

## SUMMARY OF PRACTICE GUIDELINES

# Anorexia nervosa: management

## 3 - Criteria for full hospital admission

June 2010

There is no single criterion that determines whether hospital admission is indicated; rather, this is determined by a combination of criteria and by progression of these criteria.

Hospital admission under duress must only be resorted to if the patient's condition is life-threatening and if consent to care cannot be obtained.

### Physical criteria for hospital admission

In children and adolescents	
<b>Anamnestic</b>	<ul style="list-style-type: none"> <li>• Rapid weight loss: more than 2 kg/week</li> <li>• Refusal to eat: total aphagia</li> <li>• Refusal to drink</li> <li>• Feeling faint or collapsing, with suggestion that this is orthostatic in origin</li> <li>• Patient suggests he/she is easily tired or exhausted</li> </ul>
<b>Clinical</b>	<ul style="list-style-type: none"> <li>• BMI &lt; 14 kg/m<sup>2</sup> in those over 17, or BMI &lt; 13.2 kg/m<sup>2</sup> in those aged 15 and 16, or BMI &lt; 12.7 kg/m<sup>2</sup> in those aged 13 and 14</li> <li>• Slowing of thought and speech, confusion</li> <li>• Symptoms of bowel obstruction</li> <li>• Extreme bradycardia: pulse &lt; 40/minute regardless of time of day</li> <li>• Tachycardia</li> <li>• Low systolic blood pressure (&lt; 80 mmHg)</li> <li>• BP &lt; 80/50 mmHg, orthostatic hypotension as measured by an increase in heart rate &gt; 20/minute or a reduction in blood pressure &gt; 10-20 mmHg</li> <li>• Hypothermia &lt; 35.5°C</li> <li>• Hyperthermia</li> </ul>
<b>Paraclinical</b>	<ul style="list-style-type: none"> <li>• Acetonuria (on urine stick testing), hypoglycaemia &lt; 0.6 g/L</li> <li>• Severe electrolyte balance or metabolic disorders, particularly: hypokalaemia, hyponatraemia, hypophosphataemia, hypomagnesaemia (thresholds are not stated in children or adolescents)</li> <li>• Increased creatinine (&gt; 100 µmol/L)</li> <li>• Cytolysis (&gt; 4 x ULN)</li> <li>• Leukopenia &amp; neutropenia (&lt; 1,000/mm<sup>3</sup>)</li> <li>• Thrombocytopenia (&lt; 60,000/mm<sup>3</sup>)</li> </ul>
In adults	
<b>Anamnestic</b>	<ul style="list-style-type: none"> <li>• Extent and speed of weight loss: loss of 20% of body weight in 3 months</li> <li>• Fainting and/or falls or loss of consciousness</li> <li>• Uncontrollable vomiting</li> <li>• Failure of outpatient-based refeeding</li> </ul>
<b>Clinical</b>	<ul style="list-style-type: none"> <li>• Clinical signs of dehydration</li> <li>• BMI &lt; 14 kg/m<sup>2</sup></li> </ul>

	<ul style="list-style-type: none"> <li>• Significant muscle wasting with axial hypotonia</li> <li>• Hypothermia &lt; 35°C</li> <li>• Blood pressure &lt; 90/60 mmHg</li> <li>• Heart rate: <ul style="list-style-type: none"> <li>▸ Sinus bradycardia HR &lt; 40/minute</li> <li>▸ Tachycardia at rest &gt; 60/minute if BMI &lt; 13 kg/m<sup>2</sup></li> </ul> </li> </ul>
<b>Paraclinical</b>	<ul style="list-style-type: none"> <li>• ECG abnormalities apart from heart rate</li> <li>• Hypoglycaemia, &lt; 0.6 g/L if symptomatic or &lt; 0.3 g/L if asymptomatic</li> <li>• Liver cytolysis &gt; 10 x ULN</li> <li>• Hypokalaemia &lt; 3 mEq/L</li> <li>• Hypophosphataemia &lt; 0.5 mmol/L</li> <li>• Renal failure: creatinine clearance &lt; 40 mL/min</li> <li>• Sodium levels: <ul style="list-style-type: none"> <li>▸ &lt; 125 mmol/L (compulsive drinking, risk of convulsions)</li> <li>▸ &gt; 150 mmol/L (dehydration)</li> </ul> </li> <li>• Leukopaenia &lt; 1,000/mm<sup>3</sup> (or neutrophils &lt; 500/mm<sup>3</sup>)</li> </ul>

### Psychiatric criteria for hospital admission

<b>Risk of suicide</b>	<ul style="list-style-type: none"> <li>• Suicide attempt, whether carried out or failed</li> <li>• Specific plan for suicide</li> <li>• Repeated self-mutilation</li> </ul>
<b>Comorbidities</b>	<p>Any associated psychiatric disorder severe enough to require hospital admission</p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Substance abuse</li> <li>• Anxiety</li> <li>• Psychotic symptoms</li> <li>• Obsessive compulsive disorders</li> </ul>
<b>Anorexia nervosa</b>	<ul style="list-style-type: none"> <li>• Obsessive, intrusive and continuous ideation, inability to control obsessive thoughts</li> <li>• Refeeding: need for refeeding via nasogastric tube, or another feeding method that cannot be used on an outpatient basis</li> <li>• Physical activity: excessive and compulsive physical exercise (in association with another indication for hospital admission)</li> <li>• Purge behaviours (vomiting, use of laxatives or diuretics): inability to control intensive purge behaviour without help</li> </ul>
<b>Motivation, cooperation</b>	<ul style="list-style-type: none"> <li>• Previous failure of a properly conducted outpatient care programme</li> <li>• Patient uncooperative, or cooperative only in a highly structured care environment</li> <li>• Motivation insufficient to ensure compliance with outpatient care</li> </ul>

### Environmental criteria for hospital admission

<b>Availability of family</b>	<ul style="list-style-type: none"> <li>• Family problems or lack of family to support patient in outpatient care</li> <li>• Exhaustion of family members</li> </ul>
<b>Environmental stress</b>	<ul style="list-style-type: none"> <li>• Severe family conflict</li> <li>• High level of parental criticism</li> <li>• Severe social isolation</li> </ul>
<b>Availability of care</b>	<ul style="list-style-type: none"> <li>• No outpatient treatment possible because of a lack of facilities (such treatment not possible because of distance)</li> </ul>
<b>Previous treatment</b>	<ul style="list-style-type: none"> <li>• Failure of outpatient care (worsening disease, or disease becomes chronic)</li> </ul>

The patient's weight should be stabilised before discharge at the level reached during hospitalisation, in order to reduce the risk of relapse.



This summary, along with two other summaries in the same format, presents the main points of the practice guidelines

"Anorexia nervosa: management" - Clinical Practice Guidelines - June 2010.

The guidelines and the evidence report can be consulted in full at [www.has-sante.fr](http://www.has-sante.fr) and at

[www.anorexiebulimie-afdas.fr](http://www.anorexiebulimie-afdas.fr)