

Assessment of Patients with Eating Disorders in the Emergency Department

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Sir,

Eating disorders, such as anorexia nervosa, are increasing in Ireland¹ and are associated with high morbidity and mortality². They are associated with cardiac arrhythmias, refeeding syndrome and suicidal ideation³, and affect a wide demographic irrespective of gender, age, social class and ethnicity³. It is not uncommon for eating disorders to remain undetected, and patients may engage in masking behaviour to avoid detection.

Emergency medicine clinicians have an important role in the recognition, assessment, and management of patients with eating disorders. Data from the UK has shown that people with eating disorders are 1.6 times more likely to attend emergency departments (EDs)⁴. Furthermore, up to 16% of 14-20 year old's attending the ED have an eating disorder⁴ and 43% of frequent attenders had an eating disorder on screening.

Given the challenges in recognition and complexity of management, it is critical to have a standardized evidence-based approach to patients who present to the ED with suspected eating disorders. In Tallaght University Hospital, the emergency department has contributed to the development of a hospital-wide guideline that endeavours to standardise patients' management from the ED to inpatient discharge. Locally, we have developed an e-learning module on eating disorders for emergency doctors. Most importantly we have introduced a clinical checklist based on the Royal College of Psychiatrists guidance on recognition and management of medical emergencies for emergency clinicians³. The checklist can be used for all classifications of eating disorders and all age groups.

Put simply, our advice for junior colleagues is to think about the possibility of an eating disorder diagnosis for patients, do the simple assessments well, and refer high risk patients to inpatient medical and psychiatric teams for ongoing management. Lower acuity patients are referred for psychological medicine assessment in the emergency department and discharged, if appropriate, with patient engagement to ensure follow-up in the community.

We undertook a completed loop audit before and after these interventions. The first cycle included seven patients between July and December 2018, and 22 patients were included in the second cycle between January and July 2021. The findings showed a statistically significant improvement in documentation of weight (0% v 84.6%, p<0.05), body mass index (0% v 84.6%, p<0.05) and blood sugar level (0% versus 92.3%, p<0.05). There was a non-statistically significant improvement in performance of the sit up squat stand test (0% versus 46.2%, p=0.06). There was also an increase in admission rate between the two study periods (28.7% versus 61.5%, p=0.3).

Introduction of a check list assessment tool for all patients of all ages in our emergency department improved recognition and assessment of eating disorders in this single center audit.

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