

## **Inpatient Eating Disorder Program Adolescent Medicine Service**

**Texas Children's Hospital**

Welcome! Because eating disorders can become life threatening, we have developed a specialized team of doctors and other professionals to provide a treatment process to stabilize and improve patients' medical conditions and to help them obtain healthy behaviors and optimal functioning. The Adolescent Unit at Texas Children's is a specialized environment with strict rules and procedures that may seem strange or unnecessary so it is important that you understand the environment.

The members of your treatment team consist of the following individuals who can be contacted by telephone or pager as listed below. One important step toward wellness is the ability of the patient to contact his/her doctor in a timely manner to discuss any problems or answer any questions.

### **Your team includes:**

Dr. Albert Hergenroeder, Physician	832-822-4887
Dr. Mariam Chacko, Physician	832-822-4887
Dr. Amy Middleman, Physician	832-822-4887
Dr. Sharonda Alston-Taylor, Physician	832-822-4887

Dr. Erin Kish, 3rd Year Medical Fellow	832-822-4887
Dr. Fareeda Haamid, 2nd Year Medical Fellow	832-822-4887
Dr. Jamie Varughese, 1 <sup>st</sup> Year Medical Fellow	832-822-4887

Roberta Anding, Outpatient Dietitian	832-822-4005
Lisa Hastings, Outpatient Dietitian	832-822-4154
Jennifer Brown, Inpatient Dietitian	832-824-1058

Dr. Gwendolyn Adam, Family Therapist	832-822-4004
Shelley Stoddard, Social Work Post-Master's Fellow	832-822-0608

Dr. Jean Doak, Psychologist	832-822-3661
Dr. Kim Zlomke, Psychology Post-doctoral Fellow	832-822-0613

To contact the Adolescent Medicine Physician or the Adolescent Medicine Therapist on-call, please call the Hospital Page Operator	832-824-2099
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<b><u>Your room phone number is:</u></b>	832-826-14##
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## **Inpatient Eating Disorder Program Introduction**

### **What will likely happen when you first enter the hospital?**

The goal of inpatient hospitalization is to correct your malnutrition and to improve your physical and emotional health. To do this, it is also important to establish relationships with your treatment team. These goals are accomplished in a variety of ways. Upon admission to the hospital, you may be placed on bed rest, video monitoring, and/or restricted bathroom privileges until the team has determined that you are medically stable to get up and walk around without significant changes in your blood pressure, heart rate, body temperature, or with dizziness or falling. Because of these concerns, you will need to ask nursing each time you wish to use the bathroom. All of these methods are designed to help keep you medically safe especially since weight often decreases during the first week of admission.

It is important to reduce your total amount of activity in order to assist your body in conserving energy while you begin to renourish your body. Nursing staff may ask you to decrease any movements such as wiggling your legs or holding positions for lengthy periods. These requests may sound strange and/or you may not understand the purpose of these measures since you have probably been relatively active prior to this hospitalization and you may not have experienced any episodes of falling or had symptoms of dizziness, etc. Nevertheless, we will take all measures to maximize your health and minimize your length of stay in the hospital. Our experience is that during the initial period of hospitalization for very malnourished patients, these steps are indicated.



### **Mealtimes**

Breakfast:	around 8:00am
Lunch:	around 12:00pm
Dinner:	around 5:00pm.

\*Staff will observe all meals, and we offer specific guidelines in your contract to increase observation of eating behaviors.

### **What does the team provide?**

The team makes itself available to you daily in rounds, in phone calls, and through the paging system. All of our phone numbers are listed on the front page of this brochure as well as how to reach us by page operator. In addition, the team makes itself available to you approximately one time per week for a team conference, as clinically indicated and/or schedule permitting. We make ourselves available to you in one meeting time so that if there is something about your treatment you would like to ask about, you have everyone on the team to ask. We also encourage you to take responsibility for your own treatment process. Thus, it is an important step in this process that you ask your own questions.



## Why is psychotherapy such an important part of treatment?

You are being admitted for medical reasons. However, there is an important psychological component to your illness. Eating disorders are psychological disorders. Keep in mind that psychological disorders do not mean that you are crazy. A psychological disorder simply means that the things you think, feel, and do get in the way of healthy behavior and optimal functioning. That's it. By coming to this hospital you are telling your team that you would like some help to obtain healthy behavior and optimal functioning in the way



you think, feel, and do things. So, that is what psychologists and social workers (your mental health team) do. Psychotherapy is an attempt to help you discover what and how you are thinking, feeling and doing and how these behaviors may be interfering with your functioning.

## Why is it a bad idea for parents and family members to talk about psychological things with a patient?



The best answer is a question: "Has what we tried before hospitalization been effective?" Usually by the time you are seeking help from us, you and your family have not found the most effective way to improve your health. Our goal is to help your family provide time for you to improve your medical, nutritional, and psychological status, and provide an opportunity for you and your family to explore other possible approaches to the problems of eating. We will work together to learn other behaviors that are more helpful for you. The treatment team will appropriately concentrate and comment on your treatment procedures, behaviors, and progress. Parents should not attempt to discuss these topics. Rather parents should focus on being supportive to you, and the team will be happy to assist parents with supportive strategies during your treatment.

## What we try NOT to do in therapy...

Parents/families often feel that they somehow gave the eating disorder to you, but this is not accurate. Also, even though parents and families often want to take the eating disorder away from you, only you can decide to give up the eating disorder for yourself. You have to figure out whether or not you want to keep your eating disorder or try something different. It is really up to you.

Are therapists looking for deep dark secrets in the family? No. This is a common misunderstanding of the therapeutic process.

Are therapists looking for ways to blame everyone for your disorder? No.

Are therapists trying to turn the patient against family members? No. The therapist's only goal is to help you attain healthy behavior and optimal functioning.



## What do we do in therapy?

The mental health team offers individual psychotherapy for each patient 2 to 4 times per week, group psychotherapy 1-4 times per week when appropriate and available, and family therapy sessions one time per week. The mental health team's goal is to assist you in discovering how it came to be that an eating disorder appeared to be a way to cope with some problems. There is no simple answer to this question. That's why our team is so large. It takes a lot of us working together to figure these things out, and it takes a long time! There is no one reason for eating disorders. There is no person to blame for eating disorders. We can help you figure out how eating problems happened, whether you want to change, and how you can develop healthy thinking and behavior.

## What is the goal of group therapy sessions?

The sessions allow you to express your thoughts, feelings, concerns, wishes and problems on the unit so that we are able to address those that seem appropriate. The sessions also empower youth to voice their own opinions in an appropriate manner. Social skills are a weakness for many patients so the group allows us an opportunity to observe potential social problems members may have. Group is also



used to discuss issues related to having an eating disorder, acknowledging the disorder, what to tell friends, what happens when you leave the hospital, what it is like to eat with everyone staring at you, and on and on. The group discusses cultural issues that may have influenced you and suggest strategies to cope with these issues.

## Confidentiality

Will the mental health team tell parents and family what you talk about?  
No. All members of the treatment team will share information with all other members of the treatment team in order to maximize health gain. However, specific details discussed in therapy are not generally discussed with the entire team or with parents.



Should parents and family members ask you what you talk about in therapy?

No. If you want to share this information with family members you will take the initiative on your own behalf when you are ready. At some point, you will ask a family member to talk about something, and then it is very important that family members listen.

**Special note to parents:** Patients are often very angry at their parents/families during the treatment process. This is very normal. First, they are mad that someone has brought him/her to the hospital. Then they are mad that the family won't take them out of the hospital. Next, they want to come back and visit other patients once they are discharged from the hospital. (We tell them they cannot do that since it may interfere with treatment for some patients). Then, they are mad that the family didn't bring them to the hospital sooner (even though they have been begging you not to bring them to the hospital).

Patients may act like **you are** the bad guy. This makes some parents/families feel that they **are** the bad guys. You **are not** the bad guys. No one is. One of the things we hope to do is to help your child stop treating you as the bad guy. That means for a while they may treat the **team** as the bad guy. Please come and talk to **us** when you think the team is now the bad guy. We hope to make the journey to health easier, not harder. But you have to be able to trust us to do our job.

## Why do we sometimes suggest medications?

You may be able to benefit from medications. Research shows that eating disorder treatment **for some patients** is most effective when there is a combination of pharmacotherapy (medicine) and psychotherapy. Patients may be concerned that they will be “addicted” to the medication or become dependent on the medication. Patients sometimes worry that the medication will change their personality, and they will no longer be who they are. There is no evidence that patients become addicted to or dependent upon medications that are used to assist in treatment. Once you have recovered from your eating disorder, your treatment team will assist you in trying to decrease and potentially stop your medications. Most patients are on medication for a minimum of six to twelve months.



## How long will hospitalization be?



Typical lengths of stay in the hospital range from six-eight weeks to several months or until medical stability is achieved. Psychological and behavioral progress is important so that treatment can continue on an outpatient basis. Total recovery often takes at least as long as it did for you to become ill. This usually means years. Most studies look at recovery rates based on five years or more after the initial diagnoses.

## Signs and Symptoms of Starvation

Consuming inadequate calories over time leads to malnutrition and deficiency diseases. The malnutrition associated with eating disorders is similar to that of simple starvation, which is when people are denied food for various reasons. Starvation symptoms are not always noticeable until the body becomes unable to perform its regular functions. Later symptoms are visible, such as weight loss, illness, decrease in muscle tone (both visible muscles and those of the internal organs) and, if left untreated, death.

Below are some of the symptoms of starvation:

**Cardiovascular/respiratory** – the heart and blood vessels are structures that are affected by the decrease in muscle tone (the heart actually shrinks), so they are less able to perform their function.

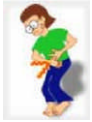
- Heart rate declines – a heart rate of less than 50 usually indicates Malnutrition



- Blood pressure decreases (hypotension)
- Orthostatic hypotension – a drop in blood pressure upon standing, which can cause a ‘head rush’ and fainting

**Digestion** – the gut also has muscle in it, and is unable to move food through if it has no strength.

- GI tract motility declines
- Nausea, abdominal discomfort, fullness following meals, and constipation due to slower action of the stomach and intestines.



**Metabolic** – the body’s metabolism slows down to try and conserve energy to help preserve life.

- Basal metabolic rate declines (so fewer calories are being used)
- Cold intolerance
- Ketosis develops – as the body runs out of carbohydrate as its primary (and favorite) food, it begins to burn fat stores, which are converted to ketones, which may not be as well used. People who are in ketosis have a peculiar smell, usually described as sickly sweet.
- Lean body tissues (muscles) are lost
- Mineral and electrolyte imbalances can occur, leading to heart failure
- Dehydration

**Physical** –

- Dry yellowed skin
- Hair loss
- Lethargy, fatigue, and lack of energy for physical activity, although patients with eating disorders often override these effects with caffeine and continued exercise
- Sleeplessness may occur
- Body and breath odors from ketones become apparent
- Amenorrhea (lack of menstruation) in females
- Defenses against illness are weakened
- Wounds do not heal well



**Mentally** – lack of food and chemical changes in the brain can cause mood and personality changes

- Irritability
- Apathy
- Depression
- Anxiety



**Developed and reviewed by:**

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