

Preparing for an Eating Disorder Hospitalization: Information for Families

Treatment: It is important to remember that your loved one will typically not benefit from therapy unless they are medically stable. It is equally important to remember that a hospitalization stay is often just the beginning of the recovery process and not a comprehensive eating disorder 'fix'. Sometimes more than one admission is required.

Medical Stabilization:

General community hospitals admit to medically stabilize. That means they admit the person to Emergency, Pediatrics or General Medicine, to reduce imminent medical risk. Most often they do not have the expertise to provide specialized eating disorder care. It is important to remember that the job of the staff during this admission is to take care of the MEDICAL needs of your loved one. Their job is to keep your loved one alive. Stays typically are short and can range from 2-8 days

Medical and Psychiatric Stabilization:

Sometimes a loved one is both at risk physically AND psychiatrically; for example they may be very underweight and suicidal. In this case both mental health AND medical emergent care may be required. This care is often hard to access. The job of the staff is to stabilize the mental and physical health of your loved one so that they can go on to more comprehensive care. These programs will not typically have staff with eating disorder expertise, but the staff is experienced in managing general psychiatric and medical concerns. Stays typically are short and can range from 1-4 weeks.

Specialized Eating Disorder Care:

Hospital programs that provide specialized comprehensive care are typically scarce and as a result often have long waiting lists. Sites may offer inpatient beds, partial or day hospital programming and/or outpatient services. These programs have trained eating disorder staff with specialized expertise.

Inpatient:

Admissions aim to restore and maintain medical stability through 24 hour medical monitoring.

Treatment encourages a resumption of more normalized eating, may include supervised alternatives to solid food intake, safe withdrawal from laxatives, supervised meals for reduction of purging behaviors or medical monitoring for other complications. Individuals who have struggled to eat anything might be appropriate. Referrals are typically through physicians and admissions are typically made based on the level of illness severity of those currently awaiting admission. Clients may be uninterested in or uncertain about recovery. Stays can vary in length from 2- 6 months.

Day Hospital:

These are programs where individuals are no longer at imminent medical risk, can go home in the evenings, eat some foods on their own without needing supervision but are struggling to maintain their activities of daily living. Motivation for change, readiness for change and deeper issues at the core of the eating disorder can begin to be addressed. Treatment might include: group, individual and/or family therapy; nutrition assessments and counselling; activity groups; medication review; meal planning and support; medication treatment and team consultations. Clients are usually with peers. Admissions are typically made with a physician's referral and completion of a comprehensive multi-disciplinary assessment. Clients may have mixed feelings about recovery. Stays can vary in length from 2-12 months.

Outpatient:

These programs are offered to those at all stages of change i.e. those just beginning, in the middle of or completing their recovery process. Clients must be medically stable. Motivational issues are often addressed but so too are some of the deeper issues underlying the eating disorder. Most often, services include group, individual and/or family therapy; nutrition assessments and counselling. Admissions can be based on a physician's referral or clients, in some programs, may refer themselves. There is often a 2-6 month wait for admission but once admitted clients can typically remain for as long as they are motivated, attend their appointments and find the treatment beneficial. Clients can be both certain and uncertain about recovery. Stays can vary in length from 1-7yrs.

Leaving the Hospital**Support**

Leaving the hospital is usually very scary for families. Having had the support of professionals, and some respite for even a brief while, families are often anxious about being left alone to once again manage the eating disorder full time at home. It is important that you seek support for yourself and for you as a couple if appropriate. This may occur through formal supportive services (See "Resources for Patients and Families" Sheet) or through friends and family.

Follow-up Plan

Ensuring there is a follow-up plan in place for your son/daughter before they are sent home is important. This may involve follow-up appointments with your family doctor, and/or referrals to other more specialized providers and programs. If your family doctor has not been involved to date, now is a good time to update him/her about the status of your loved ones' health and establish a follow-up plan.

Re-admissions

Having everyone understand the terms and conditions that would lead to a readmission is also critical should things decline once again. Understand what the 'criteria' are. Examples include fainting, not eating anything for days/weeks or suicidality. Decide where you will go a relapse occur.

**Remember, the aim at all times is to provide compassionate care
that maintains the dignity of your loved one while reducing
the imminent risk to their life.**