



Introduction and Aim

Treatment of severe eating disorders requires detailed risk assessment. Some patients need admission but the majority can be community treated. Online treatment is an option.

3. Treating eating disorders during the pandemic

At Orri intensive day care was established with individual assessment, supported meals and individual, group and family therapy, all delivered online. Physical monitoring was sometimes local. Outcome measures included BMI in underweight patients and measures of eating disorder and general psychological symptoms in all patients. ANOVA demonstrated significant improvement over the course of treatment but there was no significant difference in outcome between online or face to face treatment.

Methods and Materials

1. MEED, Medical Emergencies in Eating Disorders, was developed in the UK and launched in May 2021. It gives a detailed risk assessment. 2. Day care for eating disorders appears to be as effective as inpatient care. 3. Online care was developed during the pandemic and if intensive seems to be as effective as face to face treatment.

Discussion

Modern treatment for eating disorders includes detailed risk assessment, community care for the majority and online care remains an effective alternative. Only very few patients require admission and this should be for the shortest possible time.

Results

1. EDs: Who needs admission to hospital?

a. Principle

Reserve admission for those patients at high risk of death.

What are life threatening complications of EDs?

a. Is there an evidence-based way to make a risk assessment?

MEED: Medical Emergencies in Eating Disorders

Risks can be RED, AMBER or GREEN

RED RISKS

Weight/BMI:

Rapid weight loss

Very low body weight

Low pulse, BP. Large postural BP drop

Severe dehydration

Hypothermia

Muscle weakness

Other clinical disease

ECG and biochemical abnormalities

Low glucose

Very low food intake.

Poor engagement with treatment

Frequent purging

Self-harm, suicidal.

Use MEED to help decision on whether the risk is so high that admission is required.

2. Treating severe eating disorders in the community

Intensive day care (DP) involves supported meals and dietetic, individual, group and family therapy. The main difference from inpatient (IP) treatment is that the patient sleeps at home and usually does not come into the clinic at weekends. In adolescents this approach has been found to be effective in AN, whether or not hospital admission was included. In BN, outcomes for DP and IP treatments were not significantly different. Moreover, DP has been found to improve outcomes more than outpatient treatment. There is no RCT for adult patients, but outcome studies of day care in adults at the Orri clinic has shown good results with few admissions. Hence, in the present state of knowledge, it is appropriate to recommend community care for patients with EDs as long as risk assessment does not indicate the need for hospitalization.

Conclusions

Keywords