



POSITION STATEMENT:

INPATIENT SERVICES FOR EATING DISORDERS

While many patients with an eating disorder can be treated effectively as outpatients, ANZAED takes the position that there is a continued need for specialist inpatient services for those with severe illness.

ANZAED endorses the RANZCP guidelines for specialist inpatient care and indications for admission (see Appendix). These are in accord with international guidelines and are premised on the consensus that treatment of a severe eating disorder is complex and requires multidisciplinary specialist medical, nutritional, nursing and psychological care.

In addition ANZAED endorses the following principle:

The inpatient ward environment is very important to a successful outcome. Patients (and their families) may suffer psychological trauma when treated in inappropriate settings. There are well-recognized problems and risks with:

- Managing patients in high security psychiatric units where the medical difficulties of eating disorder patients can be overlooked and where their needs may be placed at a lower priority than patients who have greater behavioural disturbance
- Mixing adolescents with adults suffering acute psychoses, the latter who may have severe behavioural disturbance
- Management by professionals unfamiliar with current management and/or the potential for adverse effects of excessively punitive and coercive approaches

Access to such hospital care for people with eating disorders is widely variable across Australia and New Zealand, with some regions having no such services. ANZAED accepts an important role as the leading bi-national professional organisation in the area to work for improved services and care and redress this current situation.

Appendix

References:

American Psychiatric Association. (2000). Practice guidelines for the treatment of patients with eating disorders (Revision). *American Journal Psychiatry*, 157 Suppl., 1-39.

RANZCP Clinical Practice Guidelines Team for Anorexia Nervosa. Australian and New Zealand clinical practice guidelines for the treatment of anorexia nervosa. *Aust N Z J Psychiatry* 2004; 38:659-670.

RANZCP Guideline 1 Treatment setting: For patients with anorexia nervosa which is not so severe to require in-patient treatment (e.g. where the risk of death from suicide or physical effects is high) out-patient or day-patient treatment may be suitable, but this decision will depend on availability of such services. The following are indications for admission adapted from the APA guidelines (2000):

Physical state - *adults:* heart rate (HR) <40 min, blood pressure (BP) <90/60mm, potassium <3, other electrolyte imbalance, temp <36°C and/or body mass index (weight kg/height m²) <14; *children:* HR <50 min, orthostatic changes: <20/min increase, HR >20mm drop in BP, BP <80/50mm, low potassium, low phosphate and/or rapid weight loss

Mental state - an active plan for suicide; continuous preoccupation with eating disorder cognitions; co-operative only in highly structured treatment; presence of another psychiatric disorder requiring hospitalisation

Eating Disorder symptoms – needing supervision of every meal and/or naso-gastric feeding; needing modification of extreme purging and/or exercise behaviours; severe family problems and/or requires residential placement to access treatment.

Disclaimer: These are not exclusive of other indications which may arise e.g. pubertal developmental delay