

"All of these people suffer from a serious, life-threatening Eating Disorder."

ECHO: Inpatient treatment of Eating Disorders

Kristin Francis, MD 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

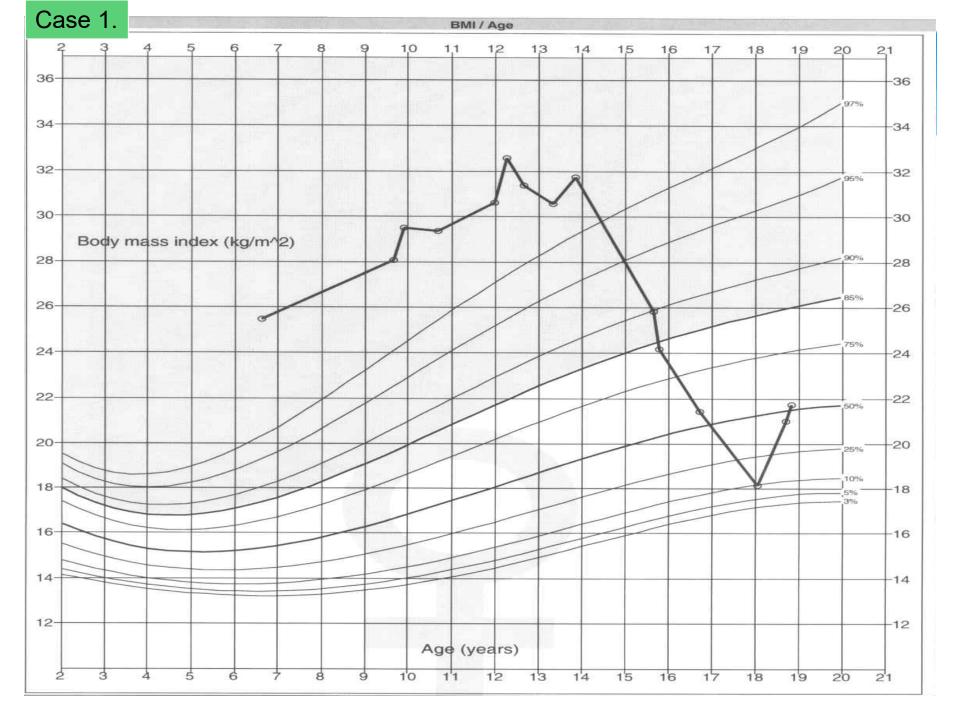
- Biomarkers (resumption of menses, estradiol level, bone density)
- * Behaviors (normalized eating, resumption of activities)
- * Psychologic status (mood, thoughts)
- * Previous BMI percentile curve
- * Pelvic Ultrasounds*

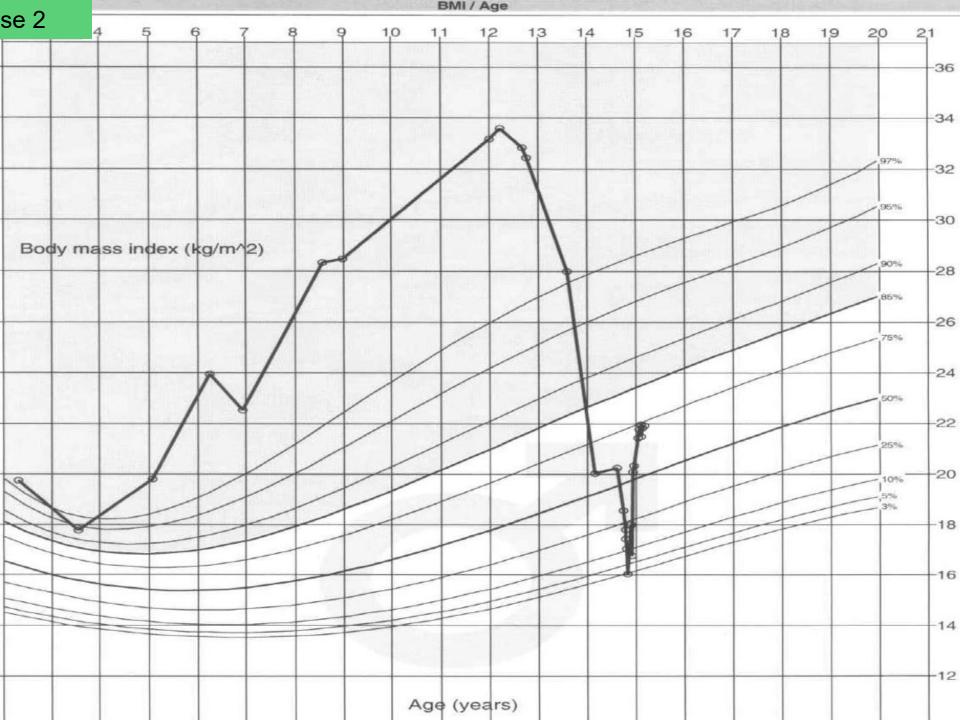


* Allen et al. (2010). Eur Eat Disorders Rev 18:43

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





Bulimia Nervosa and Binge Eating Disorder

- * 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)