED who develop COVID symptoms. It includes all ages, all ED diagnoses and both suspected and confirmed cases.

What is the study looking at?

Dr Winston: We're looking at what factors, among the ED cohort, make someone more likely to contract COVID-19 and what happens when they develop a COVID infection. We're looking at what interventions they need and whether they recover or not. But we're also asking about presentation. Patients with Anorexia Nervosa (AN) in particular, often don't present typically when they get infections and we think that may be because they don't have the normal vigorous immune response. We're interested to know how many people with ED (and AN in particular) had the typical features of COVID-19. Finally, we're looking to see if we can predict who is going to need treatment and develop severe complications.

Why is the study important?

Dr Winston: At the beginning of the pandemic, many clinicians thought that the

infection and mortality rate among AN patients would be quite high due to their impaired immune systems. But this doesn't seem to have happened. Clinically and anecdotally, most of the ED patients who have developed COVID infections have had a mild illness, even if they were significantly underweight. That fits with existing tentative research evidence that patients with AN are more at risk of bacterial infections but not necessarily viral infections. Additionally, as the pandemic has continued it has become apparent that many of the severe complications of COVID-19 aren't caused by the virus itself but by the body's own inflammatory response. This means that AN patients who have a reduced inflammatory response might potentially be protected.

What do you anticipate the impacts of this study being?

Dr Winston: Short term, we hope it will give us information on how patients with ED respond to COVID infections and how we can identify who is likely to develop severe complications so that we can intervene quicker. Longer term, it will inform us about how patients with ED respond to viral infections in general – an area that's received remarkably little attention. This study could potentially clarify whether AN patients are in fact relatively resistant to viral infections.

Testing our interventions: Relaxation Skills Group

by Janet Tighe

The Relaxation Skills Group was developed to support young people who find it difficult to relax. The group works through a series of themed sessions which allow attendees to learn different strategies to aid relaxation and develop practical skills to use in everyday life.

At Newbridge, we feel it's important to test that our groups are effective and helpful. We need to know that a therapy group is doing what we say it should do. Therefore, an evaluation form was created whereby group members rated how helpful they found each session on a 10 point scale, with '0' being 'not at all helpful' and '10' being 'extremely helpful'. Anonymous written feedback was also obtained after each rotation. Chloe Green, a former Newbridge Occupational Therapist, collated this data to identify any areas for improvement.

The results of the audit* demonstrated that group members generally found the sessions helpful, with the highest average score for a session being 7.9 and the lowest being 6.1. Qualitative* data obtained through additional comments stated young people found the group 'really relaxing'. It was clear from the feedback that many young people benefited from the group. Young people appreciated having something physical to take away, such as a lavender pouch, to assist them in using their relaxation skills in daily life. Sue Edwards, an Occupational Therapy Assistant, has continued to collect feedback and develop the group.

Collecting audit and evaluation data for groups is very helpful and allows us to improve and develop our interventions. The OT team are now sharing the results from this, and other, audits with our Newbridge colleagues and presenting it at conferences.

Randomised Controlled Trials: the tricky dilemma

by Amy Coop

At Newbridge, we feel it's important to test the effectiveness of the therapy we offer and Randomised Controlled Trials* (RCT) are considered to be the 'gold standard' of such research. Understandably, concerns are sometimes raised regarding the ethical position of having a group of patients who do not receive the treatment we are measuring. One such study is the NEAT over-exercise group RCT which has recently commenced at Newbridge.

In an RCT, participants are randomly allocated to either the treatment group (where they would receive the target intervention, such as the NEAT group) or the control group (who receive 'treatment as usual'). It's important to note that treatment as usual does not mean these individuals do not receive any treatment, it simply means that they receive all other aspects of treatment offered except for the intervention being measured.

The control group plays a vital role in RCTs, without this group it is impossible to truly know whether an intervention is effective or not. By utilising a control group, we are able to compare two groups of individuals where the only difference in their treatment is the intervention we are testing. By comparing the results of these two groups on various outcome measures we are able to see whether the intervention tested was effective in altering the desired behaviour. If there are differences in the outcomes of the two groups, we can be confident that the target intervention is the reason for that difference.

Without undertaking RCTs, it's impossible to know whether the treatments that we offer at Newbridge are truly effective. By completing such studies, we are able to say, with confidence, that our treatments reduce eating disorder related behaviours.

Glossary

RANDOMISED CONTROLLED TRIAL: - 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.

NEAT: - Newbridge Eating Disorders Activity Treatment, a group designed for individuals who have compulsions to over-exercise.

PBI: - Practical Body Image, a 1:1 intervention designed at Newbridge to help those with negative body image.

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

QUALITATIVE: - Non-numerical data, often in the form of interviews which are transcribed and analysed, or written feedback.

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, October 21st at 1pm.



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