



ANZAED Position Statement on Inpatient Services for Eating Disorders

Although the circumstances of individual patient services will differ, the following principles are important in considering the role of inpatient services for people with eating disorders.

1. Most eating disorders can be treated in outpatient settings using the available evidence-based treatments.
2. Inpatient treatment is still required at times, however, for reasons of medical or psychiatric safety, or if outpatient treatment is ineffective.
3. Inpatient treatment needs to be part of a continuum of care and is not a stand alone treatment for an eating disorder. The best outcomes for inpatient treatment occur when the goals of treatment are clearly negotiated from the outset of care between patients, their families and clinicians.
4. The age and developmental needs of the patient should always be taken into account.
5. It is important that the treatment be provided in a person-centred and culturally informed way.
6. People with eating disorders and their families should have access to a continuum of care based on residential, day hospital, intensive outpatient, traditional outpatient and guided self-help.
7. The least restrictive treatment option should be used, but if the patient's decision-making capacity is impaired, substitute decision-making legislation including the mental health act should be considered.
8. The best inpatient option is a specialist, multidisciplinary unit.
9. In the absence of available specialist beds, another option that has been used with some success is admission to a general medical or mental health bed with specialist consultation-liaison input.
10. Wherever possible, carers need to be consulted, supported and provided with the knowledge and skills they need to help their loved one, during admission and following discharge to minimise the risk of relapse and readmission.
11. Inpatient clinicians should consult with outpatient treatment providers prior to discharge.
12. Effective collaboration is essential between medical, psychiatric, psychological, dietetic and other services to ensure the various needs of the patient are met.
13. Specialist inpatient Eating Disorder Services should evaluate and review their programs, including seeking feedback from consumers and carers about how regularly to improve their programs.

For further information, including an up to date review of evidence-based treatments, a useful resource is the 2014 RANZCP Clinical Practice Guidelines for Eating Disorders, which can be found at:

<https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx>

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