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Eating disorder assessment and management in paediatric inpatients at a rural hospital

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Background

Eating disorders are defined as excessive and persistently disturbed eating or eating-related behaviours that lead to changes in the person's consumption of food to a degree that is harmful to their health and well-being. Hospital admission due to eating disorders are rare, however they are often extended and require a specialised and multidisciplinary approach. There is a three-stage approach to management of eating disorders. Firstly, acute medical management, focusing on initial stabilisation, and working towards a healthy weight in the short term. This stage is the main emphasis of this audit. The second phase involves psychiatric rehabilitation either in inpatient facilities or as an outpatient. Finally, ongoing multi-disciplinary input in the community is then required to maintain healthy body image and weight.

Eating disorders are very important diagnoses in paediatric populations and can have long-lasting effects in many aspects of life. It is therefore crucial that initial assessment and management be optimised.

Aim

To assess the management, discharge planning and outcomes of paediatric patients admitted to the Doris White (Children's) Ward, ARRH

Objectives

- To determine if medically appropriate patients are being admitted.
- To examine the initial assessment of severity of medical illness in the first 24 hours of admission.
- To examine if management guidelines are adhered to.
- To determine if appropriate multi-disciplinary staff are being consulted during admission.
- To examine the discharge planning process.

Methods

Retrospective audit assessing patients aged under 18 admitted to ARRH for whom the primary reason for admission was an eating disorder from January 2013 to December 2017. Data was taken from IPPM medical record coding; paper and electronic medical records were examined. The CEDD Eating Disorders Toolkit (2008) was used as a gold standard of assessment and management. Aspects of initial assessment, investigation, management and follow-up were audited in comparison to this guideline.

Results

Following exclusions, there were 10 admissions due to eating disorders in the 5-year period audited. They were all female with a median age of 16.5 (11-17). The median body-mass index (BMI) on admission was 16.9, with 40% below the fifth centile for BMI. 60% were medically unwell (as per CEDD guidelines) on admission. 20% of admissions had a documented postural blood pressure and heart rate, with inconsistent documentation of investigations. Despite a high proportion of medically unwell patients, most (70%) were fed orally, with two receiving nasogastric feeds and one failed nasogastric tube insertion. One patient had psychiatric involvement during admission. Social work and psychology were involved in all admissions; physiotherapy in 70%. All admissions had documented multidisciplinary team (MDT) meetings involving goal setting. There was one re-admission within two weeks.

Conclusion

Appropriate patients were admitted, with incomplete assessment within the first 24 hours. There was encouraging multidisciplinary teamwork, however multiple medically unstable patients were not fed nasogastrically as per guidelines. There was inadequate psychiatric support due to lack of service in the rural setting. Follow-up planning was well carried out and there were good outcomes, with only one re-admission within two weeks.

Recommendations

- Ensure assessment proforma in CEDD guidelines completed.
- Nasogastric feeding should be commenced on admission for medically unstable patients
- Options to explore mental health inpatient input need to be explored.
- Tele-psychiatry would be a cost-effective and efficient method to facilitate consultation with a Psychiatrist.
- The Psychiatrist plays an important role in determining ongoing management and rehabilitation for patients admitted with an eating disorder.
- CAMHS may have capacity to be more involved
- An Emergency Department based prospective audit would better evaluate initial assessment of patients with eating disorders.

Presenter

Dr Robert Milledge is a resident medical officer with an interest in rural paediatrics and public health. Graduating from the University of New England's School of Rural Medicine in 2016, he has worked in rural and regional NSW within the Hunter New England region during his prevocational years, and has taken on a role as paediatric SRMO at Northern Beaches Hospital in 2019. He is passionate about adolescent mental health and reducing health inequity, particularly in rural areas. After noticing inconsistencies in the management of eating disorders in rural NSW, Dr Milledge is seeking to improve psychiatric service provision to rural NSW using tele-health.