



Healthcare  
Improvement  
Scotland

# **An Equality Impact Assessment of**

**SIGN guideline: Eating Disorders**

**20/08/2020**

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## 1. Introduction

Healthcare Improvement Scotland is required to assess the impact of applying a proposed new or revised policy, against the needs of the general equality duty, namely the duty to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it

The relevant protected characteristics are:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation
- marriage and civil partnership (relates to the elimination of discrimination only)

The recommendations made in this report seek to improve equality and to help meet the specific needs of people with the relevant protected characteristics, where possible.

Our impact assessments also consider if the SIGN guideline on Eating Disorders has the potential to impact on health inequalities.

Health inequalities are disparities in health outcomes between individuals or groups. Health inequalities arise because of inequalities in society, in the conditions in which people are born, grow, live, work, and age.

Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individuals' circumstances and behaviours, such as their diet and how much they drink, smoke or exercise; and income levels.

The potential impact of the SIGN guideline on Eating Disorders on an individual's human rights has also been considered.

Giving due regard to these factors is also intended to help Healthcare Improvement Scotland to meet its duties under the Fairer Scotland Duty, which requires public bodies to reduce inequalities of outcome caused by socioeconomic disadvantage.

## **2. Aim/Purpose of the SIGN guideline on Eating Disorders**

To develop an evidence-based guideline on the most appropriate management of people with eating disorders, which will inform a restructure of services to reduce variation in practice across NHS Scotland.

In doing so, the guideline seeks to reduce the risk of inequalities in the protected groups discussed in section 3.

## **3. Assessment of impact**

To determine key areas of interest to people with lived experience of eating disorders, their family and carers SIGN conducted a literature search, surveyed patient organisations and held a focus group with patients and carers. The results of this research, along with information provided on the SIGN guideline topic proposal form have been used to inform the EQIA.

It is expected that the implementation of evidence-based guidance on eating disorders should improve access to services and care for people in Scotland who have an eating disorder. To ensure the guideline is appropriate and can be tailored to individualised care, the evidence review and decision making on recommendations need to take account of the following factors:

### **Age**

Symptoms of eating disorders are first recognised in people under the age of 16 in approximately 60% of cases. This can lead to severe disruption in education and subsequently employment. There is a risk of a break in care when patients have to transfer from paediatric to adult services, or between health boards (eg if moving house or going away to university).<sup>1</sup>

### **Beliefs, religion and cultural values**

Cultural values and beliefs need to be taken into consideration when providing treatment. A high prevalence of eating disorders associated with people from minority ethnic backgrounds was reported in a study of a community in South East London.<sup>2</sup> Other UK-

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<sup>1</sup> Beat. The costs of eating disorders: social, health and economic impacts. London: PriceWaterhouseCoopers LLP,; 2015. [cited 01 Mar 20]. Available from url: <https://www.beateatingdisorders.org.uk/uploads/documents/2017/10/the-costs-of-eating-disorders-final-original.pdf>

<sup>2</sup> Solmi F, Hatch S, Hotopf M, Treasure J, Micali N. Prevalence and correlates of disordered eating in a general population sample: The South East London Community Health (SELCoH) study. *Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services* 2014;49(8):1335-46.

based studies have reported lower referral rates and that people with minority ethnic backgrounds are less likely to seek treatment than British white people.<sup>3,4</sup>

Patients who are vegan may object to the feeding preparations for those requiring emergency treatment for starvation.

### **Disability**

Eating disorders are associated with many psychiatric co-morbidities, such as mood disorders, autism spectrum disorder, personality disorder.

### **Gender reassignment/LGBTQ**

A high proportion of people seeking gender reassignment have an eating disorder. The underlying causes of the disorder for people seeking gender reassignment, or people who are LGBTQ, may differ and may impact on how to tailor treatment to their needs. LGBTQ issues were highlighted as a key area of interest in the focus group.

### **Pregnancy and maternity**

Changing body shape and weight gain during and immediately after pregnancy can have an impact on a woman's eating disorder.<sup>5</sup> Women with an eating disorder may need additional pre and post partum care for physical and mental health.

Others may experience infertility due to their eating disorder.

Issues around maternity were highlighted as a key area of interest in the focus group.

### **Sex**

Eating disorders have traditionally been seen as a condition which affects females. The prevalence amongst men is increasing. Consideration needs to be given to whether treatment approaches for females are as effective for males, or whether the underlying causes of the disorder are different.

## **4. Recommendations for change**

The following actions are recommended:

1. Include a key question on transition of care from paediatric to adult services, or from one health board to another.
2. Include separate research questions for young people and adults.
3. Produce a patient booklet and/or video for the guideline specifically for young people.

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<sup>3</sup> Chowbey P, Salway S, Ismail M. Influences on diagnosis and treatment of eating disorders among minority ethnic people in the UK. *Journal of Public Mental Health* 2012;11(2):54-64.

<sup>4</sup> Sinha S, Warfa N. Treatment of eating disorders among ethnic minorities in western settings: a systematic review. *Psychiatria Danubina* 2013;25 Suppl 2:S295-9.

<sup>5</sup> Tierney, S., et al. (2013). "What can qualitative studies tell us about the experiences of women who are pregnant that have an eating disorder?" *Midwifery* 29(5): 542-549.

4. To encourage individualised care, beliefs, cultural values and/or co-morbidities need to be considered when reviewing the evidence and forming recommendations with respect to the benefits/harms of a treatment, and the acceptability of the treatment to the patient.
5. Include specific key questions around the support needs of women with eating disorders who are pregnant.
6. Include a key question on the specific needs of people who are LGBTQ and have eating disorders.
7. Include a key question on therapies specifically for people who identify as male.

## **5. Monitoring and review**

The guideline will be subject to peer review and editorial. It will be reviewed in three years for new evidence which may impact on the existing recommendations.

## **6 Who carried out the impact assessment**

The impact assessment of SIGN guideline on Eating Disorders was carried out by Ailsa Stein, Karen Graham, and Carolyn Sleith.

**EQIA completed by** – Ailsa Stein

**EQIA reviewed by** – Roberta James

## **7. Contact Information**

If you have any comments or questions about this report, or if you would like us to consider producing this report in an alternative format, please contact:

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