

ORAL PRESENTATION

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Making the most of an admission: the safety and efficacy of higher caloric refeeding in hospitalised adolescents with restrictive eating disorders

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Aim

This study examines weight gain and assesses complications associated with refeeding adolescent inpatients admitted with a restrictive eating disorder (ED) who were provided with caloric intakes above current recommendations.

Methods

Patients admitted to an adolescent ED program for >48 hours were included in a 3-year retrospective chart review. The structured 'rapid' refeeding program mostly utilised initial nasogastric feeding, with routine phosphate prescription.

Results

The mean (SD) age of the 184 adolescents was 16.7 years (0.9). Mean (SD) admission BMI was 16.9kg/m² (2.3) and discharge BMI was 19.5kg/m² (1.5). The mean (SD) starting caloric intake was 2523.6kcal/day (383.5) equating to 56kcal/kg (12). Most patients (87.5%) were treated with nasogastric tube feeding. Mean (SD) length of stay was 3.5 weeks (1.9) with a weekly weight gain of 2.1kg (0.9). No patients developed cardiac signs of refeeding syndrome or delirium; complications included peripheral oedema (3.8%), hypophosphatemia (1.1%), hypomagnesaemia (6%), and hypokalaemia (1.6%). Caloric prescription on admission was not associated with developing hypophosphatemia ($p=0.15$), hypokalaemia ($p=0.40$) and hypomagnesaemia ($p=0.96$).

Conclusion

Results demonstrated the efficacy of treating adolescent inpatients with restrictive EDs safely with higher initial caloric intakes, resulting in rapid weight restoration without major refeeding complications; which challenges current conservative calorie prescriptions advocated in clinical guidelines.

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