

A Case of Anorexia Nervosa with Chronic Tube Feeding Dependency

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INTRODUCTION

- Enteral nutrition is effective for short-term stabilization and treatment of patients with anorexia nervosa (AN)
- Studies on long-term outcomes of tube feeding interventions show mixed results
- There is limited literature to guide treatment of adult patients who refuse all oral intake

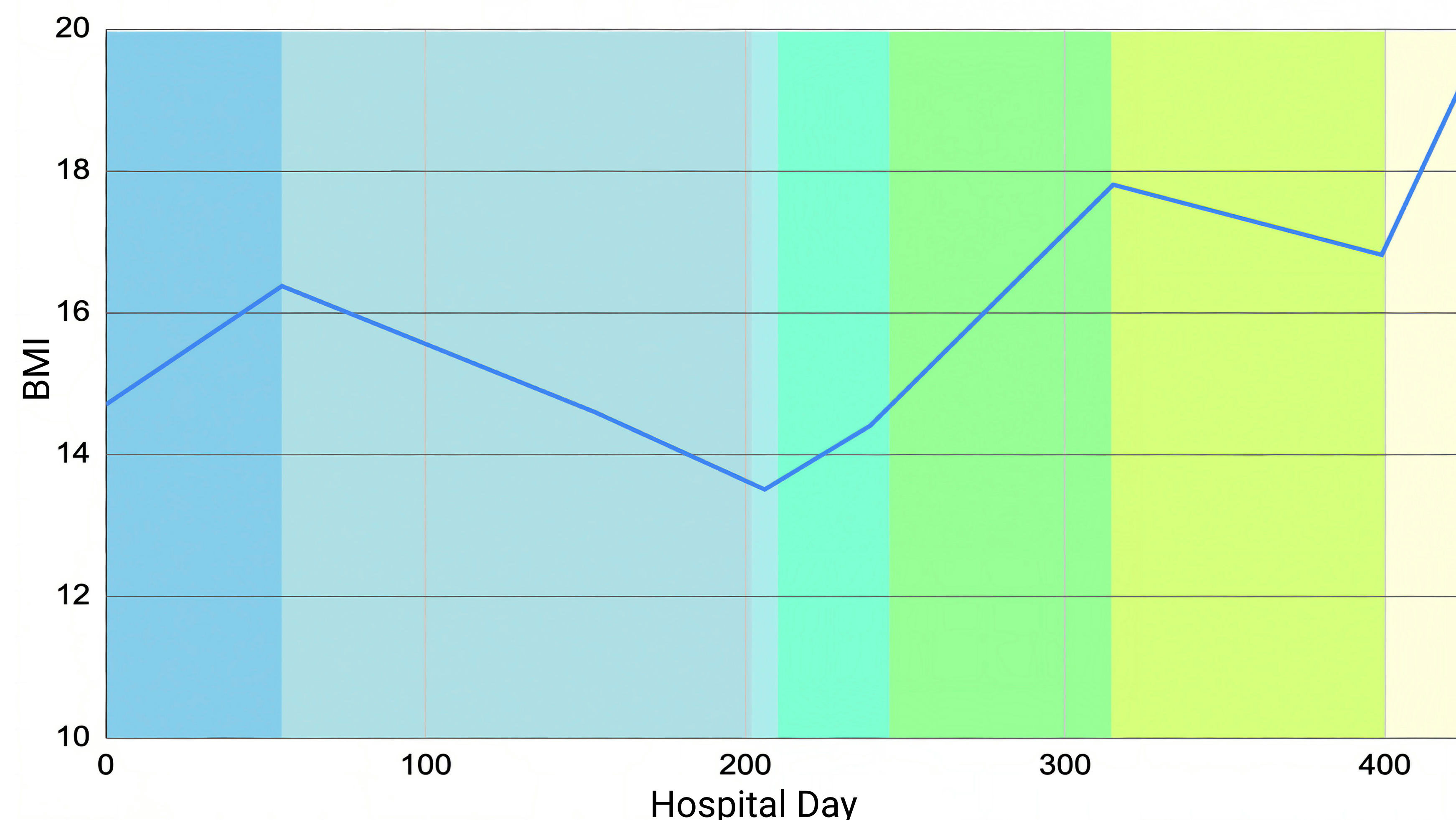
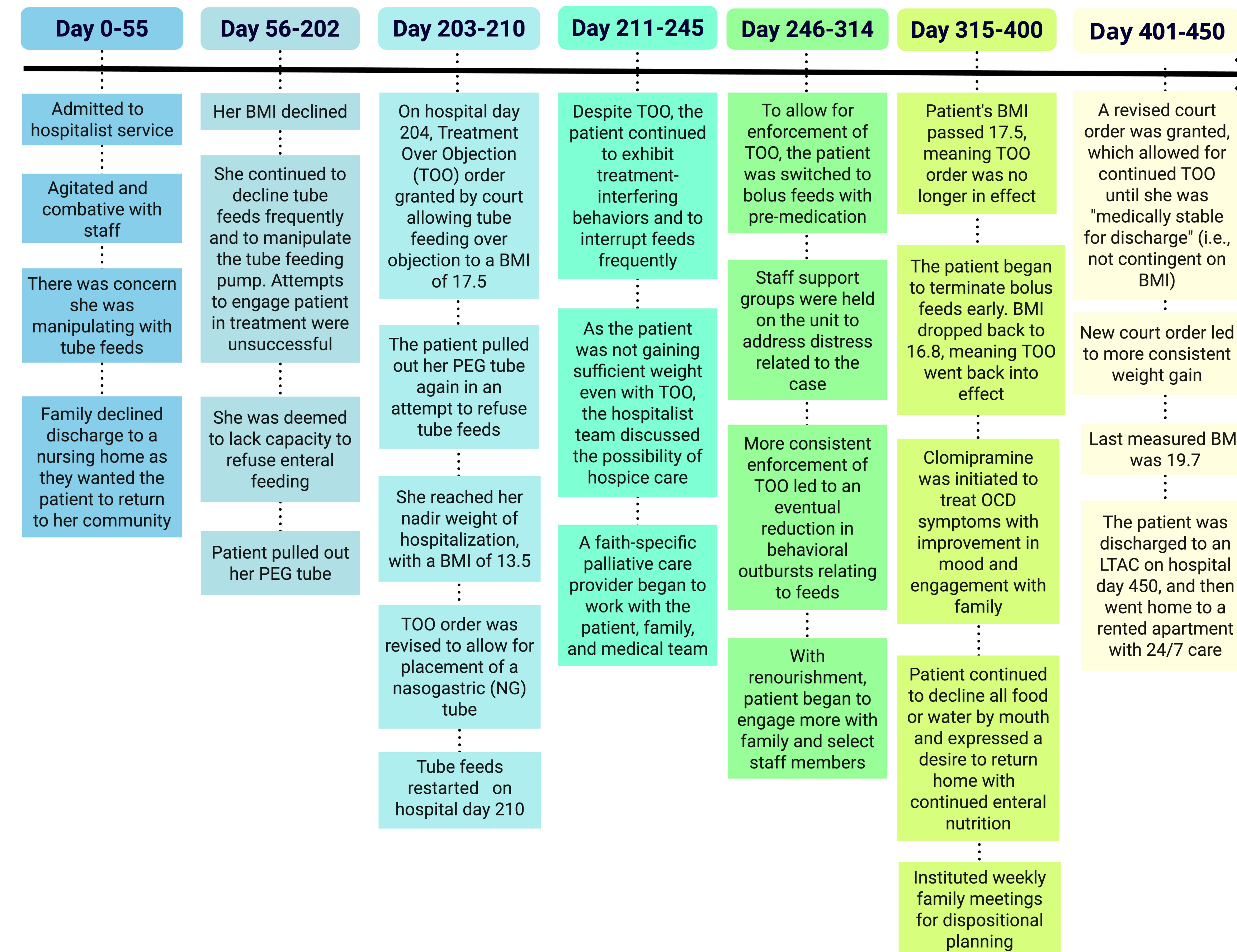
CASE

- 28-year-old woman with a history of severe and enduring anorexia nervosa (SE-AN), OCD, and selective mutism
- Restrictive eating began in her teens and progressed to complete refusal of food/water by mouth for more than two years
- Admitted from a nursing home in the setting of refusing nutrition via her long-standing Percutaneous Endoscopic Gastrostomy (PEG) tube
- Psychiatry consulted for medication management and disposition planning
- Near-complete refusal to participate in medical and psychiatric evaluation and treatment
- Numerous treatment-interfering behaviors (e.g. tampering with feeds, aggression towards staff)

Disclosure: Annabel C Boeke, MD; Nicole O'Brien, MS, RD, CDN, CNSC; Alissa Thomas-Newborn, Rabbinic Ordination, BCC; Philip R. Muskin, MD, MA

With respect to this poster, in the 24 months prior to this declaration there has been no financial relationship of any kind between the parties listed above and any ACCME-defined ineligible company which could be considered a conflict of interest.

HOSPITAL COURSE



Patient's BMI at key dates during the hospitalization.

OUTCOME

- The patient's weight was stabilized with enteral nutrition once TOO order was amended to reflect a goal of "medically safe for discharge" rather than a BMI threshold
- Her interference with enteral feeds decreased over time, but she continued to decline all oral intake of food or water over the 450 day hospital stay
- Involvement of a faith-specific palliative care provider with a deep understanding of the patient's cultural context was a crucial turning point in the case
- Mood and social engagement improved over the course of hospitalization
- Discharge to a rented apartment in the community with 24/7 care
- Readmission approximately 6 months later with BMI of 13; patient was discharged back to community after brief hospital stay with medication adjustment

CONSIDERATIONS

- Standard treatments for anorexia nervosa have limited utility in a patient with selective mutism and complete food refusal
- The concept of treatment futility in SE-AN is controversial, particularly within faith communities that value life-prolonging treatments
- Long-term tube feeding in SE-AN presents significant ethical, logistical, and dispositional challenges

CONCLUSIONS

- Tube feedings are generally conceptualized as an approach to short term stabilization for patients with AN; when patients are unable to transition back to an oral diet, a multidisciplinary approach is required
- In patients with AN who lack capacity to refuse nutrition interventions, court-ordered TOO can help with stabilization and mitigate staff, patient, and family distress around feeding over objection
- In SE-AN, regular family meetings and an assigned family liaison can help with navigation of treatment goals
- Further research is needed to guide the care of adult patients with SE-AN who have long-term dependence on tube feeding

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