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Summary

Severe anorexia nervosa: How to refeed safely and what outcomes to expect

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Severe anorexia nervosa can present as an acute medical emergency requiring gastroenterology and internal medicine intervention, with emerging evidence supporting higher-calorie refeeding protocols than traditionally recommended.

KEY POINTS

- The speaker described anorexia nervosa as both a psychological disorder and an acute physiological dysfunction that can become a medical emergency requiring stabilization of airway, cardiac function, consciousness, temperature, blood glucose, and electrolytes before nutritional therapy begins.
- A prospective randomized controlled trial with 120 patients showed that a higher-calorie refeeding protocol starting at 2000 calories per day with daily 200-calorie increases was stated to be safe and effective, with patients stabilizing earlier than those on lower-calorie protocols and no safety concerns reported.
- The speaker reported that a 2023 systematic review of over 20 studies found refeeding syndrome occurs less often than expected, with lower BMI and severity of malnutrition being the most important risk factors rather than the calorie amount or speed of refeeding itself.
- The speaker's institution in Hannover starts medically stable inpatients at 2000 calories per day with 200-calorie daily increases targeting one kilogram weight gain per week, a protocol now implemented in German guidelines, though ASPEN guideline recommendations are followed for clinically unstable ICU patients.
- Treatment requires mandatory interdisciplinary care involving psychosomatic therapy, nutritional medicine, and close monitoring because oral refeeding cannot succeed without psychological coordination and patients may find ways to prevent calorie intake despite prescribed therapy.

– The speaker recommended using high-fat and high-protein formulas with lower carbohydrate content, stating that prospective study data showed this composition reduced refeeding syndrome risk compared to standard formulas.

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