

'ED in ED' - Assessment of Eating Disorder Presentations to the Acute Hospital Emergency Department

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Background

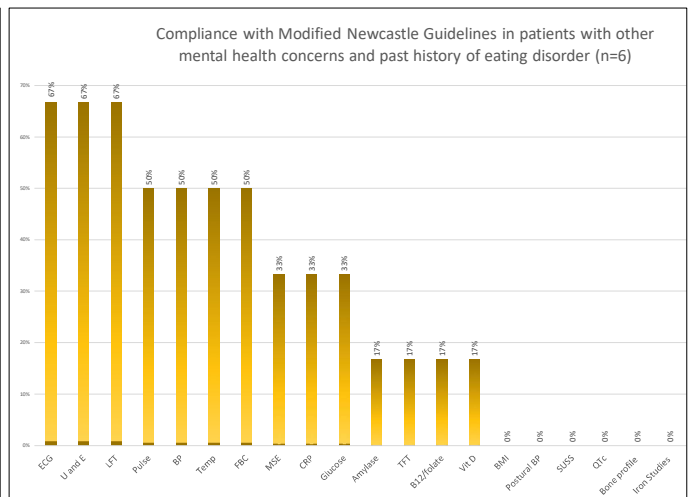
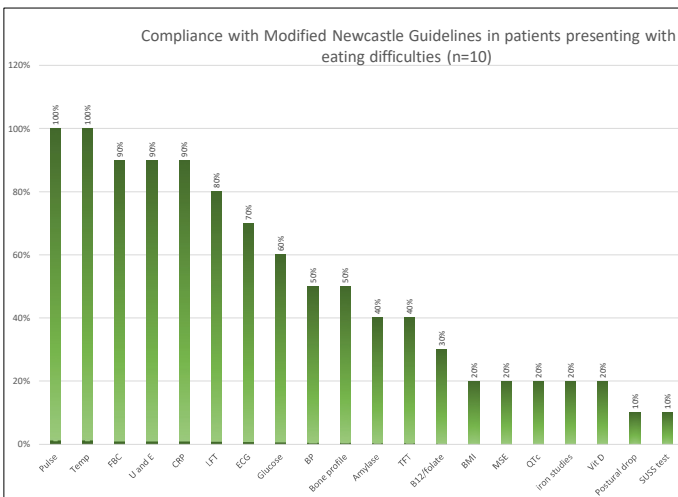
- Anorexia nervosa has the highest mortality amongst all psychiatric disorders with a standardised mortality ratio of 5.86¹
- Medical complications of prolonged starvation as well as suicide are the most frequently reported causes of death²
- Early diagnosis and treatment aimed at weight restoration improve prognosis³.
- MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa)⁴ guidance from the Royal College of Psychiatrists guidance outlines the assessment and management of the physical health risks of patients with anorexia presenting to an acute hospital setting.

Aims and hypothesis

- We assessed adherence to MARSIPAN in the Emergency Department of an acute trust
- We hypothesised poor uptake of the guidance and impaired recognition of the severity of the physical health risk in these complex patients

Methods

- All referrals received in Liaison Psychiatry between 1st May 2021 and 31st July 2021 recorded on the departmental database were reviewed
- Patients presenting to the Emergency Department or the Acute Assessment Unit with difficulties in eating or with a previous diagnosis of an eating disorder identified
- Admission clinical entry record reviewed against the Modified Newcastle Guideline for MARSIPAN cases
- Excel[®] to record and analysis of anonymised data.
- Project was approved by the Clinical Audit in the Norfolk and Suffolk NHS Foundation Trust.



Results

- 619 requests for a consultation in the four-month period
- 16 met the criteria for inclusion in the analysis
- The median age was 19.5 years (range 10-59 years).
 - 10 patients presented with eating difficulties
 - 3 patients presented with overdose
 - 2 presented with emotional dysregulation
 - 1 presented with alcohol intoxication

Patients presenting with difficulties in eating (n=10)

- Review of the mental health notes showed that 7 had a current diagnosis of anorexia nervosa and the rest were awaiting assessment in the Eating Disorder Units. Amongst the ten patients, 2 patients met the criteria for Severe and Enduring Eating Disorders (SEED).
- ECG changes as well as abnormalities of sodium, potassium and phosphate were seen in many patients

Patients presenting with other mental health concerns and with a history of an eating disorder (n=6)

- 3 with overdose, 2 with emotional dysregulation and self-harm and 1 with alcohol intoxication

Discussion and conclusions

- Our current study provides some evidence to support our hypothesis that patients with eating disorders are not always assessed appropriately for their physical health risk.
- This applies equally to patients who present with eating difficulties as well as those patients presenting with other mental health problems and with a history of an eating disorder.
- This delay in the assessments increases the risk of a poorer outcome.
- A limitation of our study is that not all patients with eating disorders were referred to the Liaison Psychiatry. Secondly, it is possible that the patients were assessed adequately but the gaps noted were due to poor medical record keeping, which we suspect, is unlikely.
- Modified Newcastle guidance in MARSIPAN is simple to use and can potentially be adopted in the guidelines for Emergency Departments and Acute Assessment Units. Liaison Psychiatry has a central role in promoting these guidelines.

References

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