Consultation Comments Table

Guidance on Recognising and Managing Medical Emergencies in Eating Disorders (replacing MaRSiPAN and Junior MaRSiPAN)

Please submit comments to: <u>Joanna.Popis@rcpsych.ac.uk</u> by **5 p.m., Monday 20 September 2021**. Thank you for your time and consideration.

Your name: Barry Murphy

Your organisation: Bodywhys - Eating Disorders Association of Ireland

Your email address: research@bodywhys.ie

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Report	5.2.1	16	I disagree and suggest looking at the following research which indicates XYZ. In practice, this is what happens and XYZ needs to be considered.
		38 59 71	The document refers to 'autism spectrum disorder' (ASD) in 3 instances. It's positive to see this connection to eating disorders included, given the co-morbidity is 20-30% and work from groups such as the Peace Pathway and Prof. Kate Tchanturia et al.
			I would flag however that ASD is less favoured amongst the autistic community. I appreciate they don't all speak with one voice and some are OK with ASD. However, they tend to prefer identity first language e.g. 'autistic' or 'autistic person' rather than person first e.g. 'person with autism'. If you're keen to avoid a swift social media backlash I would advise using 'autistic' or 'autism' and drop reference to 'spectrum' and 'disorder' as they do not consider themselves 'disordered'.
			NICE's autism guidelines were updated in June 2021 to the following: We added new recommendations in section 1.7 to highlight the need for assessment and referral for

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			children and young people with feeding problems and restricted diets. We also changed 'children and young people with autism' to 'autistic children and young people', and 'symptoms of autism' to 'features of autism' to align with current terminology. https://www.nice.org.uk/guidance/cg170/chapter/Update-information

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