ABSTRACT #3

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Title: The Evolving Characteristics of Hospitalizations for Eating Disorders at Yale. M Shum¹, C Moreno², R Kamody², S McCollum¹, V Shabanova¹, J Loyal¹; ¹Yale School of Medicine, ²Yale Child Study Center

Background: Eating disorders (EDs) are common among adolescents and often require hospital admission for nutritional restoration. Throughout the COVID-19 pandemic, there has been a notable increase in the volume of hospital admissions for adolescents with EDs, potentially due to interruptions in medical care and increased psychological distress. However, there is a paucity of information on how this increase has affected hospitalization courses and disposition planning following discharge. It is important to evaluate the evolving needs of ED patients during the pandemic to understand changing burdens on hospital resources.

Methods: We reviewed the charts of patients with EDs admitted to our academic medical center for nutritional restoration from January 1, 2017, to June 30, 2021. We report differences in patient characteristics, hospital course, length of stay (LOS), and disposition pre-pandemic (2017-2019) and during the pandemic (2020-2021).

Results: We reviewed charts for 85 patients totaling 108 hospital admissions. The rate of monthly admissions for nutritional restoration prior to compared with during the pandemic increased from 1.3 to 3.3 admissions per month (p<0.001). Most patients were female (90.6%), white (78.8%), had private insurance (80.0%) and demonstrated restrictive eating behaviors (97.2%). Compared to the pre-pandemic study period, during the pandemic, there was (1) an increase in the average LOS (12.8 days vs. 17.3 days, p=0.04) with younger age (<13 years of age) being associated with longer LOS (p<0.001); (2) a greater proportion of patients for whom psychotropic medications were initiated or changed (12.5% vs. 28.3% p=0.04); and (3) a greater proportion of patients who were discharged to partial hospitalization, residential, or inpatient psychiatric treatment instead of home with outpatient therapy (56.2% vs.75.0%, p=0.04).

Conclusions: In addition to an increase in the number of admissions for ED management during the pandemic, our study suggests an increase in severity of these admissions, as represented by longer admissions for younger children, increased need for psychotropic medication management, and higher levels of care after discharge. These increased demands have implications on allocations of hospital resources and represent areas where appropriate adaptations may improve the quality of care for ED patients.

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(data provided below)
Figure 1. Length of stay for first admissions (N=85) and all admissions (N=108) pre- and during the COVID-19 pandemic (2017-2019 vs. 2020-2021).
Figure 2. Dispositions after discharge pre- and during the COVID-19 pandemic (2017-2019 vs. 2020-2021, p=0.04).

Pre-pandemic (n=48)  
- Home: 43.8%  
- Partial Hospitalization Program: 12.5%  
- Residential: 33.3%  
- Inpatient Psychiatric Unit: 10.4%

During the pandemic (n=60)  
- Home: 25.0%  
- Partial Hospitalization Program: 33.3%  
- Residential: 33.3%  
- Inpatient Psychiatric Unit: 8.3%