

Alternative community-based models of care for young people with anorexia nervosa: the CostED national surveillance study

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Plain English summary

The CostED national surveillance study

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Plain English summary

Previous research suggests that providing specialist eating disorders services for young people with anorexia nervosa could improve their outcomes and save money for the NHS by reducing the number of young people who are admitted to hospital and the length of time young people spend in hospital if they are admitted.

The aim of this study was to calculate the cost of supporting young people with anorexia nervosa who are being treated in two different types of community services: specialist eating disorders services and general child and adolescent mental health services (CAMHS). The study also investigated whether or not specialist services are better value for money than CAMHS and would save the NHS money.

The study identified young people with anorexia nervosa by contacting all child and adolescent psychiatrists in the UK and Republic of Ireland once per month for 8 months and asking them to inform the study if they had a new case of anorexia nervosa.

These psychiatrists gave us information on 298 young people (aged 8–17 years) who had a diagnosis of anorexia nervosa for the first time. These psychiatrists were asked to provide information on how these young people were doing when they were first diagnosed and then 6 months and 1 year later. The study also asked what health services the young people used during that year.

Young people in specialist services were found to be more severely ill than those in CAMHS when they were first diagnosed. Despite this, care for young people in specialist services cost about the same as care for those who were diagnosed in general CAMHS, and their outcomes after 1 year were also similar. This work showed that specialist services may be better value for money than general CAMHS, but it did not show that providing more specialist services would save money for the NHS. Decisions about how to organise services could, therefore, take other factors into consideration, such as the preferences of patients and carers.

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