Multidisciplinary Stabilization of Patient with Anorexia Nervosa in the Acute Setting

Weill Cornell Medicine

Daniel Cabrera MD-PhD, Jihoon Ha MD

NewYork-Presbyterian

Background

Severe eating disorders (ED) have complex presentations and often need medical inpatient treatment (Cost et al., 2020). Current guidelines recommend consult to consult liaison (CL) psychiatry within 24 hours of admission (Silvester and Forman, 2008). Considering the high comorbidity of ED with psychiatric disorders (Udo and Grilo, 2019) and stakeholders involved, a multidisciplinary daily rounding approach resulted in efficient care. In the current literature there are no clear guidelines for cases like the one we are presenting below.

Case

Patient is a 25-year-old female with history of anorexia nervosa restrictive type, prior femoral fracture, one past admission to inpatient ED unit, admitted to the medicine service for weight loss (BMI 12), electrolyte imbalance, hypotension, bradycardia and poor PO intake.

At time of presentation, CL team was consulted for management of ED. Initially, patient displayed symptoms of comorbid character pathology—idealizing/devaluing, splitting, labile mood, and self-sabotaging. Our approach involved coordination with medical team, dietician, social worker, nursing, and psychiatrist (Fig. 1) to set up goals—medical plan, calorie counts, exercise restriction, discharge planning, etc. These goals were communicated to patient, who initially did not comply with calorie counts and required a nasogastric tube (NGT) for weight stabilization via tube feeds (TF).

Multidisciplinary team rounded daily to provide a supportive yet firm clinical setting (Fig. 2). Patient met target BMI of 14 on day 16 of admission (Fig. 3)(hospital average time is 20.7 days, unpublished data) and was later discharged to residential treatment for ED.

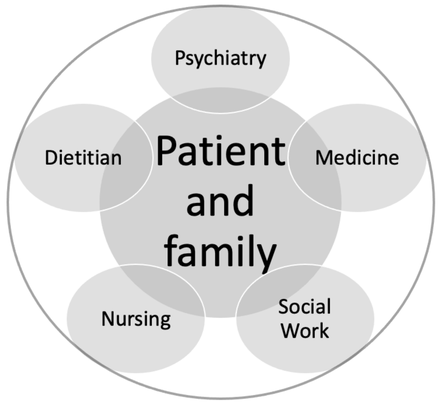

Figure 1. Component teams of a patient-centric multidisciplinary approach.

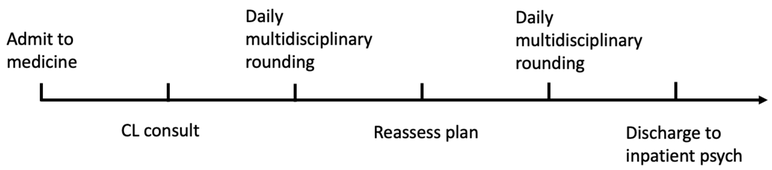

Figure 2. Workflow for daily rounding as multidisciplinary team.

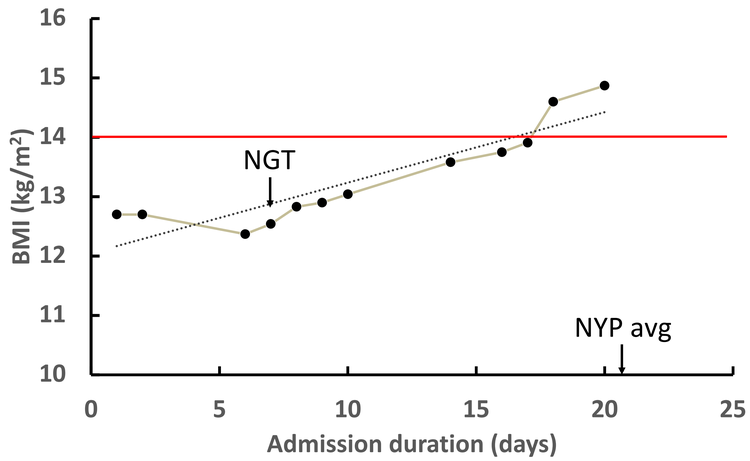

Figure 3. BMI during admission. On day 8, NGT was placed to initiate TF. Red line represents target BMI 14. NYP avg represents hospital average time to meet BMI in ED patients. Dashed line represents linear regression $R^2 = 0.8261$

Discussion

We present a successful outcome in an acutely ill patient in the inpatient setting. As per the current literature, CL psychiatry was involved early in the admission, however we took a proactive and multidisciplinary approach, which allowed the team and patient to have a clear plan to adhere by. Our approach was based on paper by Fagin (2004)—we set limits, early planning, establishing contingencies, strong communication between multidisciplinary team, and monitoring of countertransference.

We propose a model that identifies comorbid psychiatric illness and delineates multidisciplinary management of acute ED by daily rounding as a team. This approach facilitated efficient care and has potential for improved care in the medical management of inpatient ED.

Conclusions

- *We describe the use of multidisciplinary team with psychiatrist, internal medicine, dietician, social worker, and nursing as an efficient model in treatment of an acutely ill patient on the medicine service*
- *This multidisciplinary approach serves as a potential model to provide comprehensive, efficient, and quality care with psychiatry as a team leader.*

References

Cost, J., Krantz, M. J., & Mehler, P. S. (2020). Medical complications of anorexia nervosa. *Cleveland Clinic Journal of Medicine*, *87*(6), 361–366. https://doi.org/10.3949/ccjm.87a.19084

Sylvester, C. J., & Forman, S. F. (2008). Clinical practice guidelines for treating restrictive eating disorder patients during medical hospitalization. *Current Opinion in Pediatrics*, *20*(4), 390–397. https://doi.org/10.1097/MOP.0b013e32830504ae

Udo, T., & Grilo, C. M. (2019). Psychiatric and medical correlates of *DSM-5* eating disorders in a nationally representative sample of adults in the United States. *International Journal of Eating Disorders*, *52*(1), 42–50. https://doi.org/10.1002/eat.23004

Fagin, L. (2004). Management of personality disorders in acute in-patient settings. Part 1: Borderline personality disorders. *Advances in Psychiatric Treatment*, *10*(2), 93–99. https://doi.org/10.1192/apt.10.2.93