Breaking Through the Confusion: Assessing Level of Care for Eating Disorder Treatment

Carly Onopa, MS, RDN, Registered Dietitian at Center for Discovery
Guest Speaker: Gabrielle Katz, LCSW, CEDS-S, Private Practice Therapist - Coastal Collaborative Care LLC
Agenda

• Different Levels of Care
  American Psychiatric Association Guidelines – Assessing for Level of Care
  • Inpatient
  • Residential Treatment Center
  • Partial Hospitalization Program
  • Intensive Outpatient Program
  • Outpatient

• Case Study
Different Levels of Care – Inpatient

• Highest level of care
• Can be a:
  • Medical unit
  • Med-psych unit
  • Eating Disorder medical unit
• Nursing 24/7
• Multidisciplinary team: case workers, psychiatrist, dietitians, physician, nurses, and therapists, and other helping professionals
• Might have therapy groups and therapy sessions or might not
• Average length of stay is 3-4 weeks

**Suicidality:**
- Specific plan or intent
- Suicidal ideas
- After a suicide attempt

**Co-occurring Disorders:**
- Any existing psychiatric disorder that would require hospitalization

**Ability to Control Compulsive Exercising:**
- Self control is not present
- Needs to use some sort of accountability

**Purging Behaviors:**
- Needs supervision during and after all meals and in bathrooms
- Unable to control purging
- Multiple daily episodes of purging that are severe and persistent
- Tried managing with less support and did not work

**Motivation to Recover:**
- Poor motivation
- Preoccupied with obsessive thoughts
- Cooperative only in highly structured environment

**Environmental Stress:**
- Severe family conflict or problems
- Absence of family
- Unable to receive structured treatment in home
- Patient lives alone

**Geographic Availability to Treatment Program:**
- Lives too far away from treatment center

Different Levels of Care

Inpatient

Medical American Psychiatric Association Guidelines for Inpatient Level of Care

• Children & Adolescents
  • Weight <85% Target Body Weight OR rapid weight loss
  • Low heart rate
  • Abnormal blood pressure changes
  • Low blood pressure
  • Low electrolytes

• Adults
  • Weight <85% Target Body Weight OR rapid weight loss
  • Low heart rate
  • Low blood pressure
  • Low blood sugar
  • Low potassium
  • Low temperature
  • Poorly controlled diabetes
  • Electrolyte imbalance
  • Dehydration
  • Major organ damage or failure

Why do those criteria indicate need for hospitalization?

These indicate someone has significant body damage. This person could be high risk for a potentially fatal medical condition.

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<table>
<thead>
<tr>
<th>One or more of the following²:</th>
<th>Two or more of the following²:</th>
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<tbody>
<tr>
<td>Body mass index ≤16</td>
<td>Body mass index ≤18.5</td>
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<tr>
<td>Unintentional weight loss &gt;15% in the past 3-6 months</td>
<td>Unintentional weight loss &gt;10% in the past 3-6 months</td>
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<tr>
<td>Little or no nutritional intake for &gt;10 days</td>
<td>Little or no nutritional intake for &gt;5 days</td>
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<tr>
<td>Low levels of potassium, phosphate, or magnesium before feeding</td>
<td>History of alcohol misuse or drugs, including insulin, chemotherapy, antacids, or diuretics</td>
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². Mehanna, H.M., Moledina, J., Travis, J. Refeeding syndrome: what it is, and how to prevent and treat it. *British Journal of Medicine*, 336, 1495-1498. doi:10.1136/bmj.a301
How are medical complications managed in INPATIENT?

*Only level of care capable of managing severe medical complications*

Check electrolytes, provide B vitamins and electrolytes\(^2\)
  - Monitor with daily labs

Start nutrition - usually with a feeding tube
  - Move forward with meals and snacks with a meal plan

Daily Weights

Frequently Scheduled Vitals (could be multiple times in one day)

Monitor for eating disorder behaviors
Different Levels of Care – Residential Treatment Center

• Longer term treatment option
• Client lives in a facility, house-type setting
• 24/7 care
• There is constant medical supervision and monitoring of health conditions
  • Clients does not require intensive medical care or treatment
• Multidisciplinary team: therapists, psychiatrist, dietitians, physician, nurses, and other helping professionals
• Client will have
  • Therapy groups
  • All meals and snacks supervised
  • Therapy sessions
    • Typically 3-4 therapy sessions a week
  • Nutrition counseling
• Average length of stay is about 30-90 days

Sources: https://anad.org/residential-care/ || https://www.allianceforeatingdisorders.com/levels-of-care/
Suicidality:
  - Depends on suicidal thoughts
  - Depends on client’s level of safety

Co-occurring Disorders:
  - Depends on other diagnoses
  - Depends on stability of diagnoses

Ability to Control Compulsive Exercising:
  - Might have some self-control
  - Needs some degree of support and accountability

Purging Behaviors:
  - Can ask for and use support from others
  - Can use coping skills to decrease or stop purging

Motivation to Recover:
  - Poor-to-fair motivation
  - Preoccupied with obsessive thoughts for 4-6 hours a day
  - Cooperative with highly structured treatment

Environmental Stress:
  - Severe family conflict or problems
  - Absence of family
  - Unable to receive structured treatment in home
  - Patient lives alone

Geographic Availability to Treatment Program:
  - Lives too far away from treatment center

Medically stable to an extent...

Weight: Less Than 85% Target Body Weight

Interpretation: Not as concrete as inpatient medical criteria

• Client’s electrolytes are stable, but may require supplementation
• Organ damage may exist, but acute organ compromise is not present/primary
• Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

How are medical complications managed in RESIDENTIAL?

Doctor on staff – evaluates risk

Weekly labs

Frequently Scheduled Weight (2-3 times per week, up to daily)

Frequently Scheduled Vitals (often twice daily)

Meal plan – primarily nutrition by mouth, meal plan is advanced to an appropriate intake, may require supplements (example: Boost or Ensure)
Different Levels of Care – Partial Hospitalization Program

- Client lives at home
- Attends programming in a specialized setting
- All services provided in one location
- Can range from 5-7 days a week
- Can range from 6-12 hour days
- Sometimes referred to as “day treatment”
- May have supportive housing options
- Treatment includes:
  - Therapy sessions
  - Nutrition counseling
  - Group therapy
  - Family therapy
  - 2-5 supportive meals
  - Psychiatrist session
- Multidisciplinary team: therapists, psychiatrist, dietitians, and other helping professionals
- Average length of stay: 1 month

Different Levels of Care

Partial Hospitalization Program
Mental Health American Psychiatric Association Guidelines for Inpatient Level of Care

Suicidality:
- Depends on suicidal thoughts
- Depends on client’s level of safety

Co-occurring Disorders:
- Depends on other diagnoses
- Depends on stability of diagnoses

Ability to Control Compulsive Exercising:
- Might have some self-control
- Needs some degree of support and accountability

Purging Behaviors:
- Can reduce purging in an unstructured setting
- No significant medical complications

Motivation to Recover:
- Fair motivation

Environmental Stress:
- Others able to provide at least limited support and structure

Geographic Availability to Treatment Program:
- Patient lives near treatment setting

**Medically stable to an extent...**

*Weight: Greater Than 80% Target Body Weight*

Interpretation: Not as concrete as inpatient or residential medical criteria

- Client’s electrolytes are stable but may require supplements
- Organ damage may exist, but acute organ compromise is not present/primary
- Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

How are medical complications managed in Partial Hospitalization Program?

Clinical staff evaluates risk for medical concerns in collaboration with Physician

Weight: 2 times per week minimum

Vital Signs: 2 times per week minimum

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements
Different Levels of Care – Intensive Outpatient Program

- Client lives at home
- Attends programming in a specialized setting
- All services provided in one location
- 3-6 days a week
- 3-5 hours a day
- Multidisciplinary team: therapists, dietitians, and other helping professionals
- Treatment Provided:
  - Group therapy
  - Supervised meal
  - Typically 1 therapist session a week
  - Typically 1 registered dietitian session a week
  - 1-2 supportive meals
- Clients can maintain work and/or attend school while in treatment
- Average length of stay: 1-2 months

Suicidality:
- Depends on suicidal thoughts
- Depends on client’s level of safety

Co-occurring Disorders:
- Depends on other diagnoses
- Depends on stability of diagnoses

Ability to Control Compulsive Exercising:
- Might have some self-control
- Needs some degree of support and accountability

Purging Behaviors:
- Can reduce purging in an unstructured setting
- No significant medical complications

Motivation to Recover:
- Partial motivation
- Cooperative
- Preoccupied with obsessive thoughts greater than 3 hours/day

Environmental Stress:
- Others able to provide adequate emotional and practical support and structure

Geographic Availability to Treatment Program:
- Patient lives near treatment setting

Medically stable to an extent ...

Weight: Greater Than 80% Target Body Weight

Interpretation: Not as concrete as inpatient or residential medical criteria

• Client’s electrolytes are stable but may require supplements
• Organ damage may exist, but acute organ compromise is not present/primary
• Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

How are medical complications managed in Intensive Outpatient Program?
Clinical staff evaluates risk for medical concerns in collaboration with Physician

Weight: 1 time per week minimum

Vital Signs: 1 time per week minimum

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements
Different Levels of Care – Outpatient

• Client lives at home
• Attends sessions at the office of provider
• Client typically sees therapist 1-2x a week
• Client typically sees registered dietitian 1-2x a week
• Client typically sees psychiatrist 1x a month
• Client typically sees primary care physician 1x a month – as needed
• Typically the longest level of care of the treatment process

Suicidality:
  - Depends on suicidal thoughts
  - Depends on client’s level of safety

Co-occurring Disorders:
  - Depends on other diagnoses
  - Depends on stability of diagnoses

Ability to Control Compulsive Exercising:
  - Can manage compulsive exercising through self control

Purging Behaviors:
  - Can greatly reduce incidents of purging in an unstructured setting
  - No significant medical complications

Motivation to Recover:
  - Fair-to-good motivation

Environmental Stress:
  - Others able to provide adequate emotional and practical support and structure

Geographic Availability to Treatment Program:
  - Patient lives near treatment setting

Medically stable to an extent...

Weight: Greater Than 85% Target Body Weight

Interpretation: Not as concrete as inpatient or residential medical criteria

• Client’s electrolytes are stable but may require supplements
• Organ damage may exist, but acute organ compromise is not present/primary
• Client demonstrates ability to consume nutrition by mouth and does not require a feeding tube

How are medical complications managed in Outpatient?

Outpatient team works together to evaluate or assess risk for medical concerns

Client works directly with Physician

Weight: 1 time per week to 1 time every other week, or as indicated by outpatient team

Vital Signs: 1 time per week to 1 time every other week, or as indicated by outpatient team

Meal plan – exclusively nutrition by mouth, meal plan individualized, may include supplements
Client A: Information Received On Admission Day

22-year-old female || Height: 5’8” || Admit Weight: 155# || Target Body Weight: ~135#

Current Behaviors & Status:

• Client started at inpatient level of care due to suicidal thoughts.
• Client was at a residential treatment center and partial hospitalization program for six weeks total prior to admitting.
• The residential treatment center and partial hospitalization was out of state from where the client lived.
• Client diagnosed with Other Specified Feeding and Eating Disorder, Generalized Anxiety Disorder, Post Traumatic Stress Disorder, and Major Depressive Disorder.
• Client presenting to us with:
  • Eating 3 meals and 3 snacks a day
  • Since entering treatment Client reported not restricting or acting on eating disorder behaviors
  • Client reports body image distortions
  • Rigid and “safe food” eating habits
• Client denies suicidal thoughts
• Denied current purging, laxative use, and over-exercise
• Currently employed
• Currently in a relationship and living with partner
• Client’s partner and family friends will be client’s primary supports while in treatment

Client Has a History of:

• Severe laxative abuse (90 pills a day)
• Suicidal thoughts with plan
• Medical concerns around malnutrition
• Family distress/ estrangement
• Chewing and spitting food
• Over-exercise
• Prior eating disorder treatment
• Prior mental health treatment
• Self- injurious behavior

What level of care should we recommend for this client?
Intensive Outpatient Level of Care
What would make this client need a higher level of care?

What would make this client appropriate for a lower level of care?
Any Questions?