

* This English manuscript is a translation of a paper originally published in the *Psychiatria et Neurologia Japonica*, Vol.124, No.12 p.855-862 which was translated by the Japanese Society of Psychiatry and Neurology and published with the author's confirmation and permission. If you wish to cite this paper, please use the original paper as the reference.

Special Feature Article

Development of "Guideline for Collaboration among Psychiatric Institutions for the Treatment of Eating Disorders"

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Psychiatria et Neurologia Japonica 124: 855-862, 2022

Abstract

Psychiatric institutions often play a central role in the treatment of eating disorders because of their large number of facilities. However, currently patients with eating disorders are overly concentrated in a few specialized medical institutions for eating disorders. Importantly, psychiatric institutions should collaborate with each other to provide treatment tailored to the patient's condition, but in many medical areas, progress in the development of medical collaboration for eating disorders is lacking. Therefore, we have developed the "Guideline for collaboration among psychiatric institutions for the treatment of eating disorders" as part of a research project funded by the Japan Agency for Medical Research and Development (AMED) from the fiscal year 2009. In preparing this guideline, we first conducted a primary survey of general hospital psychiatry, psychiatric hospitals, and psychiatric clinics to clarify the current status and problems of cooperation in the treatment of eating disorders in psychiatric institutions. From this survey, the following important clinical issues were identified: the basic concept of medical cooperation, criteria for allocating medical institutions, and tools for sharing information to facilitate medical cooperation. This guideline was completed by collecting the opinions of psychiatrists who provide specialized treatment.

The guideline suggests the criteria for medical institutions that should respond to the degree of underweight, and also suggests that transfer to another hospital should be considered according to the weight gain resulting from inpatient treatment. It also includes a flowchart summarizing the criteria for cooperation, a contact form for patient referral, and a template for a list of medical institutions. However, it is assumed that these criteria will be adjusted in consideration of the regional characteristics and medical systems of each medical area. Based on this guideline, it is expected that local governments will play a central role in establishing a system of medical cooperation that is in line with the actual situation of eating disorder treatment in the region.

Keywords: eating disorders, guideline, collaboration, psychiatric institutions, treatment

Introduction

Psychiatric institutions are expected to be the main departments providing treatment for those with eating disorders, but in the treatment of patients with anorexia nervosa who require physical management due to low body weight, or patients with eating disorders who have comorbid physical complications, it is often difficult to cope with the situation, as it is necessary to provide physical treatment in addition to psychotherapy. In the treatment of patients with eating disorders, there have been issues raised in the past regarding collaboration. In the 2014-2016 Health and Labour Sciences Research Grant “Research on the Development of a Treatment System for Eating Disorders”,¹⁾ a survey was conducted to assess the actual situation

of eating disorder patients nationwide, and the results showed that approximately 65% of such patients visited psychiatric institutions, but the top 5% of medical institutions with the largest number of patients accounted for 50% of the total number of reported patients. While a large number of patients are concentrated in some psychiatric institutions, the fact that nearly half of all institutions do not treat eating disorder patients reveals a significant imbalance in the number of psychiatric institutions that provide treatment. This concentration of patients is considered to be due to the lack of cooperation between institutions in the treatment of eating disorders, and it has also been suggested that this may be a factor in the reluctance of

psychiatrists to treat those with eating disorders.

Therefore, we conducted this study and created the “Guidelines for collaboration among psychiatric institutions for the treatment of eating disorder patients”²⁾ to help facilitate cooperation between psychiatric institutions in the treatment of such patients. This research was conducted from 2017 to 2019 as a sub-study of the research and development project “Guidelines for the Treatment Support Network for Eating Disorders and Development of a Simple Treatment Program” (research and development representative: Tetsuya Ando) of the Japan Agency for Medical Research and Development (AMED), and approval was obtained from the Osaka City University Ethics Committee for implementation of the research. In this paper, we present the results of the survey conducted during the process of creating these guidelines, and also provide an overview of the collaboration guidelines that were created.

I. Primary Survey (Scoping Research)

1. Purpose and Methods

In order to create these guidelines, the first step was to identify the issues hampering collaboration between psychiatric institutions. We conducted a primary survey involving a total of 742 medical institutions, including general

hospitals with psychiatric departments located throughout Osaka, Kyoto, and Hyogo Prefectures (total of 151 institutions), psychiatric hospitals with psychiatric departments only (hereafter referred to as “psychiatric hospitals”; total of 105 institutions), and psychiatric clinics belonging to the psychiatric institutions (psychiatry and neurology clinic associations in each prefecture) (total of 486 institutions). The survey was conducted using a questionnaire with no identifying information. The survey covered topics such as the medical system in the medical region where the institution is located, situation regarding the treatment and referral of patients with eating disorders, which medical institutions are suitable for treating patients with eating disorders according to the severity of their mental and physical symptoms, and mechanisms that would facilitate smooth cooperation among medical institutions.

2. Results

A total of 217 institutions responded to the survey, giving a response rate of 29.2%. The breakdown of the responding medical institutions was as follows: 14 general hospital psychiatric departments with beds (6.5%), 28 general hospital psychiatric departments without beds (12.9%), 32 psychiatric hospitals (14.7%), 138

psychiatric clinics (63.6%), and 5 other institutions (2.3%). There were 116 medical institutions (considered to be in urban areas) with a psychiatric department with beds in a general hospital within 10 km, and 101 medical institutions (considered to be in suburban areas) without a psychiatric department with beds.

1) Actual medical treatment situation

The medical treatment situation for eating disorder patients was investigated separately for out- and inpatient care.

There were 177 medical institutions (81.6% of the total) where the number of outpatients was less than 10 per year, and 40 of these (18.4% of the total) did not provide any treatment at all. The breakdown of medical institutions that did not provide any medical care at all did not include psychiatric departments (with beds) in general hospitals, and the percentages for psychiatric departments (without beds) in general hospitals, psychiatric hospitals, and psychiatric clinics were 44.4, 29.0, and 14.0%, respectively. There was no significant difference between urban and suburban areas in these percentages.

However, with regard to hospital admissions, the proportion of general hospitals (with beds) in urban areas that treated 11 or more patients per year was 55.5%, being significantly

higher than the 25.0% in suburban areas. For patients with a serious physical illness, the proportion of general hospitals that accepted 11 or more admissions per year accounted for 38.4% of all general hospitals. In addition, psychiatric institutions that admitted more than 11 patients comprised 9.1% of urban hospitals, but there were no suburban hospitals. For patients with serious mental illnesses, 30.8% of general hospitals admitted 11 or more per year, and this was more common in urban than suburban medical institutions. It was found that general hospital psychiatric units admit a large number of physically seriously ill inpatients, and that they admit more patients in urban than suburban areas.

2) Treatment according to physical severity

More than 80% of respondents said that patients with severe physical conditions should be treated in psychiatric departments (with beds) in general hospitals, and there was no difference in responses depending on the respondents' positions. However, 88.9% of respondents from urban general hospitals (with beds) answered that these patients should be treated in a physical medicine hospital, which was a higher percentage than the 40.0% of respondents from suburban general hospitals (with beds). However, when it came to patients with moderate or mild

physical conditions, respondents from general hospitals (with beds) considered that they should be treated in psychiatric hospitals or clinics, while many of the other respondents thought that they should be treated in general hospitals (with beds), and the answers were divided according to the different positions of the respondents.

3) Issues of collaboration

Compared with medical institutions in suburban areas, those in urban areas were less likely to respond that there were no hospitals nearby to which they could refer patients. However, many medical institutions indicated difficulties regarding the following: “Patients were refused admission due to physical severity,” “There were no hospitals that would accept the patient due to the diagnosis of eating disorder,” “It was not known which hospital provided specialized treatment,” and “Patients were not seen immediately.”

3. Discussion of the Primary Survey

The results of the survey showed that, in the case of inpatient treatment for the physically seriously ill, there are difficulties in receiving them in general hospitals, especially in urban areas, contrary to public expectations of psychiatric departments in general hospitals. One of the reasons for this was considered to be the problem of the number of doctors and other personnel

available to deal with the large number of patients, as well as the number of hospital beds available. In addition, the number of patients in urban areas is relatively high compared with that in suburban areas, and it was thought that a system was needed to enable psychiatric institutions to accept patients with mild to moderate physical illnesses. From these results, it was concluded that, in creating a system to promote collaboration on eating disorders, it was necessary to take into account the regional characteristics of the distribution of medical institutions and medical system, as well as the need to consider how collaboration should be organized according to the severity of each patient's condition in order to coordinate the opinions of medical institutions.

II. Secondary Survey (Clinical Question Research)

1. Purpose and Methods

Based on the results of the primary survey, key clinical issues to consider for the guidelines were identified as follows: (i) Medical institutions that provide inpatient treatment, (ii) Medical institutions that provide outpatient treatment, (iii) Medical institutions that provide treatment for children and adolescents, (iv) Medical collaboration for inpatient treatment (regarding requests for hospitalization),

(v) Medical collaboration for outpatient treatment (regarding outpatient referrals), (vi) Information necessary for medical collaboration (referrals). We subsequently formulated clinical questions (CQs) for each item to conduct a comprehensive survey.

We asked a total of 110 institutions to respond to CQs, including prefectural and regional collaboration centers for eating disorders that were established based on the 7th Medical Plan for Osaka, Kyoto, Hyogo, Nara, and Shizuoka Prefectures, university hospital psychiatry departments, and psychiatric hospitals that specialize in the treatment of those with eating disorders. The response options were based on a 5-point Likert scale, with the options being: “Strongly agree,” “Agree,” “Neither agree nor disagree,” “Disagree,” and “Strongly disagree.” We decided to use the draft response statements in the collaboration guidelines as recommendations if more than 80% of respondents selected “Strongly agree” or “Agree,” and as a reference if more than 60% of respondents selected “Agree.”

2. Results

A total of 38 institutions responded (response rate: 34.5%). The breakdown of the responding institutions was as follows: 18 general hospitals with beds (47.4%), 18 psychiatric institutions

(47.4%), and 2 psychiatric clinics (5.3%). According to the survey, it was considered that psychiatric wards in general hospitals are suitable for patients with BMI of 11 kg/m² or lower, but responses were also received indicating that patients with BMI of 14 kg/m² or higher could be admitted to psychiatric hospitals. We also received responses saying that if compulsory treatment is necessary, admission to a psychiatric hospital should be considered, and that if there is a high possibility of requiring hospitalization due to physical problems as an outpatient, it would be appropriate to visit the psychiatric department of a general hospital that accepts admissions. In addition, the following basic idea of collaboration was shared: if a patient who is being treated at a general hospital's psychiatric department cannot be temporarily admitted to the hospital, he/she will be referred to a psychiatric hospital or physical medicine hospital for a limited period of time, and if a patient who is being treated at a psychiatric hospital needs to be admitted to a general hospital due to physical problems, he/she will be transferred back to the psychiatric hospital once the physical crisis has passed.

3. Drafting the guidelines and expert consensus

Based on the results of the secondary survey, we created a recommendation document for guidelines on key clinical issues, as well as a flowchart for determining the selection criteria for medical institutions according to the severity of physical and mental conditions. Additionally, we developed a communication form for patient information that can be useful for referring to other medical institutions, and a template list of medical institutions that provide treatment for eating disorders. We then sought the opinions of an expert team made up of members from university hospital psychiatry departments, psychiatric hospitals, and psychiatric clinics that provide specialized treatment for those with eating disorders, and created the guidelines based on expert consensus. CQs and response statements for the completed “Guidelines for collaboration among psychiatric institutions for the treatment of those with eating disorders” are shown in Table. The guidelines can be downloaded from the eating disorders information portal site²⁾ of the “Center for Eating Disorder Research and Information.”

III. Overview of the Collaboration Guidelines

The following section will provide an explanation of each item of CQ1, CQ2, and CQ3.

1. CQ1: Outpatient treatment

1) Medical institutions that provide outpatient treatment for those with eating disorders

As low body weight is associated with physical risks, it is necessary to assess the physical condition through blood and electrocardiogram tests, even for outpatient treatment. For this purpose, it is also important to collaborate with other departments as necessary. The guidelines state that patients with BMI of 15 kg/m² or higher who are physically stable and judged not to require hospitalization due to physical complications can be treated at any psychiatric institution. For patients with BMI of lower than 15 kg/m², however, the risk of developing serious physical complications is relatively high. Therefore, outpatient treatment at a psychiatric medical institution where physical management is possible is recommended. Furthermore, for underweight patients with BMI of lower than 13 kg/m², outpatient treatment at a general hospital psychiatric department (with beds) is appropriate, with hospitalization as a possible option. However, if there are significant abnormalities in eating behavior or hospitalization is expected for the treatment of psychiatric complications, it is preferable to visit a hospital with psychiatric beds.

2) Collaboration in outpatient treatment

The mental disorders that co-occur with eating disorders are diverse, including: depressive disorder, anxiety disorder, obsessive-compulsive disorder, neurodevelopmental disorder, and alcohol use disorder, but in principle, these disorders should be treated at the same medical institution as the eating disorder. However, if the co-existing mental disorder has a significant impact on daily life, treatment for that disorder should be prioritized over treatment for the eating disorder. In such cases, consulting a specialist at a medical institution that provides specialized treatment for other comorbid psychiatric disorders should be considered in parallel with eating disorder treatment. Conversely, in cases where other mental disorders are accompanied by mild eating behavior abnormalities, specialized treatment for eating disorders is not always necessary.

2. CQ2: Inpatient treatment

1) Indications for inpatient treatment at a psychiatric department in general hospital (with beds)

The lower the body weight and more rapid the weight loss, the more likely the patient is to develop serious physical complications, and physical management in hospital is required in many cases.³⁾⁴⁾ In particular, patients

with a significantly low body weight with BMI of 12 kg/m² or lower are in a state that requires urgent hospitalization, and more rigorous physical management is required, including frequent testing and monitoring to prepare for the possible development of refeeding syndrome. It is difficult to treat such patients with a high degree of physical severity in general psychiatric institutions, so it is appropriate for them to be admitted to general hospitals with psychiatric departments that can provide comprehensive care. In cases where the patient is in a critical physical condition and requires immediate medical intervention, priority should be given to administering life-saving treatment. Additionally, it is advisable to consider admission to a hospital with an internal medicine department, rather than solely relying on psychiatric institutions.

In the case of inpatient treatment at a psychiatric department of a general hospital, the main treatment goal is “recovery from a physical crisis,” and it is a good idea to consider issues such as how much weight to put on, specialized disease education, guidance on diet to restore a regular eating pattern, and other environmental adjustments, in line with the individual circumstances of the patient and expertise of the medical institution.

2) Indications for inpatient treatment at a psychiatric hospital

Most psychiatric medical institutions are unable to strictly manage patients' physical conditions, making it difficult to hospitalize and treat patients with severe physical conditions. In the guidelines, we state that BMI of 14 kg/m² or higher is the standard for psychiatric institutions to consider accepting a patient for hospitalization, but it is difficult to predict physical risk based on weight alone, and the physical condition of the patient should be judged by taking into account other factors, such as the degree and duration of weight loss, patient's recent fasting state, and laxative abuse. For patients with BMI between 12 and 14 kg/m², who meet the criteria for admission to a psychiatric department in a general hospital as mentioned above, the decision should be left to the individual, taking into account various circumstances.

In addition, while “specialized disease education” and “adjustment of living environment” are expected as part of the inpatient treatment of psychiatric institutions, “sufficient weight gain” should also be added to the treatment goals for the admission of underweight patients.

3. CQ3: Treatment of children and adolescents

In many cases, young patients from childhood to adolescence are treated in pediatric departments. However, psychotherapy and environmental adjustment for psychological problems and developmental characteristics are important for improving the condition of the patient. Ideally, treatment should be provided by a child psychiatrist who has a good understanding of the mentality of children and adolescents, or by a psychiatrist with abundant experience in eating disorder treatment, but if such an environment is not available, it would be more realistic for the psychiatric and pediatric departments to work together. In addition, it is expected to be difficult to provide inpatient treatment for severely underweight children at a psychiatric hospital that does not have a child psychiatrist. For this reason, it is recommended that they be admitted to a general hospital where a child psychiatrist works.

IV. Eating Disorder Collaboration and Flowchart

The guidelines include a “Flowchart for Collaboration in the Treatment of Patients with Eating Disorders” (Figure 1)²⁾ that shows the collaboration between psychiatric institutions based on the response statements for each CQ. The guidelines show options for medical institutions that provide treatment

based on criteria such as the degree of underweightness, but it is important to note that these are not absolute criteria. Thus, the guidelines are intended as a prototype for collaboration standards, and it is envisaged that they will be changed as necessary to take into account the medical systems in each region. The flowchart is also included in the appendix as a sample and template, with the intention that it will be edited.

The guidelines emphasize the need to select appropriate medical institutions in accordance with physical and mental symptoms, and share basic ideas regarding referrals to and from other medical institutions. In particular, for hospitalization, a flexible response is required, such as requesting hospitalization at other medical institutions. For example, in the case of a physically serious patient who requires hospitalization, if the patient cannot be accepted for hospitalization due to reasons such as a lack of physical management capability or the hospital is at full capacity, it is recommended that the patient be temporarily admitted to another medical institution, and if the reason for the difficulty of hospitalization at the first-choice hospital is resolved, the patient should be transferred back to the hospital. This is in consideration of the fact that there are regional and medical area disparities in the capacity of general

hospitals and psychiatric institutions to accept patients with serious illnesses. Furthermore, in the case of physically seriously ill patients who require urgent care, it is important from a life-saving perspective to consider collaboration with general and physical hospitals, rather than limiting the hospitalization to psychiatric departments in general hospitals, depending on the local psychiatric medical system.

V. Communication Form and List of Medical Institutions for Collaboration

When referring a patient to another medical institution, a medical information provision form is used, but in the guidelines, an “eating disorder communication form” has been created and attached to this form (Figure 2).²⁾ The purpose of this communication form is to maintain consistency in treatment before and after transfer by providing more detailed information about the patient's medical condition, diet, living environment, etc., at the time of referral, and to prevent misunderstandings by helping the referring and receiving institutions to communicate with each other. The communication form includes the following items of important information related to the treatment of those with eating disorders: (i) purpose and urgency of referral, (ii) expected form of hospitalization, (iii) details of treatment prior to transfer, (iv) family

information and living background, (v) physical condition, (vi) mental condition, and (vii) eating and other conditions. The form is designed so that the relevant items are checked or blanks are filled in.

In addition, the guidelines also include a template for the “list of medical institutions for eating disorder” to be created in each medical area. This list is designed so that users can check the boxes to indicate whether each medical institution can accept patients for out- or inpatient treatment, and also to freely enter information about the treatment they provide. As these communication materials are completed and used in each medical region, we expect that collaboration to treat patients with eating disorders will become smoother and faster.

Conclusion

For inpatient treatment of underweight patients with eating disorders, it is desirable that they be accepted by psychiatric medical institutions that can provide sufficient physical care, regardless of the severity of the condition. In addition, since eating disorders often involve problems with abnormal eating behavior and other psychiatric symptoms, it is ideal to have access to a medical institution that can provide a comprehensive treatment approach that addresses the

patient's physical, mental, behavioral, and living environment issues. However, there are only a very limited number of medical institutions that can provide such treatment in Japan. Therefore, it is essential to select an appropriate medical institution according to the severity of the physical risk and mental problems, and combine the strengths and characteristics of each psychiatric institution. Although it was not possible to take into account all of the regional characteristics of the distribution of medical institutions and medical systems in the guidelines, we hope that the first step towards improving collaboration for the treatment of those with eating disorders will be to start working on the modification and completion of the guidelines in each region. I hope that we can move away from the current medical system, where treatment is provided by a collection of medical professionals with varying levels of expertise, and that in the future, psychiatric medical institutions will be established in each region that can provide appropriate treatment for eating disorder patients.

Editor's note: This feature was planned by Koki Inoue (Department of Neuropsychiatry, Osaka Metropolitan University Graduate School of Medicine), who is also the author of this article, based on the symposium held at

the 117th Annual Meeting of the Japanese Society of Psychiatry and Neurology.

There are no conflicts of interest to disclose in relation to this article.

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表 「精神科領域における摂食障害の連携指針」の臨床的クエスチョンと回答ステートメント

1. 外来治療について	<p>【CQ1-1】 摂食障害の外来治療は、いずれの精神科診療機関で行うことができるか？</p> <ul style="list-style-type: none"> ・ BMI 15 kg/m²以上で当面入院を必要としない摂食障害患者の外来治療は、総合病院精神科、精神科病院、精神科クリニックなどいずれの診療機関でも可能である。 ・ BMI 15 kg/m²未満の患者では、身体管理のできる診療機関での外来治療が望ましい。 ・ BMI 13 kg/m²未満の患者では、入院の受け入れが可能な総合病院精神科に通院することが適切である。 <p>【CQ1-2】 摂食障害患者の外来治療における診療連携はどのようにすべきか？</p> <ul style="list-style-type: none"> ・ 摂食障害と他の精神疾患を合併している患者の外来治療では、それらの治療を同一診療機関が同時に行うことが適切である。 ・ 他の精神疾患が摂食障害よりも生活に大きく影響している場合は、その外来治療を優先することが適切である。
2. 入院治療について	<p>【CQ2-1】 総合病院精神科（有床）で入院治療を行うのが適切と考えられる状態は？</p> <ul style="list-style-type: none"> ・ BMI 12 kg/m²未満の低体重患者では、総合病院精神科への入院が適切である。 ・ 総合病院精神科の入院治療では、低体重患者の「危機状態からの回復」を第一の目標とする。 <p>【CQ2-2】 精神科病院で入院治療を行うことが適切と考えられる状態は？</p> <ul style="list-style-type: none"> ・ BMI 14 kg/m²以上の患者では、精神科病院への入院を検討すべきである。 ・ 精神科病院の入院治療では、「疾病教育」や「生活環境の調整」に加えて、「十分な体重増加」も治療目標とすることが望ましい。 <p>【CQ2-3】 身体的に入院加療が必要となった摂食障害患者の診療連携（入院依頼）はどのようにすべきか？</p> <ul style="list-style-type: none"> ・ 外来患者が入院を要する場合は、通院中の診療機関に限らず、治療上適切な診療機関に紹介することが望ましい。 ・ 通院中の診療機関が入院を受け入れることができない場合には、入院が困難な理由が解消するまでの期間限定で他の診療機関に入院を依頼することが望ましい。 ・ 身体的に重篤な場合、総合病院精神科に限定せず、身体管理ができる身体診療科への入院を検討すべきである。
3. 児童・思春期患者の治療について	<p>【CQ3-1】 児童・思春期の摂食障害患者の治療は、どのような精神科診療機関が対応すべきか？</p> <ul style="list-style-type: none"> ・ 外来治療は、診療機関の種類によらず、児童精神科医または摂食障害治療の知識や経験のある医師による治療が望ましい。 ・ 入院治療は、児童精神科医または摂食障害治療の知識や経験のある医師が勤務している総合病院では、BMI 値によらず入院加療は可能である。 ・ 外来、入院問わず、小児科との連携が適切である。

(文献2より作成)

Table: Clinical questions and response statements for the “Guidelines for collaboration among psychiatric institutions for the treatment of those with eating disorders”

1. Outpatient treatment

[CQ1-1] Which psychiatric institutions can provide outpatient treatment for those with eating disorders?

- Outpatient treatment for eating disorders patients with BMI of 15 kg/m² or higher who do not require immediate hospitalization can be provided at any medical institution, including psychiatric departments in general hospitals, psychiatric hospitals, and psychiatric clinics.

- For patients with BMI below 15 kg/m², outpatient treatment at a medical institution that can provide physical care is preferable.

- For patients with BMI below 13 kg/m², it is appropriate for them to attend outpatient treatment at psychiatric departments in general hospitals that are able to accept them as inpatients.

[CQ1-2] How should collaboration be in outpatient treatment for patients with eating disorders?

- In outpatient treatment for patients with eating disorders and other mental

disorders, it is appropriate for the same medical institution to provide treatment for both disorders at the same time.

- If the other mental disorder is having a greater impact on the patient's life than the eating disorder, it is appropriate to prioritize the outpatient treatment for that disorder.

2. Inpatient treatment

[CQ2-1] Under what conditions is inpatient treatment in a psychiatric department of a general hospital (with beds) considered appropriate?

- Inpatients with a body mass index (BMI) lower than 12 kg/m² should be admitted to a psychiatric department of a general hospital.

- The primary goal of inpatient treatment in a psychiatric department of a general hospital is to help low-BMI patients recover from a crisis situation.

[CQ2-2] What conditions are considered appropriate for inpatient treatment at a psychiatric hospital?

- Patients with BMI of 14 kg/m² or higher should be considered for admission to a psychiatric hospital.

- In addition to “disease education” and “adjustment of living environment,” “sufficient weight gain” should also be a treatment goal in inpatient treatment at a psychiatric hospital.

[CQ2-3] How should collaboration (request for admission) be conducted for eating disorder patients who require inpatient treatment due to physical conditions?

- If someone receiving outpatient treatment requires hospitalization, it is desirable to refer them to a facility that is appropriate for their treatment, not just the facility they are currently attending.

- If the outpatient facility is unable to accept the patient for hospitalization, it is desirable to request hospitalization at another facility for a limited period of time until the reason for the difficulty in hospitalization is resolved.

- In the case of a serious physical condition, admission to a physical department that can provide physical care should be considered, not just to a psychiatric department in a general hospital.

3. Treatment of children and adolescents

[CQ3-1] What kind of psychiatric institution should provide treatment for children and adolescents with eating disorders?

- Regardless of the type of medical institution, outpatient treatment should be provided by a child psychiatrist or doctor with knowledge and experience of eating disorder treatment.

- Inpatient treatment is possible at general hospitals where a child psychiatrist or doctor with knowledge and experience of eating disorder treatment is working, regardless of BMI.

- Cooperation with the pediatric department is appropriate, regardless of whether the patient is an out- or inpatient.

(Created from Reference 2)

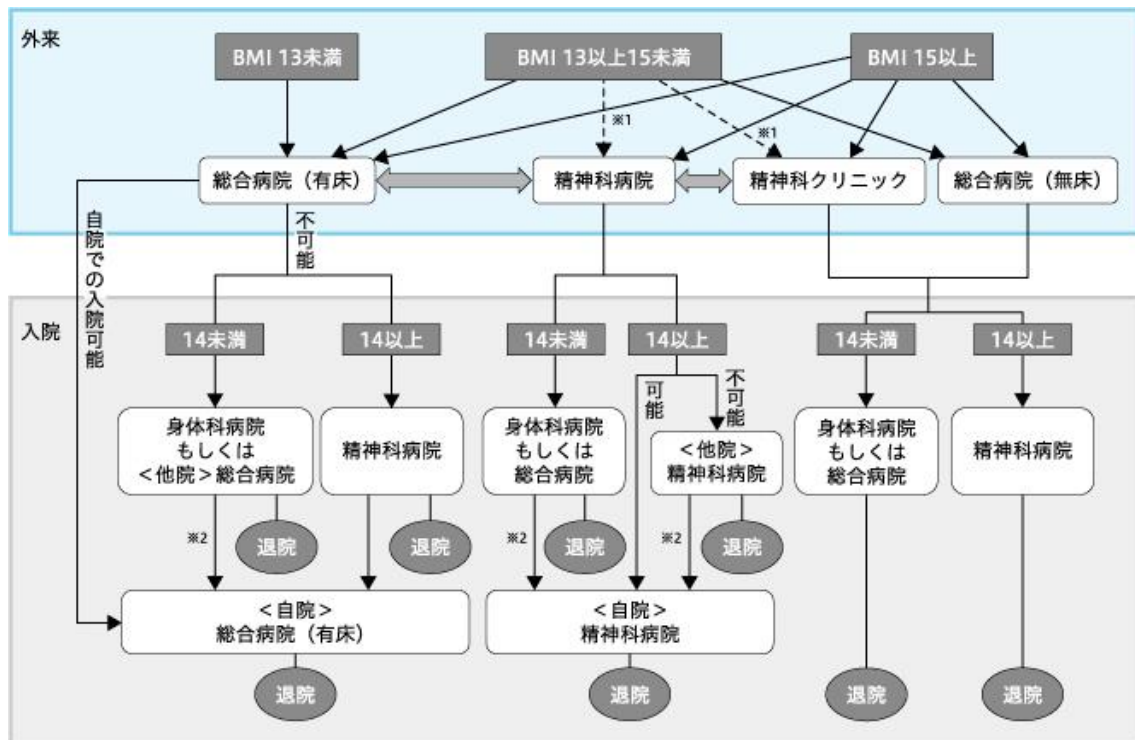


図1 摂食障害診療連携フローチャート

※1 身体管理ができる場合, ※2 自院で入院可能となれば転入院. BMI (body mass index) = 体重 (kg) / 身長 (m)² (文献 2 より引用)

Figure 1: Eating disorder collaboration flowchart

*1 If the facility provides physical care, *2 the patient will be transferred to the hospital when it is ready to accept him/her. BMI (body mass index) = weight (kg)/height (m)²

(Adapted from Reference 2)

摂食障害連絡票		
患者氏名：	_____年 月 日	
摂食障害の詳細情報について以下の項目を埋め、紹介状に添付して下さい。		
【紹介目的と緊急性について】		
紹介目的	<input type="checkbox"/> 入院	<input type="checkbox"/> 外来 <input type="checkbox"/> カウンセリング <input type="checkbox"/> その他 ()
治療意欲	<input type="checkbox"/> あり <input type="checkbox"/> なし	<input type="checkbox"/> 家族希望での受診
緊急性	入院の緊急性	<input type="checkbox"/> 高い <input type="checkbox"/> 低い
	受診の緊急性	<input type="checkbox"/> 高い <input type="checkbox"/> 低い
【入院を要する場合について】		
<input type="checkbox"/> 任意入院可能 <input type="checkbox"/> 医療保護入院の可能性あり (同意者:)		
<input type="checkbox"/> 個室を要する <input type="checkbox"/> 保護室を要する <input type="checkbox"/> 閉鎖病棟を要する <input type="checkbox"/> 開放処遇制限を要する		
【転入院を依頼する場合—現在の治療について—】		
栄養療法	(kcal/日)	<input type="checkbox"/> 経口摂取 <input type="checkbox"/> 経鼻経管栄養 <input type="checkbox"/> 経静脈栄養
行動許可範囲	<input type="checkbox"/> 床上のみ <input type="checkbox"/> 病室のみ <input type="checkbox"/> 病棟内まで <input type="checkbox"/> 病院内まで	
制限事項	<input type="checkbox"/> 外出制限 <input type="checkbox"/> 外泊制限 <input type="checkbox"/> 面会制限 (制限対象:)	
<input type="checkbox"/> 物品制限等: (制限内容:)		
【家族情報および生活背景について】		
同居 _____名 中 第 _____子 / <input type="checkbox"/> 既婚 <input type="checkbox"/> 未婚 <input type="checkbox"/> 離婚 / 子ども _____名		
キーパーソン		
歩行状態	<input type="checkbox"/> 自立歩行 <input type="checkbox"/> 杖歩行 <input type="checkbox"/> 歩行器 <input type="checkbox"/> 車椅子	
受診時付き添い	<input type="checkbox"/> なし <input type="checkbox"/> あり (付き添い:)	
摂食障害での通院・入院歴	<input type="checkbox"/> なし <input type="checkbox"/> あり	
医療機関名	治療期間	入院・外来
【身体状態について】		
身長 _____cm / 体重 _____kg / BMI _____kg/m ²		
身体合併症	<input type="checkbox"/> なし <input type="checkbox"/> あり (病名:)	
内科的管理	医療機関名: _____ 投薬内容: _____	
【精神状態について】		
<input type="checkbox"/> 不穏状態 <input type="checkbox"/> 自傷リスクあり <input type="checkbox"/> 自殺リスクあり		
精神科合併症	<input type="checkbox"/> なし <input type="checkbox"/> あり (病名:)	
【食事等の状況について】		
<input type="checkbox"/> 食事制限 <input type="checkbox"/> 過食 <input type="checkbox"/> 嘔吐 <input type="checkbox"/> 下剤乱用		
<input type="checkbox"/> 利尿薬乱用 <input type="checkbox"/> 喫煙 <input type="checkbox"/> 多量飲酒		
<input type="checkbox"/> 万引き <input type="checkbox"/> 違法薬物使用 (内容:)		
直近2週間の食事内容		

図2 患者紹介に用いる摂食障害連絡票
(文献2より引用)

Figure 2: Eating disorder communication form used for patient referral
(Adapted from Reference 2)