UVA Department of Student Health

Medical Guideline for Outpatient Treatment of Eating Disorders

In recognition of the complex and intensive treatment often required for individuals with an eating disorder, the University of Virginia Department of Student Health has established evaluation and treatment guidelines to assist UVA staff in providing excellent outpatient care for students with eating disorders; these guidelines are based on the American Psychiatric Association (APA) 2006 practice guidelines. Incoming or returning students with active or recent eating disorder history may arrange for medical consultation within Student Health to determine medical risk and receive treatment recommendations. Additionally, in accordance with the APA recommendations, if current students are not responding to outpatient care as expected, or if they have severe medical complications, clinical staff will recommend a step up to a more intensive level of care, which is beyond the scope of outpatient services available at UVA. Students who require intensive treatment for eating disorders or other serious medical illnesses will be asked to take a medical leave from school to focus on improving their health. Patients with serious health problems may not be able to function as a full time student while properly caring for their health, which is why medical leave is recommended. After appropriate treatment and demonstrated medical stability, including maintaining a healthy weight for 4 months for those with eating disorders, they may return to school at UVA under the conditions of continued stable health.

When a UVA student seeks care at Student Health, the clinical staff recommends a multi-disciplinary team approach to treatment of the eating disorder to include psychological, medical, nutritional, and gynecological evaluation and treatment as appropriate. We request that students allow the entire treatment team (including Student Health and/or involved community clinicians) to discuss their care, and when required, appropriate forms authorizing release of medical information between relevant providers should be completed and documented in the medical record.

The majority of our students are able to successfully engage in treatment and achieve academic success. After an initial evaluation by any of the treating clinicians, the UVA student should complete the recommended referrals and evaluation procedures within 2 weeks in order to be adequately engaged in treatment. If a clinician has a concern that the patient is in grave medical danger and/or the student is not engaged in treatment or making progress toward a safe state of health, the clinician may involve the student’s academic dean. Parental notification is required by law if a life-threatening state is present; otherwise, parent
involvement in treatment is only made if the student and treatment team decide parental involvement is necessary and/or beneficial to the patient’s care.

For underweight patients, the General Medicine clinical staff initially evaluates the student’s medical status with a physical exam to include weight, height, blood pressure, pulse. Additional studies, if indicated, will include an EKG, DEXA bone density scan and lab work to include Chemistry comprehensive, Magnesium, Phosphorus, Complete Blood Count with differential, Lipid panel, thyroid function labs, urinalysis, and amylase, and other tests as appropriate. Further medical evaluation may include an Echocardiogram.

The Counseling and Psychological Services staff (or another local psychotherapist) assesses students to determine their motivation to recover, their insight, and their ability to collaborate in developing and implementing a treatment plan. Other co-existing disorders may be identified, including substance abuse, depression and anxiety. Students are assessed to determine whether they will be self-sufficient in setting up the needed structure to eat and gain weight as recommended.

The Counseling and Psychological Services (CAPS) and Nutrition Services visits are scheduled with a flexible brief treatment model. The usual limits for number of visits in CAPS and Nutrition Services apply. Patients requiring treatment beyond the brief treatment model are referred into the Charlottesville community for counseling and nutrition follow up.

Based on initial medical and psychological evaluations, students may fall into one of several health risk categories:

1. **At Risk Patients:**

   For students who meet the criteria for **Anorexia nervosa or Eating Disorder NOS with a Body Mass Index (BMI) of 18 or higher** who are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to eat/gain weight: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome.**

   For students who meet the criteria for **Bulimia nervosa OR who are binging and purging less than 1 time weekly with normal electrolytes and maintaining a healthy weight**, who are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to control binging and purging behaviors: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome.**
Outpatient Eating Disorder Care for an **At-Risk student** adequately engaged in treatment includes care by each of the specialists as described below including authorization by the patient for treatment team clinicians to communicate about their health:

a. **CAPS or a community-based psychotherapist** with experience in treating eating-disordered individuals:
   - Weekly therapy visits scheduled and kept; greater frequency to be individualized as needed.
   - Psychiatric consultation as recommended.
   - Taking all medications as prescribed.

b. **General Medicine:**
   - Regular follow-up visits in General Medicine; frequency to be individualized.
   - Have lab work completed as ordered on the day recommended.
   - Schedule and complete recommended additional studies.
   - Adhere to recommended exercise limitations. Access to UVA gyms may be limited.

c. **Nutrition:**
   - Nutrition visits scheduled and kept; frequency to be individualized.
   - Follow the dietician’s specific recommendations for food intake, exercise and rate of weight gain.

d. **Gynecology:**
   - Assessment by GYN clinical staff as recommended.

2. **Moderate Risk Patients:**

For students who meet the criteria for **Anorexia nervosa or Eating Disorder NOS with a Body Mass Index (BMI) of 17-18**, who are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to eat/gain weight: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome.** If the patient misses 2 appointments or fails to gain weight over 2 weeks or decreases by more than 1 pound within the outpatient care follow-up, **more intensive treatment beyond the scope of outpatient care at UVA will be recommended.**

For students who meet the criteria for **Bulimia nervosa OR who are binging and purging at least once a week, have normal electrolytes, maintain a healthy weight**, are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to control binging and purging behaviors:
Outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient misses 2 appointments or fails to reduce binging/purging behavior over 2 weeks within the outpatient care follow-up, more intensive treatment beyond the scope of outpatient care at UVA will be recommended.

Outpatient Eating Disorder Care for a Moderate-Risk student adequately engaged in treatment includes care by each of the specialists as described below with authorization by the patient for treatment team clinicians to communicate about their health:

a. **CAPS or a community-based psychotherapist** with experience in treating eating-disordered individuals:
   - Weekly therapy visits scheduled and kept; greater frequency to be individualized as needed.
   - Psychiatric consultation as recommended.
   - Taking all medications as prescribed.

b. **General Medicine**:
   - Weekly follow-up visits in General Medicine; greater frequency to be individualized as needed.
   - Have lab work completed as ordered on the day recommended.
   - Schedule and complete recommended additional studies.
   - Adhere to recommended exercise limitations. Access to UVA gyms may be limited.

c. **Nutrition**:
   - Nutrition visits scheduled and kept frequency to be individualized.
   - Follow the dietician’s specific recommendations for food intake, exercise, and rate of weight gain.

d. **Gynecology**:
   - Assessment by GYN clinical staff as recommended.

3. **High Risk Patients**:

For students who meet the criteria for **Anorexia nervosa or Eating Disorder NOS with a Body Mass Index (BMI) of 16-17**, who are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to eat/gain weight: **Outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient misses 2 appointments or fails to gain weight over 2 weeks or decreases by more than 1 pound within the outpatient care follow-up, more intensive treatment beyond the scope of outpatient care at UVA will be recommended.**
For students who meet the criteria for Bulimia nervosa who are binging and purging more often than three times a week, who have mildly abnormal electrolytes controlled with electrolyte supplements, who are fairly well motivated to engage in treatment, demonstrate good insight, and are self-sufficient in establishing the structure needed to control binging and purging behaviors: Outpatient care from a multidisciplinary team may be undertaken to improve health outcome. If the patient misses 2 appointments or fails to reduce binging/purging behavior over 2 weeks within the outpatient care follow-up, more intensive treatment beyond the scope of outpatient care at UVA will be recommended.

Outpatient Eating Disorder Care for a High-Risk student adequately engaged in treatment includes care by each of the specialists as described below with authorization by the patient for treatment team clinicians to communicate about their health:

a. CAPS or a community-based psychotherapist with experience in treating eating-disordered individuals:
   - **Twice weekly** therapy visits scheduled and kept; greater frequency to be individualized as needed.
   - Psychiatric consultation as recommended.
   - Taking all medications as prescribed.

b. General Medicine:
   - **Twice weekly** follow-up visits in General Medicine, greater frequency to be individualized as needed.
   - Have lab work completed as ordered on the day recommended.
   - Schedule and complete recommended additional studies.
   - Adhere to recommended exercise limitations. Access to UVA gyms may be limited.
   - Keep appointments for additional testing as ordered.

c. Nutrition:
   - **Weekly** Nutrition visits scheduled and kept; greater frequency to be individualized.
   - Follow the dietician’s specific recommendations for food intake, exercise and rate of weight gain.

d. Gynecology:
   - Assessment by GYN clinical staff as recommended.

4. Extremely High Risk Patients:
   At any weight, any patient with unstable medical or psychiatric conditions requires urgent evaluation beyond the scope of medical care available as an outpatient at UVA. This list of conditions may include: severe orthostatic hypotension, blood pressure
below 90/60 mmHg, syncope, temperature <97.0 F, pulse less than 40, severe electrolyte abnormalities including potassium < 3.0, significant EKG abnormality, hepatic, renal or cardiac compromise, or other unstable medical or psychiatric symptoms. Most of these criteria indicate a need for inpatient treatment with transfer to the Emergency Department as indicated. These patients are at extremely high risk of complications related to their underlying eating disorder and stabilizing their medical parameters is our first priority. Recommending academic withdrawal is a secondary consideration for clinicians.

Anorexia nervosa or Eating Disorder NOS Patients with a Body Mass Index (BMI) less than 16 or some patients with Bulimia nervosa are at an extremely high risk of poor outcome including a 4-6 % risk of death. Additionally, patients at BMI’s greater than 16 who are not motivated to engage in treatment, or who demonstrate poor insight, or who are not self-sufficient in establishing the structure needed to eat/gain weight, or with unstable vital signs, or with suicidality or severe depression, or who are excessively pre-occupied with illness: Immediate voluntary medical withdrawal from UVA will be recommended. If the student refuses voluntary medical withdrawal, mandatory removal proceedings will be instituted with notification of the Dean’s Office to implement removal proceedings. These patients require intensive treatment beyond the scope of outpatient care available at UVA. Clinicians involved in the care of extremely high risk patients will recommend and facilitate transfer of care to a more intensive treatment facility, often a hospital.

For students who meet the criteria for Bulimia nervosa who are binging and purging more than three times a week, and/or who have severely abnormal electrolytes and/or BMI <17, and/or who are not motivated to engage in treatment, and/or demonstrate poor insight, and/or are not self-sufficient in establishing the structure needed to control binging and purging behaviors: Immediate voluntary medical withdrawal from UVA will be recommended. If the student refuses voluntary medical withdrawal, mandatory removal proceedings will be instituted with notification of the Dean’s Office to implement removal proceedings. These patients require intensive treatment beyond the scope of outpatient care available at UVA. Clinicians involved in the care of the extremely high risk patients will recommend and facilitate transfer of care to a more intensive treatment facility, often a hospital.