

ANATOMY OF A SEVERE EATING DISORDER:

In every hospital, there's a patient who is severely low weight, languishing on a medical unit, displaying complex psychiatric symptoms and not improving despite your best efforts. Deadly and with a mortality rate second only to opioid addiction, patients with severe eating disorders can confound even the most skilled providers.

WHY ACUTE?

- The only designated Center of Excellence for medical treatment of eating disorders
- Care from the world's experts at Denver Health Medical Center
- Treatment for the most medically complex cases of eating disorders
- Private inpatient hospital unit, private patient rooms, unmatched social distancing
- Thousands of lives saved over 16+ years

SIMPLE, SEAMLESS REFERRALS

- ✓ Dedicated Admissions, Insurance & Discharge Team
- ✓ Billing the Medical Benefit
- ✓ Bed-to-Bed Transfer via Air-Ambulance

Hope. Survival. Recovery.

COGNITIVE DEFICITS
DUE TO STARVATION
& MALNUTRITION



UNSTABLE
VITAL SIGNS



IRREGULAR
HEART RATES



<70% OF IDEAL
BODY WEIGHT



BODY MASS
INDEX <15



LOW BLOOD
PRESSURE



15% OF BODY
WEIGHT LOSS



LITTLE TO NO
FOOD IN PAST
10 DAYS



LOW PHOSPHOROUS
AND MAGNESIUM



ACUTE
CENTER FOR EATING DISORDERS
& SEVERE MALNUTRITION
BY DENVER HEALTH™
A CENTER OF EXCELLENCE

PATIENT WITH A BMI < 15?

CALL (877) 228-8348 TO SPEAK WITH A
MEMBER OF THE ACUTE ADMISSIONS TEAM.

ACUTE.ORG

EATING DISORDERS ARE THE ONLY MENTAL ILLNESSES REGULARLY ACCOMPANIED BY SEVERE, LIFE-THREATENING MEDICAL COMPLICATIONS.

Depleted nutrition, starvation, purging and overexercising can wreak havoc on all the body's organs and major systems.

The result? Any or all of the following medical complications:

- Gastroparesis
- Pseudo-Bartter's edema
- Liver dysfunction
- Eye pain
- Swallowing difficulties
- Electrolyte abnormalities
- Emergency room care
- Osteoporosis/osteopenia
- Constipation/laxative abuse
- SMA syndrome
- Cardiac dysfunction
- Abdominal pain
- Diarrhea
- Traumatic falls

Even though these complications can be deadly, there is good news: **Nearly all these issues completely resolve with medically supervised nutritional rehabilitation and weight restoration.**

MEDICAL STABILIZATION FOR SEVERE EATING DISORDERS

ACUTE is different than other eating disorder treatment centers. It is a **hospital-based, medical stabilization unit** treating only patients who are experiencing severe, uncomfortable and life-threatening medical complications from an eating disorder or severe malnutrition. This important difference *makes a difference* when it comes to survival and recovery.

"I was amazed at how ACUTE provided a customized treatment regimen that was developed to provide me with the best opportunity to succeed. I can honestly say that I would not be alive today without my time at ACUTE."

— Mark V., former patient

ACUTE provides an expert balance of medical and behavioral health support for all patients, no matter how extreme their illness. Once medically stable, patients transition to appropriate care to continue recovery. Traditional behavioral eating disorder treatment programs help patients sustain the medical progress they achieved at ACUTE and deliver intensive psychotherapy, nutritional education and recovery skills training. Patients with severe malnutrition not related to an eating disorder may return to begin or continue treatment with their existing treatment teams.

All care at ACUTE is overseen by Dr. Philip Mehler, the world's leading expert in the medical treatment of eating disorders and severe malnutrition. Across nearly three decades, Dr. Mehler has published nearly 500 scholarly articles on effective medical treatment of eating disorders and safely refeeding severely malnourished individuals. **Expertise and experience matter when seeking medical care for an eating disorder.** You deserve the unmatched medical understanding and capabilities Dr. Mehler and the ACUTE team bring to each and every case.

It can be overwhelming to seek treatment for a severe eating disorder, especially when life-threatening medical complications are present. Understanding which level of care provides adequate medical support to address all diagnoses and restore medical stability is an important first step in the recovery journey.



In general, medical stabilization is recommended for eating disorder patients who are severely low weight, are seriously medically compromised, or are at risk for complications from refeeding syndrome, a dangerous metabolic disturbance that can occur when nutritional rehabilitation is initiated. Patients meeting any/all of the following criteria may require medical intervention from experienced providers before entering a treatment program:

- Weight less than 70 percent of ideal body weight or BMI < 15;
- Unstable vital signs such as low or irregular heart rates or low blood pressure;
- Low body temperature;
- Cardiac disturbances such as abnormal heart rhythms;
- Loss of consciousness due to low blood pressure;
- Acute kidney or liver failure; and/or
- Electrolyte abnormalities such as a low potassium or low phosphorous.