

A description of adult patients admitted with an eating disorder to any Fraser Health Authority Emergency Department or Acute Care Unit from January 1st, 2008 to December 31st, 2018

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Introduction: Eating disorders (EDs) are complex psychiatric conditions often associated with severe psychological and physical comorbidities. ED patients admitted to acute care for medical stabilization may require dietitian care. There is limited research on this population in acute care settings in Canada.

Objectives: (1) Describe the adult ED patient population that utilized acute and emergency care services within FHA between 2008 to 2018. (2) Determine ED patient outcomes and nutrition specific interventions within the study population.

Methods: Patients aged 17 and older with an ED admitted to a FHA acute or emergency care department within the study timeframe were identified using Promiso software. A retrospective chart review using Electronic Medical Record (EMR) was conducted. Frequency and medians were calculated on the 16 variables collected.

Results: 54 patient charts were reviewed. 81% were female, median age was 24.5 years and median body mass index was 16.4 kg/m². 67% of patients had an Anorexia Nervosa diagnosis. Most patients had multiple comorbidities; 89% presented with coexisting psychiatric conditions. Suicidal ideation was noted in 18% of hospitalizations. Length of stay per hospitalization ranged from 1-122 days (median: 5) with large variance between FHA sites. 79% of patient readmissions within the study timeframe were of ED-related cause. 58% of hospitalizations involved a dietitian consultation and 19% involved enteral nutrition support.

Conclusion: Trends observed in this study were not generalizable because of limitations in the sampling method. However, this study described a portion of ED patients within FHA and will contribute to an ongoing study utilizing a representative sample. This continuing study may elucidate associations that will inform patient care.

Significance: Identifying trends and associations in the ED population through ongoing research will help determine the need for standardized practice recommendations, which may include nutrition management.