

May 14, 2014

EATING DISORDERS REMAIN
UNDETECTED IN PSYCHIATRIC
HOSPITALIZATION: STUDY OF
ELECTRONIC CHART REVIEW OF 8000
PATIENTS

Amresh Srivastava, *University of Western Ontario*

Miky Kaushal, *Western University*

Western University, *Western University*

Megan Johnston

Robbie Campbell, *Western University*

Background

- Eating Disorders are less frequently detected → therefore not treated → leading to poor outcome
- It is not clear whether these remain poorly detected also amongst patients who have been hospitalized and had access to care
- Further clinical experience also suggests that Eating Disorders remain poorly detected in these chronic patients
- We do not know if Eating Disorders have been adequately diagnosed or that they have not been documented
- The poor incidence of Eating Disorders maybe due to inadequate documentation rather than poor identification
- The present study examines incidence of Eating Disorders amongst discharged long term hospitalized patients
- Incidence of Eating Disorders reported in literature may provide a reference point for comparative evaluation
- We believe that Early Identification and Treatment of Eating Disorders will improve the outcome

Methods

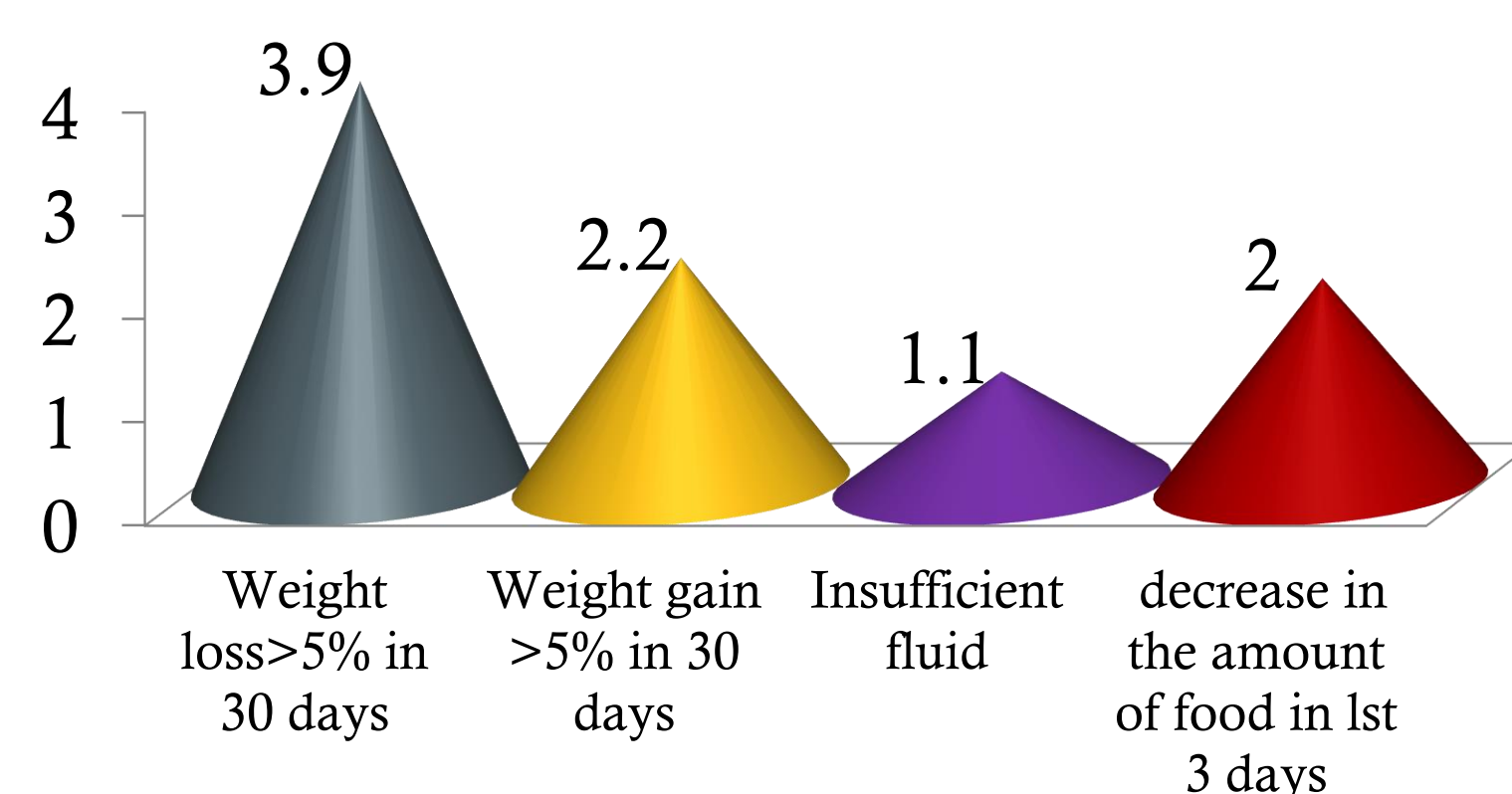
- Data extracted from RAI (electronic record database) from the items which indicated Eating Disorders or their behavioural traits
- Electronic database records information as per the guidelines of Ontario Mental Health Reporting System
- We reviewed the RAI system and selected records of patients between ages 18 & 20 irrespective of number of admissions of particular patients, without excluding records with diagnosis of Eating Disorder and those hospitalized in RMHC-London
- We collected details from 8000 records and analysed by SAS

What are the Parameters for recording details of Eating Disorders?

- BMI.
- Nutritional details
- Indicators of Eating Disorders
- DSM Diagnosis Eating Disorders
- Polydipsia

Result 1: Polydipsia (N) 1.6%, BMI = 29.6

Result 2: How commonly nutritional details are recorded?



How patients data is recoded?

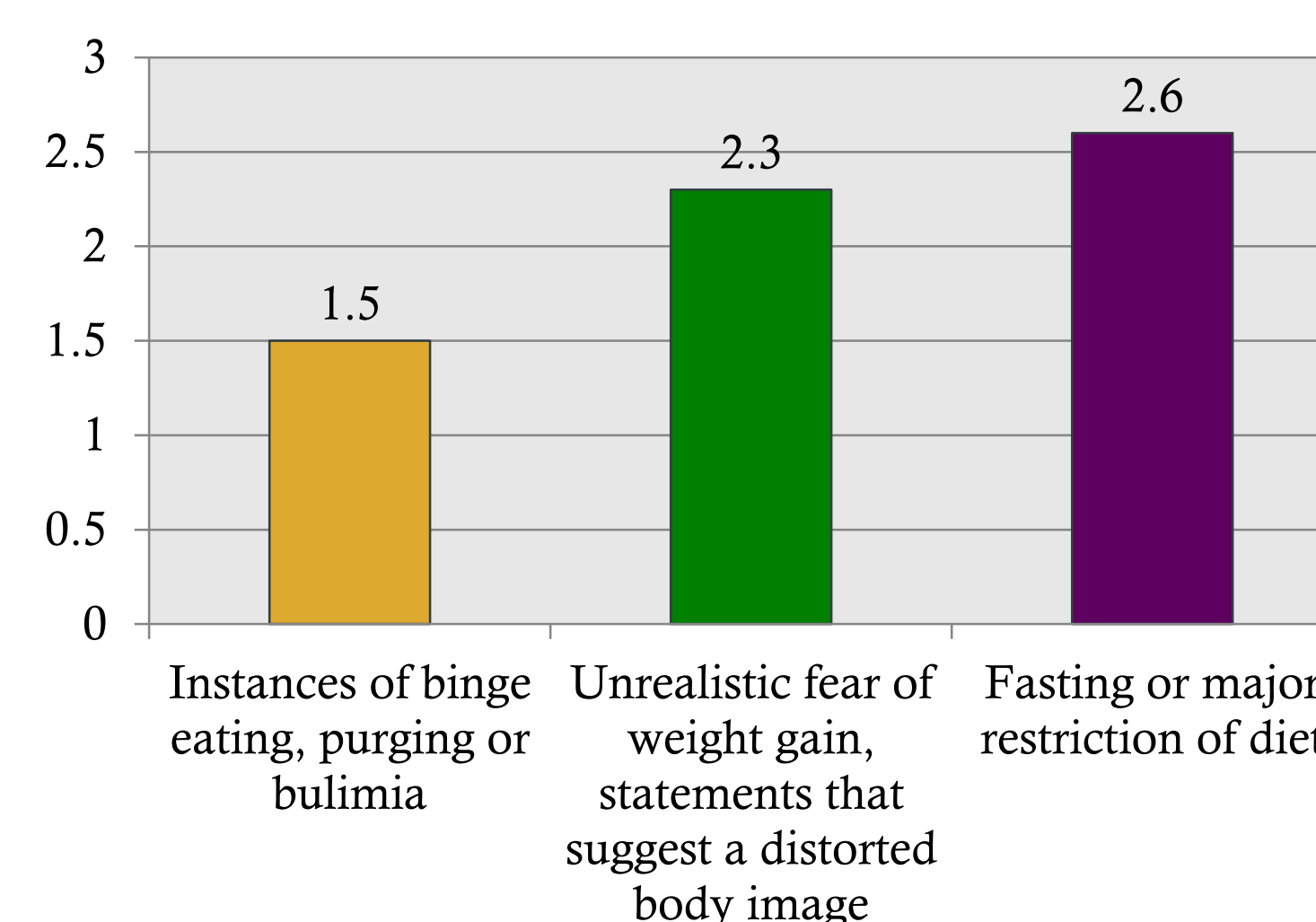
Clinical data is recorded under as per guideline of Ontario Mental Health Reporting System in following categories (2013-2014)

Section	Category	Section	Category
Section AA	General Information	Section H	Communication
		Section I	Health condition and medication side effects
		Section J	Stressors
Section BB	Personal items	Section K	Medication
Section CC	Referral item	Section L	Service utilization
Section DD	Mental health service history	Section M	Control procedures
Section A	Assessment information	Section N	Nutrition
Section B	Mental state indicators	Section O	Role functioning
Section C	Substance abuse and excessive behavior	Section P	Resource for discharge
Section D	Harm to self and others	Section Q	Psychiatric diagnostic information
Section E	Behavior disturbance	Section R	Medication
Section F	Cognition	Section S	Service history
Section G	Self care	Section T	Assessment indication

Result 4: Categories for recording DSM IV Diagnosis

Section Q (Diagnostic category)	(%) N=8000	Somatoform disorders	
		Factitious disorders	0
Childhood/adolescence	0.7	Dissociative disorders	0.1
Delirium, dementia and amnesic & other cognitive disorders	0.7	Sexual & gender identity disorders	0.2
Mental disorders due to general medical conditions	0.7	Eating Disorders	0.4
Substance-related (x20)	46	Sleep disorders	0
Schizophrenia & other psychotic disorders (x 20)	46	Impulse-control disorders - other	0.2
Mood disorders (x10)	39.0	Adjustment disorders	1.4
Anxiety disorders	2.6	Personality disorders	2.2

Result 3: How commonly indicators of eating disorder recorded?



Are Eating Disorders accurately detected and documented?

Incidence of Eating Disorders:	Other studies [Long Term Hospitalization] [1]	This study Electronic Database (RAI)
Eating Disorders	1% to 4%	0.4%
Bulimia Nervosa	0.007%	1.9%

Result 5: Findings/Significance of each Parameter in Relation to DSM Diagnosis of Eating Disorder

The Indicators of Eating Disorders recorded on 3 items in N3 in RAI significantly predicts a Diagnosis of Eating Disorder	Nutritional Problems	P-value
Instances of Binge Eating, Purging or Bulimia	Weight loss of 5% or more in the last 30 days or 10% or more in the last 180 days	< 0.001
Unrealistic fear of weight gain, statements that suggest a distorted body image	Insufficient fluid - less than 1,000 cc per day or less than four 8-oz cups per day	< 0.001
Fasting or Major Restriction of Diet	In the last 3 days, noticeable decrease in the amount of food person usually eats or fluid usually consumes	< 0.001

Result 6: What are the Factors which can predict possibility of an Eating Disorder?

Predictors:

- The Indicators of Eating Disorders recorded on 3 items in N3 in RAI significantly predicts a Diagnosis of an Eating Disorder
- Strong Correlation with Indicators of Eating Disorders

Conclusion

- Incidence of Traits of Eating Disorders is unbelievably low.
- It is either Not Screened, Not Diagnosed or Not Recorded.
- The process of screening and recording needs a review to develop a comprehensive management plan

Reference

- Curran, L., Schmidt, U. & Treasure, J. (2005) Time trends in eating disorder incidence. *The British Journal of Psychiatry*, 186: 132-135.