MARSIPAN
MAnagement of Really SIck Patients with Anorexia Nervosa
13/2/14
Tallinn, Estonia

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Video: Nic Hart Speaks

Father of Averil, who died from Anorexia Nervosa in 2012.

Please write down a list of things that went wrong

Case 1: sent home rapidly with no follow up

18 year old with AN for 3 years. Admitted to medical ward with hypokalaemia. K corrected. Discharged after 20 hours. Found dead in bed 14 days later.

Lesson: Hypokalaemia recurs quickly because total body potassium is very low. Check K regularly after discharge and ensure treatment referral.

England

Case 2: lack of appropriate tests

Age 37. AN for about 20 years. BMI 8.9

Admitted to specialist unit but "lack of regular physical observations or appropriate blood tests". Died after 4 weeks.

Lesson: Patients in the high risk range of BMI must have regular physical observations (TPR and BP), ECGs and blood tests (electrolytes, Ca, Mg, P etc). This might need to be daily for periods.

England

Case 3: Not admitted to hospital

Age 22. AN for 10 years. Assessed at SEDU. Low BMI (11.6). Offered but refused admission. Died 5 days after OP assessment.

Lesson: Consider compulsory admission when patient in high risk category refuses.

England

Case 4: Delayed assessment and treatment

French model, Isabelle Caro, age 28 admitted to hospital, BMI 11.5. According to her father, she was told by doctors "We want to do some tests but so as not to bother you we are going to let you have some sleep." Died 48 hours later "severe dehydration".

Lesson: Make your risk assessment without delay.
France

Case 5: No specialist bed available

Age 20. AN for 9 years. Admitted to a general psych bed because no specialist bed available. Died at 32kg.

Lesson: Admit to a SEDU as soon as you can (see Pop-Up SEDU)

Australia

Case 6: Underfeeding syndrome

21 year old (left) with 6 years AN. Referred to A and E with chest pain. No cause found but admitted because of mild liver abnormalities. Not fed during admission. Perhaps fear of inducing refeeding syndrome. Died after 7 days on about zero calories.

Lesson: 1. get patient back to a SEDU unless medical bed is essential. 2. Avoid refeeding syndrome by starting refeeding slowly but increasing feed rate within 12 hours if no RFS appears, rechecking every 12 hours

England

Case 7: delay in starting treatment

18 years. 8 month history of AN. BMI 12.1 at referral. 6 weeks: first hospital EDS appointment. 12 weeks: admitted to medical ward. 14 weeks died.

Lesson: Assess very quickly for patients already in high risk ranges.

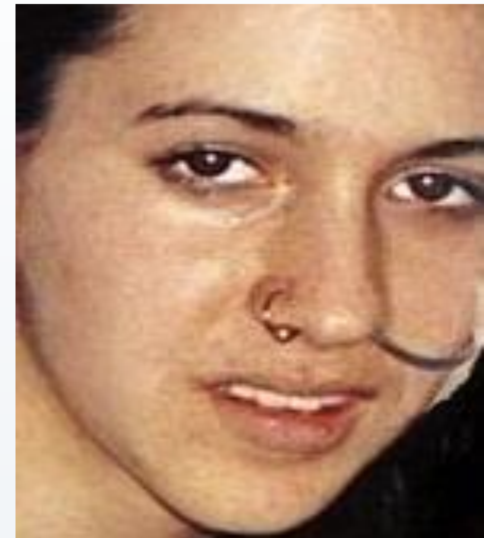
England

Case 8: Failure to diagnose refeeding syndrome

18 year old. AN for 5 years. Admitted at low weight after deteriorating under the care of the local general psychiatric team. Medical team refed her but failed to diagnose refeeding syndrome. Died of multiple organ failure.

Lessons: Non specialist services should hand over care when appropriate. Medical services need to be educated about refeeding syndrome.

England



Case 9: Refusal to force feed

24 year old. 6 years AN. BMI 11. On general medical ward. Consultant refused advice to pass NG tube against her will. Patient over-exercised and developed fatal hypoglycaemia.

Lesson: You may need to take steps to have the consultant's view overturned by the hospital or by the courts.

England

ESTONIA?

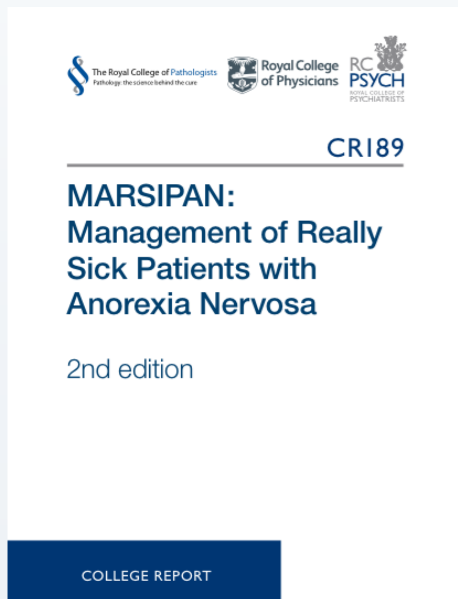
History: BAPEN 2008 “Feeding Size Zero”

- EC: 17 year old young woman, BMI 10.4
- 3 year h/o restricting AN. First admission
- Referred by Local Adolescent IP unit
- Major family disagreements and problems
- NG fed with a struggle (no MHA)
- Sabotaged feed, exercised
- Weight fell → ICU, Pulmonary oedema -> died

MARSIPAN

UCL

- After the BAPEN conference, a multiprofessional group produced the MARSIPAN guideline



- Professions
  - Psychiatrists 13
  - Physicians 10
  - Dietitians 4
  - Carers and carer reps 3
  - Pharmacists 1
  - GP 1
  - Nurse 1

What has happened since 2010?

UCL

- 2012: Junior MARSIPAN
- 2012: survey
  - V good: 6
  - Satisfactory 2
  - "Room for improvement" 2
  - Limiting factors
    - Absence of local specialist unit
    - Wide geographical area
    - Poor gastroenterologist motivaton
- 2013-15: MARSIPAN courses in
  - Belfast
  - Glasgow
  - Birmingham
  - Grimsby
  - London
  - North Wales
  - Tallinn
  - Boston
- 2015: Book published: Critical care for AN

What needs to happen now: an evidence-free zone?

- Some patient numbers would be nice
  - How many medical admissions?
  - How many go well, how many badly
  - How many deaths. Proportion preventable?
- An assessment of training needs
  - Knowledge level of front line staff
  - Skill levels eg managing RFS
- How widespread is this issue?
  - Within the UK, Europe, US, world-wide?

Not quite… audit of 9 medical admissions for AN in Surrey

Services	Percent involved
Liaison psychiatry involved	78%
Guidelines available for management of EDs	0%
Guidance provided by EDS to medical staff	100%

Doukova, Altman, Ali, Surrey and Borders Trust 2014

To join the discussion write to:

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