

Location, Location, Location: Examining Outcomes in Patients with Eating Disorders

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Introduction: Anorexia nervosa (AN) is an eating disorder characterized by persistent restriction of energy intake resulting in decreased body weight and adverse health outcomes, including increased risk for early osteoporosis, cardiovascular and gastrointestinal comorbidities. Many presenting symptoms improve as weight increases and may be measured to assess patient improvement. Cincinnati Children's Hospital Medical Center (CCHMC) transferred the inpatient eating disorders unit to the Liberty campus in July 2017. The new unit utilizes an expanded model of care including family based therapy, socialized meals, and increased interdisciplinary involvement. This project focuses on comparing patient outcomes and satisfaction between the Liberty and Burnet campuses.

Hypothesis: We hypothesized that patients whose care included the multidisciplinary expanded model would experience shorter length of stay, improvement of medical outcomes and improved scores on satisfaction surveys. We expected faster weight gain and restoration of normal heart rate among patients admitted to the Liberty campus compared to patients admitted to the Burnet campus.

Methods: We conducted a chart review of 29 patients admitted to the Burnet and Liberty campuses for treatment of a restrictive eating disorder. Anthropometric data were collected. Surveys were administered to patients admitted to the units in the months of June and July 2017 to assess parent satisfaction, patient satisfaction, and severity of the disorder.

Results: The length of stay and changes in anthropometric data were similar between the Burnet campus (N=20) and the Liberty campus (N=9). One patient admitted to the Burnet campus completed satisfaction surveys, while 6 completed surveys at the Liberty campus. Average survey scores did not show significant improvement from admission to discharge.

Conclusions: The effectiveness of the expanded model of care provided at the Liberty campus did not show significant improvements in this patient sample. However, limitations include the small sample size, reflecting admissions during the data collection period. Our data suggest that in the face of a larger sample, a significant decrease in length of stay would be seen among patients with AN. These findings demonstrate the importance of future research to examine the effectiveness of expanded therapy-based and socialized treatment models for patients with restrictive eating disorders.

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