UNBOUND
RECOVERY, LLC

Diagnostic & Level of Care Guide

2021 APA Recommendations

STEP 1: SCREEN FOR EATING DISORDER IF SUSPECTED

Employ the APA-recommended screening questionnaire. If answered 2 questions with "yes, consider further evaluation for eating disorders.

Screen for Disordered Eating:

(Maguen et al. 2018)

- Do you often feel the desire to eat when you are emotionally upset or stressed?
- Do you often feel that you can't control what or how much you eat?
- Do you sometimes make yourself throw up (vomit) to control your weight?
- Are you often preoccupied with a desire to be thinner?
- Do you believe yourself to be fat when others say you are too thin?

Anorexia Nervosa	**Bulimia Nervosa**	**Binge Eating Disorder**	**Other Specified Feeding or Eating Disorder (OSFED)**
Persistent restriction of nutrition leading to significantly low body weight	Recurrent episodes of binge eating: 1) Eating, in a distinct period of time, an amount that is larger than most people would eat in a distinct period of time and under similar circumstances 2) A sense of lack of control over eating during the episode	Binge eating episodes are associated with 3 or more of the following: 1) Eating much more rapidly than normal 2) Eating until feeling uncomfortably full 3) Eating large amounts of food despite feeling hungry 4) Eating alone due to embarrassment 5) Feelings of disgust, depression, or guilt	A person must present with feeding or eating behaviors that cause clinically significant distress and impairment in areas of functioning but do not meet the full criteria for any of the other feeding and eating disorders.
An intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain	Recurrent inappropriate compensatory behavior such as self-induced vomiting; misuse of laxative, or other medications; fasting; or excessive exercise		
Disturbance in the way one's body weight or shape is experienced	Behaviors occur at least once a week for 3 months		

DSM-5 Diagnostic Criteria for Eating Disorders

STEP 2: ASSESS PATIENT & EVALUATE SEVERITY

Complete comprehensive assessment including eating disorder history, physical exam, and labs; mental health consult; and identify co-occurring conditions. Does the patient meet DSM-5 diagnostic criteria? If no, consider outpatient monitoring and follow-up. If yes, determine medical instability and danger/risk (see level of care required in step 3.)

Factors Supporting Hospitalization Include One or More of the Following:

	ADULTS	ADOLESCENTS (12-19 years)
Heart rate	<50 bpm	<50 bpm
Orthostatic change	Sustained increase of >30 bpm	Sustained increase of >40 bpm
BP	<90/60 mmHg	<90/45 mmHg
Orthostatic BP	>20 mmHg drop in sBP	>20 mmHg drop in sBP
Glucose	<60 mg/dl	
Potassium	Hypokalemia	Hypokalemia
Sodium	Hyponatremia	Hyponatremia
Phosphate	Hypophosphatemia	Hypophosphatemia
Magnesium	Hypomagnesemia	Hypomagnesemia
Temperature	<96.0 F	<96.0 F
BMI	<15	<75% of median BMI for age and sex
Rapidity of weight change	Greater than 10% decrease in body weight within the last 30 days	Greater than 10% weight loss in 6 months or greater than 20% weight loss in 1 year
Compensatory behaviors	Exercise, uncontrolled binging or purging occur multiple times daily and have either caused severe physiological consequences or not responded to treatment at a lower level of care	Exercise, uncontrolled binging or purging occur multiple times daily and have either caused severe physiological consequences or not responded to treatment at a lower level of care
Other complications	Dehydration; hepatic, renal, or cardiovascular organ compromise requiring acute treatment; poorly controlled diabetes; medical consequences of malnutrition such as	Interrupted growth and development; dehydration; acute food refusal; medical consequences of malnutrition such as syncope, seizures, pancreatitis, etc.

STEP 3: DETERMINE LEVEL OF CARE REQUIRED

	syncope, seizures, pancreatitis, etc.	

Laboratory Required for Nutritional Restriction or Purging Behaviors:

Organ system	Test	Related to nutritional restriction	Related to purging
Cardiovascular	ECG	Bradycardia or arrhythmias, QTc prolongation	Increased P wave amplitude and duration, increased PR interval, widened QRS complex, QTc prolongation, ST depression, T-wave inversion or flattening, U waves, supraventricular or ventricular tachyarrhythmias
Endocrine, metabolic	Serum electrolyte Abnormalities , Lipid panel	Hypokalemia, hyponatremia, hypomagnesemia, hypophosphatemia (especially on refeeding), Hypercholesterolemia	Hypokalemia, hyponatremia, hypochloremia, hypomagnesemia, hypophosphatemia, metabolic acidosis
Endocrine, metabolic	Serum glucose	Low blood sugar	
Gastrointestinal	Liver function	Elevated liver function tests	
Genitourinary	Renal function tests	Increased BUN, decreased GFR, decreased Cr because of low lean body mass (normal creatinine may indicate azotemia), renal failure (rare)	Increased BUN and Cr, renal failure (rare)
Genitourinary	Urinalysis	Urinary specific gravity abnormalities	Urinary specific gravity abnormalities, high pH

Abbreviations: BMI=body mass index; ECG=Electrocardiogram; sBP=systolic blood pressure

Level of Care

PROGRAM	Outpatient	IOP	PHP	Residential	Hospitalization
Level of Care	**LEVEL 1:** **Outpatient: PCP with Mental Health Counselor Professional**	**LEVEL 2:** **Intensive Outpatient Program (IOP)**	**LEVEL 3:** **Partial Hospitalization (Full-day Outpatient)**	**LEVEL 4A:** **Residential Treatment Center**	**LEVEL 4B** **Inpatient Hospitalization**
Medical Status (See Factors supporting hospitalization chart)	Medically stable; monitoring by PCP	Medically stable; monitoring by PCP	Medically stable; monitoring by PCP	Stable	Medically unstable; urgent care needed; daily lab testing, IV fluid, or tube feeding
BMI	>17	>16	>16	<16	<15 for adults or <75% of median BMI for age and sex
Weight Suppression Status	<5% of normal body weight to be restored (0.5-1 lb/wk)	>5-10% of normal body weight to be restored (1+ lb/wk)	>-15% of normal body weight to be restored (2+ lb/wk)	>-20% of normal body weight to be restored (2-3+ lb/wk)	>-25% of normal body weight to be restored (3+ lb/wk)
Eating & Supervision Behaviors	Insufficient, irregular or excessive intake can be redirected in the home environment	3-4 meals professionally supervised, guidance and skills developed in IOP	Needs significant nutritional intervention and the majority of meals supervised by professionals.	Needs nutritional intervention & professional supervision for all meals and snacks.	Professional supervision for all meals and snacks. At risk for refeeding syndrome.
Motivation for Recovery (cooperation, insight, & control over obsessive thoughts)	Good; adheres & engages in treatment	Fair-Good; adheres but needs additional structure	Partial motivation; cooperative; patient preoccupied with intrusive, repetitive thought >3 hours/day	Poor-to-fair motivation; patient preoccupied with intrusive repetitive thought 4–6 hours a day; patient cooperative with highly structured treatment	Very poor to poor motivation; patient preoccupied with intrusive repetitive thought; patient uncooperative with treatment or cooperative only in highly structured environment
Assessment of Functioning / Co-occurring Disorders	No impairment; no suicidal intent or plan; no impact from co-occurring disorders	Function somewhat impaired; function improving; no suicidal intent or plan	Mild impairment; no suicidal intent or plan	Cannot function in environment; no suicidal intent or plan	Evidence of dysfunction; any existing psychiatric disorder that would require hospitalization; no suicidal intent/plan or risk of harm
Eating Behaviors / Meal Planning	Able to follow; others able to provide adequate emotional and practical support	Occasional difficulty following; others able to provide adequate emotional and practical support	Structure or supervision needed to avoid restriction; Environmental stress- others able to provide limited emotional and practical support	Needs supervision at all meals or will restrict eating; severe family conflict or problems or absence of family so, patient is unable to receive structured support in home	Needs supervision during and after all meals or nasogastric/special feeding modality
Compensatory Behaviors	Can manage compulsive exercising through self-control; can control urges to restrict	Some degree of external structure beyond self-control required to prevent patient from compulsive exercising		Compulsive exercising or Food restriction	Compulsive exercising or Food restriction
Purging Behavior (purging, laxatives or diuretics)	Can greatly reduce incidents of purging in an unstructured setting; no significant medical complications, such as electrocardiographic or other abnormalities, suggesting the need for hospitalization	Inconsistent reduced behavior	Severe urges; supervision reduces frequency	Can ask for and use support from others or use cognitive and behavioral skills to inhibit purging	Needs supervision during and after all meals and in bathrooms; *unable to control multiple daily episodes of purging*
Response to Treatment	Improved or stabilized	Worsening over time	Worsening over time		

STEP 4: DIAGNOSE & TREAT ON A CONTINUUM

Make recommendation for level of care:

LEVEL 1: Outpatient	**LEVEL 2:** IOP	**LEVEL 3:** PHP	**LEVEL 4A:** Residential	**LEVEL 4B** Hospitalization
Outpatient: PCP with Mental Health Professional Outpatient care appears to be a good fit based on most recent assessment.	**Intensive Outpatient Program (IOP)** Outpatient care with a multidisciplinary team may be sufficient to meet the patient's treatment needs over time	**Partial Hospitalization (Full-day Outpatient)**	**Residential Treatment Center**	**Inpatient Hospitalization**
	Stable, no SI/HI risks, & meets diagnostic criteria for anorexia nervosa, bulimia nervosa, binge-eating disorder			Medically unstable

OTHER CONSIDERATIONS WHEN DETERMINING LEVEL OF CARE:

- Does the patient have any factors that suggest significant medical instability that would require pediatric or medical admission for monitoring, fluid management (including intravenous fluids), or nutritional supplementation via nasogastric tube feeding? (see factors supporting hospitalization chart)
- Does the patient have any factors (e.g., significant suicide risk, aggressive behaviors, impaired safety due to psychosis, need for treatment over objection or involuntary treatment) that would suggest a need for inpatient psychiatric treatment?
- Does the patient have co-occurring conditions (e.g., diabetes, substance use disorders, personality disorders) that would significantly affect treatment needs and require a higher level of care?
- Has the patient had a trial of outpatient treatment that was unsuccessful?
- To what extent is the patient able to control their eating disorder and weight control behaviors (e.g., binging, purging, food restriction)?
- What is the patient's level of motivation to recover, including insight and cooperation with treatment?
- What is the patient's psychosocial context, including level of environmental and psychosocial stress and ability to access support systems?
- To what extent would the patient's access to a level of care be influenced by logistical factors (e.g., geographical considerations; financial or insurance considerations; access to transportation or housing; school, work or childcare needs)?

CLINICAL RECOMMENDATION:

- **Regular outpatient Medical Visits with PCP**
- **Referral for Nutrition Care & Mental Health Professional support**
- IOP / Residential Treatment Center for Eating Disorders
- Inpatient Psychological Unit for safety risk
- Inpatient Hospitalization if medically unstable