ECHO: Inpatient treatment of Eating Disorders.

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March 14, 2019
Objectives

* When to refer a patient for inpatient treatment

* What we do inpatient
When to refer

* Significant impairment in functioning
* 4 weeks of continued effort but decline
* Medical instability
* Suicidal ideation/escalating self harm /substance use
* Worrisome purging
Advantages to inpatient

- Controlled environment (bathroom restrictions, forced meal and snack times)
- Access to mental health professionals
- Support of peers
- Medical monitoring of refeeding
- Access to psychiatry, psychology, dietary, nursing
- Safety
What we do

- Help patients eat 😊 (including NG)
- Monitor weight restoration and medical status, limit exercise, prevent purging
- Monitor safety
- Coordinate aftercare
Weight Restoration

- Initial weight range is set
- “I just want to gain muscle”
- Inpatient: 3.5 lbs/week
- Outpatient: 2 lbs/week
- Calories: 1800 initially, increase by 300 every other day to 4200-4500
- “Underfeeding” syndrome

Garber et al. (2012). Journal of Adolescent Health
Indicators of Adequate Weight restoration

- **Biomarkers** (resumption of menses, estradiol level, bone density)
- **Behaviors** (normalized eating, resumption of activities)
- **Psychologic status** (mood, thoughts)
- **Previous BMI percentile curve**
- **Pelvic Ultrasounds**

* Allen et al. (2010). *Eur Eat Disorders Rev* 18:43
Local Utah/CO facilities

* Center for Change (all levels of care, inpatient/RTC is women only)
* Avalon Hills (residential, women only)
* Eating Recovery Center (Denver) all levels of care and can take men
Case 1.
- Normalize diet (no “good/bad foods” no “off-limit foods”)

- 3 meals, 2 snacks,

- Mindful eating

- Include 1-2 desserts daily

- Food/emotion logs

- CBT-E (augmentation with DBT skills can be helpful)