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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

Available at: https://works.bepress.com/amreshsrivastava/119/
Background

- Eating Disorders are less frequently detected amongst discharged long term hospitalized patients.
- It is not clear whether these remain poorly detected also amongst discharged long term hospitalized 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 service history of patients.
- 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 analyzed by SAS 9.2.

What are the Parameters for recording details of Eating Disorders?

1. BMI.
2. Nutritional details.
3. Indicators of Eating Disorders.
4. DSM Diagnosis Eating Disorders.
5. Polydipsia.

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

Result 2: How commonly nutritional details are recorded?

<table>
<thead>
<tr>
<th>Weight loss</th>
<th>Weight gain</th>
<th>Inadequate food intake</th>
<th>Decrease in the amount of food intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Result 3: How commonly indicators of eating disorder recorded?

<table>
<thead>
<tr>
<th>Indicators of Eating Disorders</th>
<th>Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge eating</td>
<td>2.6</td>
</tr>
<tr>
<td>Purging</td>
<td>0.2</td>
</tr>
<tr>
<td>Fasting</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Result 4: Categories for recording DSM IV Diagnosis

<table>
<thead>
<tr>
<th>DSM IV Diagnosis</th>
<th>(N)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatoform disorder</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Factitious disorder</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>0.1</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

Predictors:

1. Incidence of Traits of Eating Disorders is unbelievably low.
2. It is either Not Screened, Not Diagnosed or Not Recorded.

Conclusion

- The process of screening and recording needs a review to develop a comprehensive management plan.


Contact: dr.amresh@gmail.com