Treatment of Eating Disorders

OBJECTIVE

To provide evidence-based recommendations for the treatment of eating disorders.

INTRODUCTION

WellCare adheres to InterQual criteria and the guidance of the American Psychiatric Association (APA) in determining the treatment needs of members with eating disorders (ED). WellCare believes the following statements to be appropriate guidelines for treatment decisions and system of care interventions of ED:

- The treatment of ED is complex and requires an integrated approach to balance and manage all the co-morbid psychiatric and medical conditions present when these members access care.
- The psychgenic dynamics that contribute to the development of eating disorders require attention or the condition is extremely likely to continue and to escalate.
- Treating the whole person within their living environment is crucial to treatment success.
- The absence of specialty practitioners or a full spectrum of care in each community to treat these specialty conditions is a system of care deficit that needs to be considered and addressed as much as possible to facilitate best practices in the treatment of ED.
- Integrated Care Programs are the best paradigm to treat ED conditions.

In August 2012, the APA issued a practice guideline ‘watch’ for ED. In it they published their findings about treatment outcomes and treatment settings. The following was outlined:

- Full recovery rates on members with ED are poor, at only 33% after 2 years in the study group;
- Treatment adherence was lowest with the inpatient treatment group, at only 50% as compared with 71% for the outpatient group and 77% for the specialist ouitpatient group;
- First line inpatient treatment does not provide advantages over outpatient treatment;
- Patients who do not respond to outpatient treatment do poorly on transfer to inpatient facilities;
- Specialist outpatient treatment was found to be the most effective/cost-effective treatment and had the highest patient satisfaction rates; AND
- There is little support for long-term inpatient (residential) care.

CO MORBID CONDITIONS

The potential for co-morbid conditions is high and can include mental health disorders, substance use disorders and medical conditions. ED cases are medically complex and can represent high acuity clinical situations.

PRESENTATIONS FOR ANTIPSYCHOTIC or ANTIDEPRESSANT DRUGS

The potential for co-morbid behavior is high. Psychosis can be present in the clinical picture of a member with ED- most often related to PTSD and/or major depression. Depression and Anxiety are frequent co-morbid behavioral health conditions. Additionally there is a high prevalence of borderline personality disorder. As needed psychotropic drugs can be a valuable treatment adjunct.

EVALUATION FOR ANTIPSYCHOTIC DRUGS

Considerations include the potential effect and side effects. Some drugs may help with weight gain in addition to controlling psychotic symptoms. Careful dosing is necessary with members whose weight or other medical conditions provide potential drug interactions or the potential for serious side effects.

PSYCHOSOCIAL INTERVENTIONS

The development of eating disorders is almost always connected to negative family dynamics- most notably the mother/daughter relationship. Initially, achieving a sense of power and control is the primary conscious or unconscious gain that motivates the member to take unhealthy charge of their eating. Whether the problem is bulimia or anorexia, unless the psychogenic issues are resolved the symptoms usually escalate. Family involvement and therapy is a crucial factor that determines the potential for successful treatment.

INDICATIONS FOR REFERRAL

1. Member safety is always the first priority. If the member is at risk of physical bodily harm due to the medical complications of ED and meets inpatient criteria, WellCare will manage medical inpatient services to stabilize the member's acute physical condition and facilitate an appropriate discharge. Likewise, if the behavioral health symptoms are the most acute and the member meets inpatient criteria, WellCare will manage psychiatric inpatient services to stabilize the member's psychiatric condition and facilitate an appropriate discharge.
2. The goal of any inpatient admission is rapid stabilization and engagement with specialized outpatient services.
3. WellCare will consider the use of specialized psychiatric outpatient treatment that includes nutritional support and needed medical services the best practice for the treatment of ED.
4. As indicated for each member based on criteria and the APA guidelines, intensive outpatient or partial hospitalization services may be an appropriate treatment response to those who need more intensive treatment than available in specialized outpatient treatment.
5. There is no evidence to support the use of long-term inpatient services in any setting (residential, crisis stabilization units, or acute inpatient facilities) and removing children from their families unless there is clear and convincing evidence of abuse or neglect is contraindicated.
6. WellCare will automatically assign a case manager to work with the integrated medical/psychiatric Utilization Management staff on treatment alternatives and discharge planning to promote the best possible outcomes.

MEMBER EDUCATION

Psychoeducational interventions with the member and the family related to the individual/family dynamics, the nature of the ED, and the individual's emotional issues are considered to be helpful. Additionally, nutritional counseling is vital to assist the member with assuming healthy control of their intake.

REFERENCES

1. APA practice guidelines: eating disorders. American Psychiatric Association Web site. http://psychiatryonline.org/guidelines. Published 2012, 2006. Accessed June 1, 2015.

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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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5/7/2015	• Approved by MPC. New.