Support for eating difficulties in NHS Complications of Excess Weight Clinics: A Service Evaluation

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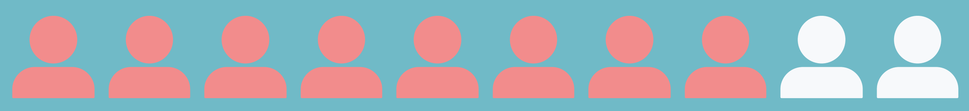
Background



~80% of children and young people seeking support for weight management are **experiencing some form of eating difficulty.** (1)

If unaddressed, this may **escalate to clinical eating disorder** diagnoses. (2)

The NHS England Complications of Excess Weight (CEW) pilot programme delivers multidisciplinary support — **medical, dietetic, psychological, social, and physical activity** — to children and young people living with **severe obesity and complications.**

Methods

This poster presents part of a service evaluation exploring provision of support for eating difficulties in one CEW service (LBU ethical approval: 136630)

Public and patient involvement involved in design, methods, and analysis.

= Semi-structured interviews with staff in multidisciplinary team delivering support (n=4) + Semi-structured interview with young person and caregiver receiving support (n=1)* → Triangulation and reflexive thematic analysis

*To protect anonymity of the participant, views of the PPI group were included in analysis (n= 5 families)

Results

Theme 1

Holistic care is possible, but difficult to sustain

- Strong MDT collaboration supported **consistent, compassionate care**
- Clinicians **moved away from weight-centric approaches**
- **BMI-focused outcomes** and funding pressures created tension

Young person and caregiver

"Clinicians [who are] **on the journey with you** all the way"

MDT staff

"It feels a little bit disingenuous… because **ultimately we're trying to get these kids to lose weight**"

Theme 2

Existing assessment tools do not fit this population

- **Screening tools were used flexibly**, not diagnostically
- Language often required **adaption and contextualisation**
- **Face-to-face delivery** was considered essential

Young person and caregiver

"[The tool was] quite hard work and **very emotional**"

MDT staff

"I have to do **a lot of prefacing** when I'm talking to someone, I have to actually say **this isn't developed for this population**"

Theme 3

Support pathways are still emerging

- Care was **highly individualised** and formulation-led
- **Neurodiversity, previous stigma, and family dynamics** shaped support
- Staff **adapted resources** in the absence of tailored guidance

Young person and caregiver

"There **wasn't any meaningful help until we got this referral**"

MDT staff

"We try to obviously **make our own that fits for our population**, but we very much **use what is already out there** as well, especially if it's got evidence behind it"

Theme 4

Eating difficulties overlooked in higher weight

- CYP often **fell between external obesity and ED services**
- Restrictive/ binge-type behaviours were at risk of being **under-recognised**
- Introduction of **GLP-1 medications introduced clinical uncertainty** around eating behaviours

MDT staff

"[Disordered eating] can be **masked**.. within a weight management service, it almost provides a context that **normalises… these behaviours**, when actually they may be… **a red flag**"

Children and young people living with higher body weight and eating difficulties occupy a clinically underserved space. Flexible, formulation-led MDT care was valued by families, but existing tools, pathways and outcome frameworks were often poorly aligned to their needs

Take home messages

1. **Families felt well supported in the CEW clinic**
   The challenges staff navigated were largely invisible to the families they served
2. **Across the literature, evidence is limited**
   Beyond CEW, validated tools and pathways for CYP with higher weight and eating difficulties are scarce
3. **The CEW clinic filled a critical gap in services**
   Weight management and eating disorder services often exclude this group without CEW

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