Eating Disorder Treatment Resources

Compiled by Megan Riddle, MD MS PhD

For clinicians

APA Eating disorder treatment guidelines:

- Pocket version: https://eguideline.guidelinecentral.com/i/1492606-eating-disorders/0?
- Full guidelines: https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424865

Academy for Eating Disorders' (AED) Medical Care Standards

• https://www.aedweb.org/resources/publications/medical-care-standards

Hospitalization parameters – Table 6 from APA eating disorder treatment guidelines:

TABLE 6.	One or more factors supporting medical hospitalization or hospitalization on a specialized eating
	disorder unit

	Adults	Adolescents (12–19 years)
Heart rate	<50 bpm	<50 bpm
Orthostatic change in heart rate	Sustained increase of >30 bpm	Sustained increase of >40 bpm
Blood pressure	<90/60 mmHg	<90/45 mmHg
Orthostatic blood pressure	>20 mmHg drop in sBP	>20 mmHg drop in sBP
Glucose	<60 mg/dL	<60 mg/dL
Potassium	Hypokalemia ¹	Hypokalemia ¹
Sodium	Hyponatremia ¹	Hyponatremia ¹
Phosphate	Hypophosphatemia ¹	Hypophosphatemia ¹
Magnesium	Hypomagnesemia ¹	Hypomagnesemia ¹
Temperature	<36°C (<96.8°F)	<36°C (<96.8°F)
BMI	<15	<75% of median BMI for age and sex
Rapidity of weight change	>10% weight loss in 6 months or >20% weight loss in 1 year	>10% weight loss in 6 months or >20% weight loss in 1 year
Compensatory behaviors	Occur frequently and have either caused serious physiological consequences or not responded to treatment at lower level of care	Occur frequently and have either caused serious physiological consequences or not responded to treatment at lower level of care
ECG	Prolonged QTc >450 or other significant ECG abnormalities	Prolonged QTc > 450 or other significant ECG abnormalities
Other conditions	Acute medical complications of malnutri- tion (e.g., seizures, syncope, cardiac fail- ure, pancreatitis)	Acute medical complications of malnutri- tion (e.g., seizures, syncope, cardiac fail- ure, pancreatitis), arrested growth and development

Note. BMI=body mass index; bpm=beats per minute; ECG=electrocardiogram; sBP=systolic blood pressure.

¹Reference ranges for potassium, sodium, phosphate, and magnesium and numerical thresholds for values that determine hypokalemia, hyponatremia, hypophosphatemia, and hypomagnesemia depend upon the clinical laboratory.

UW Psychiatry Consultation Line (PCL)

PHONE 877.WA. PSYCH (877.927.7924)

EMAIL pclwa@uw.edu

WEB uwpsychiatry.org/pcl

Level of care guidelines – Table 5 from APA eating disorder treatment guidelines:

TABLE 5. Considerations in determining an appropriate level of care

Factors that suggest significant medical instability, which may require hospitalization for acute medical stabilization, including need for monitoring, fluid management (including intravenous fluids), electrolyte replacement, or nutritional supplementation via nasogastric tube feeding (see Table 6)

Factors that would suggest a need for inpatient psychiatric treatment (e.g., significant suicide risk, aggressive behaviors, impaired safety due to psychosis/self-harm, need for treatment over objection or involuntary treatment)

Co-occurring conditions (e.g., diabetes, substance use disorders) that would significantly affect treatment needs and require a higher level of care

Lack of response or deterioration in patient's condition in individuals receiving outpatient treatment

Extent to which the patient is able to decrease or stop eating disorder and weight control behaviors (e.g., dietary restriction, binge eating, purging, excessive exercise) without meal support or monitoring

Level of motivation to recover, including insight, cooperation with treatment, and willingness to engage in behavior change

Psychosocial context, including level of environmental and psychosocial stress and ability to access support systems

Extent to which a patient's access to a level of care is influenced by logistical factors (e.g., geographical considerations; financial or insurance considerations; access to transportation or housing; school, work, or childcare needs)

Treatment Centers* Name	Location	Levels of Care	Website
The Eating Recovery Center	Bellevue	Res/PHP/virtual IOP; transfer to inpatient available (CO or TX locations)	https://www.eatingrecoverycenter.com/
Emily Program	Spokane/Seattle /Lacey	Res/PHP/IOP/ Outpatient	https://emilyprogram.com/
Center for Discovery	Edmonds/ Tacoma	RES/PHP/IOP	https://centerfordiscovery.com/
Opal Food & Body Wisdom	Seattle	PHP/IOP/Outpatient	https://www.opalfoodandbody.com/
The Center: A Place of HOPE	Edmonds	PHP	https://www.aplaceofhope.com/
Recovery and Wellness	Tri-cities	PHP/IOP	https://www.recoveryandwellness.org/
Thira	Bellevue	Res/PHP/IOP	https://thirahealth.com/
Liberating Jasper	Tacoma	Outpatient/Support Groups	https://www.liberatingjasper.com/
Equip	Virtual	Outpatient	https://equip.health/
Very	Virtual	Outpatient	https://very.health/
Within Health	Virtual	PHP/IOP	https://withinhealth.com/

^{*}Please note that none of the listed treatment providers are affiliated with UW Medicine. Inclusion of these programs is not meant to be an endorsement of their services or of these agencies.

UW Psychiatry Consultation Line (PCL)

PHONE 877.WA. PSYCH (877.927.7924)

EMAIL pclwa@uw.edu

WEB uwpsychiatry.org/pcl