Research Focus
Profile: The King’s College London unit tackling eating disorders

Today, the Eating Disorders Unit at the Maudsley Hospital and the Institute of Psychiatry at King’s College London is renowned worldwide. But in 1993, it came within a hair’s breadth of closure. Gerald Russell, founder of the unit, and emeritus professor at the Institute, was due to retire with the doors closing for good behind him. He spent the last 6 months of his professional life battling on behalf of the unit. “I only succeeded by the skin of my teeth. I shudder to think of it”, he recounts.

At the time, the authorities said that there was nobody to follow Russell. He was unique. “How flattering, but how wrong they were, I had Janet Treasure and Ulrike Schmidt in my wake.”

Today, Treasure is director of the Eating Disorders Unit, and Ulrike Schmidt is Head of Section of Eating Disorders. The unit serves a local population of 2 million and accepts specialist referrals from across the UK.

Shortly after setting up the unit, Russell published his seminal paper on bulimia nervosa in 1979, indeed he coined the term for the disorder. “Describing bulimia nervosa was the most significant change in understanding of eating disorders in the past 50 years...I showed that these illnesses were disorders as opposed to diseases because they changed in response to sociocultural factors.”

With a team of family therapists, Russell instigated a pattern of research and clinical activity involving patients’ family members that has formed the bedrock of the group’s practice ever since. In 1987, Russell published his paper on family therapy, which actively involved family members in care of the patient. It is now internationally recognised as the Maudsley Approach, and is incorporated into National Institute for Health and Clinical Excellence guidelines for the treatment of adolescents with anorexia nervosa. The family therapy approach also extends to adults as well as adolescents, albeit modified. Treasure and her team have developed skills-based workshops for families of adults, known as the New Maudsley Approach, and a web-based intervention called Overcoming Anorexia Online based on cognitive behavioural therapy.

Among the various avenues of research at the Institute, brain imaging has advanced understanding that anorexia nervosa is a disorder of the brain. Treasure explains that in anorexic patients, imaging lights up regions relating to emotion such as fear when food is anticipated, and reward in binge-eating disorder.

Other recent research work into psychological vulnerabilities in anorexia nervosa, has looked at automatic bias for certain facial expressions. “People with eating disorders spend more time looking at nasty ones and less looking at more positive expressions. This is more commonly seen in patients with anxiety”, Treasure reports. The way carers and their reactions to patients can influence outcomes is currently being studied in centres UK-wide.

Schmidt leads the large outpatient service of the unit and works with adults across the diagnostic spectrum. The unit has developed a range of individual and group psychological therapies, including cognitive behavioural and self-care approaches for bulimic patients using treatment manuals and online interventions. She says that by contrast with anorexia nervosa, which is a highly visible disorder, where families are very involved, bulimic disorders are often a shameful secret for the person, and sufferers find it very hard to ask for and access help. “Being able to offer them self-directed treatments is often a really important first step in treatment and sometimes a sufficient treatment in itself.”

However, Schmidt is quick to point out that treatment outcomes for adults with anorexia are far from optimum and that working with the individual is as important as involving the family. The King’s unit is proactive in developing individual psychotherapies. Currently, Schmidt is leading a large outpatient trial of the Maudsley Model for treatment of anorexia in adults, a treatment tailored to the individual psychological traits of these patients who are often anxious and obsessional.

In the future, Schmidt believes treatment methods will utilise understanding of the neural basis of eating disorders. “We are now in the position to test brain-directed adjuncts to classical talking therapies for eating disorders, such as non-invasive repetitive transcranial magnetic stimulation, fMRI neurofeedback, and computer-based attention bias modification often used in anxiety disorders. This is an active focus of research for us.”

John Morgan, head of Eating Disorder Research at St George’s University of London, says the unit combines clinical services with a strong commitment to research. “The team at King’s College robustly pursue evidence-based research and then apply the same principles in the treatment of some of the most severe cases of eating disorders. The importance of commitment to research as well as clinical treatment has never been greater, nor more threatened in a cash-strapped health economy.”

After the threat of closure in 1993, the unit has come back with passion. Both Schmidt and Treasure emphasise that success is largely due to some 50 clinical and research staff. “All are passionate about their work and all of our intervention development involves an iterative process from research to practice and back involving close collaboration.”

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