ECHO IDAHO

Behavioral Health in Primary Care

Levels of Care in the Treatment of Eating Disorders

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Project ECHO

Learning Objectives

- Review options for higher levels of care
- Discuss clinical characteristics that indicate need for higher levels of care
- Understand risk factors for refeeding syndrome
- Discuss challenges with access and patient engagement

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Levels of Care

- Outpatient
- Virtual care
- Day treatment
  - Intensive outpatient (IOP)
  - Partial hospitalization (PHP)
- Residential treatment (RTC)
- Inpatient
- Specialized Intensive Care

Outpatient care

- Medically stable
- No active suicidality
- Weight >85% healthy body weight **
- Motivation: fair to good
- Supervision with meals: not necessary
- Compulsive exercise: able to decrease
- Purging: can reduce in an unstructured setting
- Support at home
- Lives near treatment providers
- Making progress

Intensive Outpatient (IOP)

- Medically stable
- No active suicidality
- Weight >80% **
- Motivation: fair
- Supervision: not needed with all meals
- Compulsive exercise: needs some external structure
- Purging: can reduce incidents in unstructured setting
- Support and structure at home
- Proximity to treatment setting

Partial Hospitalization (PHP)

- Medically stable
- No active suicidality
- Weight >80% **
- Motivation: partial, cooperative, intrusive repetitive thoughts <4 hours per day
- Needs some structure to gain weight
- Compulsive exercise: needs some structure
- Purging: can decrease
- Support: at least some at home
- Proximity to treatment

Residential treatment (RTC)

- Medical: needs monitoring but not multiple daily labs or NG tube
- Suicidality: depending on level of risk
- Weight <80% **
- Motivation: poor to fair, intrusive thoughts > 4 h/day, cooperative with highly structured treatment
- Supervision: required at all meals
- Compulsive exercise: needs external structure
- Purging: can ask for and use support from others or use cognitive and behavioral skills to inhibit purging
- Support: not present
- Does not live near treatment resources

Inpatient Hospitalization

- Medically unstable
- Suicidality: specific plan with high lethality or intent
- Weight <85% OR acute weight decline OR food refusal
- Motivation: very poor to poor, repetitive intrusive thoughts, uncooperative with treatment
- Comorbidity (mental health, physical health)
- Supervision: needed during and after all meals, or NG feeds
- Compulsive exercise: needs external structure
- Purging: needs supervision during and after all meals and in bathrooms
- Support not present at home
- Does not live near treatment resources

Virtual Care

- Currently in Idaho: Equip, Montenido, Charlie Health, Center for Change
- Most programs identify as Virtual IOP
- Equip includes patients who would qualify for IOP, PHP, or RTC (but must be medically stable)

Medically Unstable

- Vitals
- Electrolytes
- Comorbid conditions
  - diabetes
  - substance abuse
  - purging, laxatives
- Acute food or fluid refusal
- Suicidality

TABLE 6. One or more factors supporting medical hospitalization or hospitalization on a specialized eating disorder unit

	Adults	Adolescents (12–19 years)
Heart rate	<50 bpm	<50 bpm
Orthostatic change in heart rate	Sustained increase of >30 bpm	Sustained increase of >40 bpm
Blood pressure	<90/60 mmHg	<90/45 mmHg
Orthostatic blood pressure	>20 mmHg drop in sBP	>20 mmHg drop in sBP
Glucose	<60 mg/dL	<60 mg/dL
Potassium	Hypokalemia[1]	Hypokalemia[1]
Sodium	Hyponatremia[1]	Hyponatremia[1]
Phosphate	Hypophosphatemia[1]	Hypophosphatemia[1]
Magnesium	Hypomagnesemia[1]	Hypomagnesemia[1]
Temperature	<36°C (<96.8°F)	<36°C (<96.8°F)
BMI	<15	<75% of median BMI for age and sex
Rapidity of weight change	>10% weight loss in 6 months or >20% weight loss in 1 year	>10% weight loss in 6 months or >20% weight loss in 1 year
Compensatory behaviors	Occur frequently and have either caused serious physiological consequences or not responded to treatment at lower level of care	Occur frequently and have either caused serious physiological consequences or not responded to treatment at lower level of care
ECG	Prolonged QTc >450 or other significant ECG abnormalities	Prolonged QTc >450 or other significant ECG abnormalities
Other conditions	Acute medical complications of malnutrition (e.g., seizures, syncope, cardiac failure, pancreatitis)	Acute medical complications of malnutrition (e.g., seizures, syncope, cardiac failure, pancreatitis), arrested growth and development

Note. BMI=body mass index; bpm=beats per minute; ECG=electrocardiogram; sBP=systolic blood pressure.
[1]Reference ranges for potassium, sodium, phosphate, and magnesium and numerical thresholds for values that determine hypokalemia, hyponatremia, hypophosphatemia, and hypomagnesemia depend upon the clinical laboratory.

Refeeding Syndrome

- Hypophosphatemia
- Cardiac: arrhythmia, congestive heart failure
- Hepatic: refeeding hepatitis
- Encephalopathy (Wernicke's – think thiamine)
- Peripheral and pulmonary edema, congestive heart failure
- Respiratory failure
- Tissue hypoxia
- Multiorgan system dysfunction and death

Risk factors for refeeding syndrome

any one of these:

- BMI <16 OR weight loss >15% in past 6 months
- little or no nutritional intake for >10 days
- low K, Phos, Mg at admission

OR two of these:

- BMI <18.5
- weight loss >10% in 6 months
- little or no nutritional intake for >5 days
- history of alcohol or drug abuse
- abuse of insulin, medications, antacids, or diuretics

Challenges with Access

- Cost of care
- Limits on insurance networks
- Prior authorization
- Patient or parent willingness
- Distance
- Role for local hospitalization

Case 1

15 yo

food and water refusal X 3 days

Case 2:

54 yo

Medical:

- Very orthostatic, BP 92/62, HR 108
- Labs: Phos 0.8, K 3.4
- Purging 6 times a day

Case 3

19 yo

Multiple prior admissions to higher levels of care

Medical: vitals OK (106/70, HR 59, temp 98.4). Labs OK.

Suicidality: worsening depression, not actively suicidal

Weight: stable X 6 months (BMI 22.2)

Intake 1-2 meals per day (?30-40%) and slowly decreasing

No purging

Support: lives with roommates, mom in town and supportive

References

- American Psychiatric Association Practice Guideline for the Treatment of Patients with Eating Disorders, 1 February 2023

  https://psychiatryonline.org/doi/epdf/10.1176/appi.books.9780890424865.eatingdisorder03

- National Institute for Clinical Excellence Guidelines for Management of Refeeding Syndrome
- ASPEN characteristics of protein/calorie malnutrition

Please feel free to reach out

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