

# Medical Emergencies in Eating Disorders (MEED). What can we learn about the ED epidemic? Does MEED risk assessment predict outcomes? Amelia Prosser and Dr Fiona Leslie

## Introduction

Medical Emergencies in Eating Disorders (MEED)<sup>1</sup> was launched in 2022 at a time when hospital admissions for an eating disorder (ED) have increased by 84% in 5 years. We were implementing a city-wide MEED guidance to improve patient care. This retrospective study explored whether there was a correlation between severity of physical symptoms & parameters using MEED flag system and three outcomes: length of stay (LOS), detainment under the Mental Health Act (MHA), & discharge destination. We were keen to understand if this would help future patient care, our discussions with patients & predict poor outcomes.

## Methods

As a medical student project, records of patients admitted with EDs at a teaching hospital from 2018 –23 were reviewed, using the MEED flag system. The MEED flag system which uses red, amber & green flags, was used to create a score for medical compromise. Each patient was given a score based on their history, examination findings & investigations. Logistic regression was used to determine any correlation between medical compromise & our chosen parameters. SPSS was used & the Hosmer Lemeshow test to assess goodness of fit.

## Results

Twenty six patients were admitted over a 5-year period. Demographic data was comparable with larger studies; 16 patients with anorexia nervosa, 21 were female, age range 17-70. 19.2% had autism spectrum disorder. Admissions increased significantly from 2018 (2 patients) to 2021 (11 patients). The highest number of MEED red flags was six (1), the lowest was zero (2 patients). The highest number of amber flags was 3 (2 patients) and the lowest was zero (10 patients). BMI on admission ranged from 11.4- 22.3 (mean 15.4 (SD=2.5), median BMI 14.6).

There were no deaths or serious medical outcomes. Excluding one patient with diabulimia (LOS of 272 days who required specialist NHS England funding,) the mean LOS was 23.2 days (SD=14.56), median 19 days. Sixteen patients were detained under the MHA. Fourteen patients were discharged to the community, 11 to a specialist eating disorders unit. There was no significant correlation between severity of medical compromise and detainment, discharge destination, or length of stay (p-values were 0.243, 0.940, & 0.063 respectively).

## Conclusions

There was a marked increase in admissions over the 5-year study period. MEED guidelines were useful and easy to use. Severity of medical compromise measured by the MEED flag system was not a predictor for admission outcomes in this small group. Understanding this group of patients & the significant impact on our service is important in our implementation of MEED guidance.

## References

1. Nicholls, D Robinson, P Ayton A et al. Medical Emergencies in Eating Disorders: Guidance on Recognition and Management. Royal College of Psychiatrists May 2022.