



ACUTE
CENTER FOR EATING DISORDERS
& SEVERE MALNUTRITION
BY DENVER HEALTH..

A CENTER OF EXCELLENCE

2025

ANNUAL REPORT

CELEBRATING 25 YEARS

Celebrating 25 Years of Excellence

As the ACUTE Center for Eating Disorders & Severe Malnutrition (ACUTE) marks its 25th anniversary, we proudly honor a quarter-century of groundbreaking work, unwavering dedication and transformative care.

Since 2001, ACUTE has stood as the nation's premier hospital-based medical stabilization unit for individuals facing the most severe and life-threatening forms of eating disorders and malnutrition. Since our founding, our expert team has provided life-saving care to more than 3,500 patients, helping them take their first courageous steps toward recovery.

Driven by a relentless commitment to excellence, ACUTE has not only set the standard for medical stabilization but has also advanced the field through pioneering research, clinical innovation and professional education. Our legacy is one of leadership, compassion and collaboration – empowering both patients and professionals alike.

As we look to the future, ACUTE remains dedicated to elevating care, deepening understanding and continuing to be a beacon of hope for those affected by eating disorders and severe malnutrition.



5 Years Later: Cory's Story

My story has been far from simple. My recovery has been full of conflicted feelings – pain and sorrow, joy and sadness, highs and lows. From the outside, it might not have seemed like I had an eating disorder at all. I was a Division I athlete and succeeding academically at a top university. No one would have guessed that I had been battling anorexia since my mid-teens.

During my sophomore year of college, I couldn't keep it hidden anymore. My anorexia consumed my entire life, and it showed in everything I did. For 16 years, I was in and out of treatment, finding brief success but ultimately returning to the comfort of anorexia during difficult times.

I've been to ACUTE twice, and each time I was close to death. Since my last stay at ACUTE five years ago, I've been working with a full team of fabulous providers. Without ACUTE, I truly believe I wouldn't have lived to tell my story. ACUTE was the first step in a long recovery process, and with their support I was able to carry that momentum forward, continuing recovery with dedicated providers at lower levels of care.

At the time of admission, change felt scary. Despite the severity of my anorexia, I struggled to accept help. ACUTE's willingness to support me through the treatment process helped me find hope during one of the darkest periods of my life. Today, I'm at a healthy weight. I won't lie, though – it's not always easy. But now that I'm back in school, I don't miss out on family gatherings. I'm a supportive friend, and most of all, I'm a warrior who will not give up.

“I am a fighter, and I want others who are struggling to know that if you are scared to begin treatment and have even the tiniest thought of being ready for support through this painful disease, ACUTE is exactly what you need. They will not let you down. They are so professional, talented, brilliant and compassionate. They give you hope even when you feel like there's nothing to hope for. Even all these years later, their aftercare clinician, Sara Nieder, continues to follow up with me.”

ACUTE gave me a second chance to live. They saved my life so I can continue doing the work and fighting for the better life I know I deserve. ACUTE allowed me to build a care team and a support system that help me weather every storm. Sometimes I feel sadness that anorexia robbed me of so many years of my life, but I find the strength within and the love around me. I send love to those still deep in the struggle; I hope my far-from-perfect story can give you hope.

Congratulations to ACUTE on 25 years of saving lives, taking on the cases with the highest need and finding the strength and knowledge to allow those like me to create a life worth living.

A Statement From Our Executive Director

As we present this year's Annual Report, I want to take a moment to underscore the significance of the data and outcomes shared within these pages. At ACUTE, we occupy a unique position in the medical landscape – one that allows us to care for some of the most critically ill individuals affected by eating disorders and malnutrition. This also places us in a rare position to observe, document and better understand the complex medical complications and recovery trajectories associated with these conditions.

The data in this report reflects not only the severity of illness seen in our patient population, but also the evolving nature of treatment needs and the continued necessity for specialized medical stabilization in the broader continuum of eating disorder care. Our findings contribute to a growing body of knowledge that is essential for informing best practices, guiding future research and improving patient outcomes both within our walls and across the field.

We share this report not as a retrospective but as part of an ongoing commitment to transparency, accountability and advancement in the care of patients with severe eating disorders and malnutrition. We hope that these insights serve clinicians, researchers and policymakers alike, and continue to shape a more informed and effective response to one of the most challenging areas of medicine.



Adam Leggett, MA
Executive Director
VP of Business Operations

Patients Served: An Overview

This data illustrates the population of patients treated at ACUTE in 2025, providing insight into the characteristics and severity of those we serve.

92% of all admitted patients were **referred** from residential treatment centers, hospitals and outpatient providers

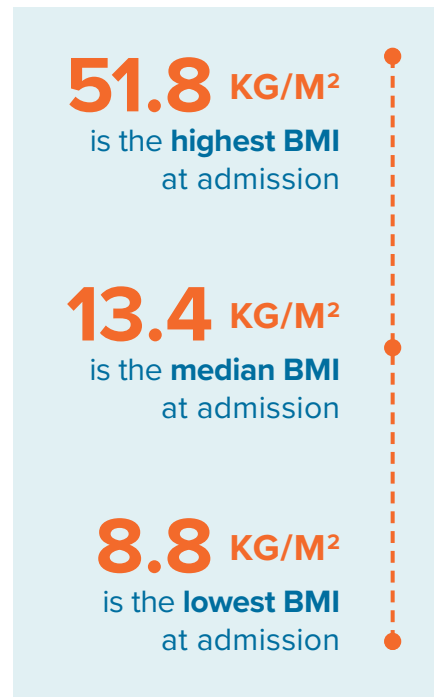
326
total admissions

24%
were admitted via air ambulance.

10%
identify as LGBTQ+

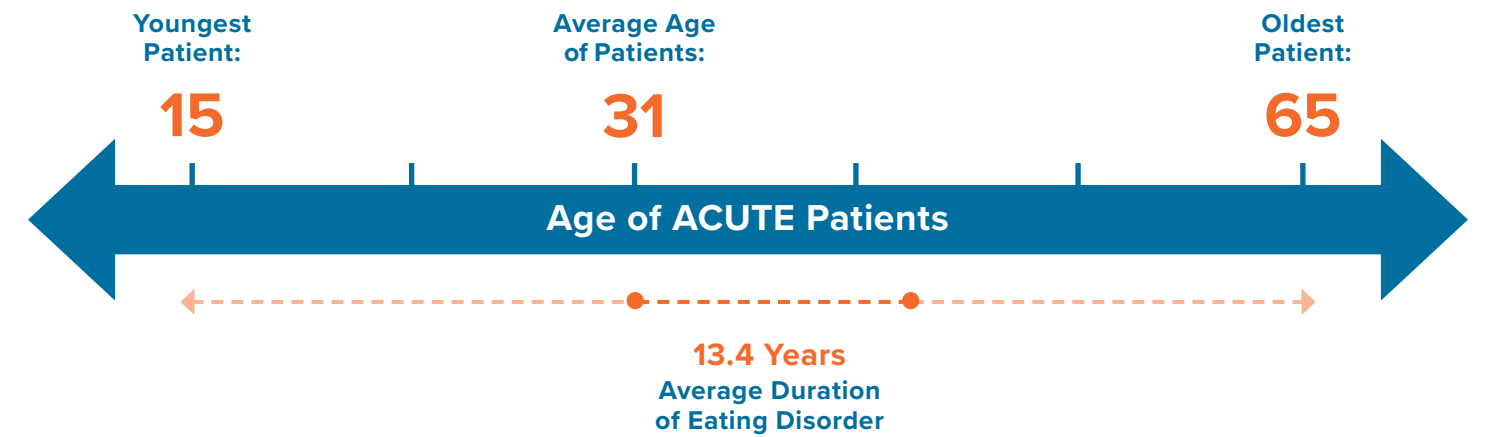
64%
is the **median % of ideal body weight** on admission

81%
is the **median % of ideal body weight** on discharge



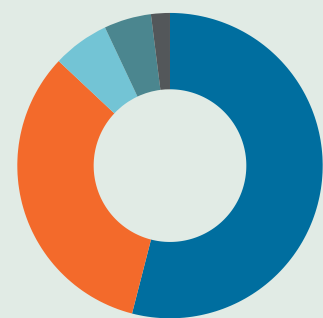
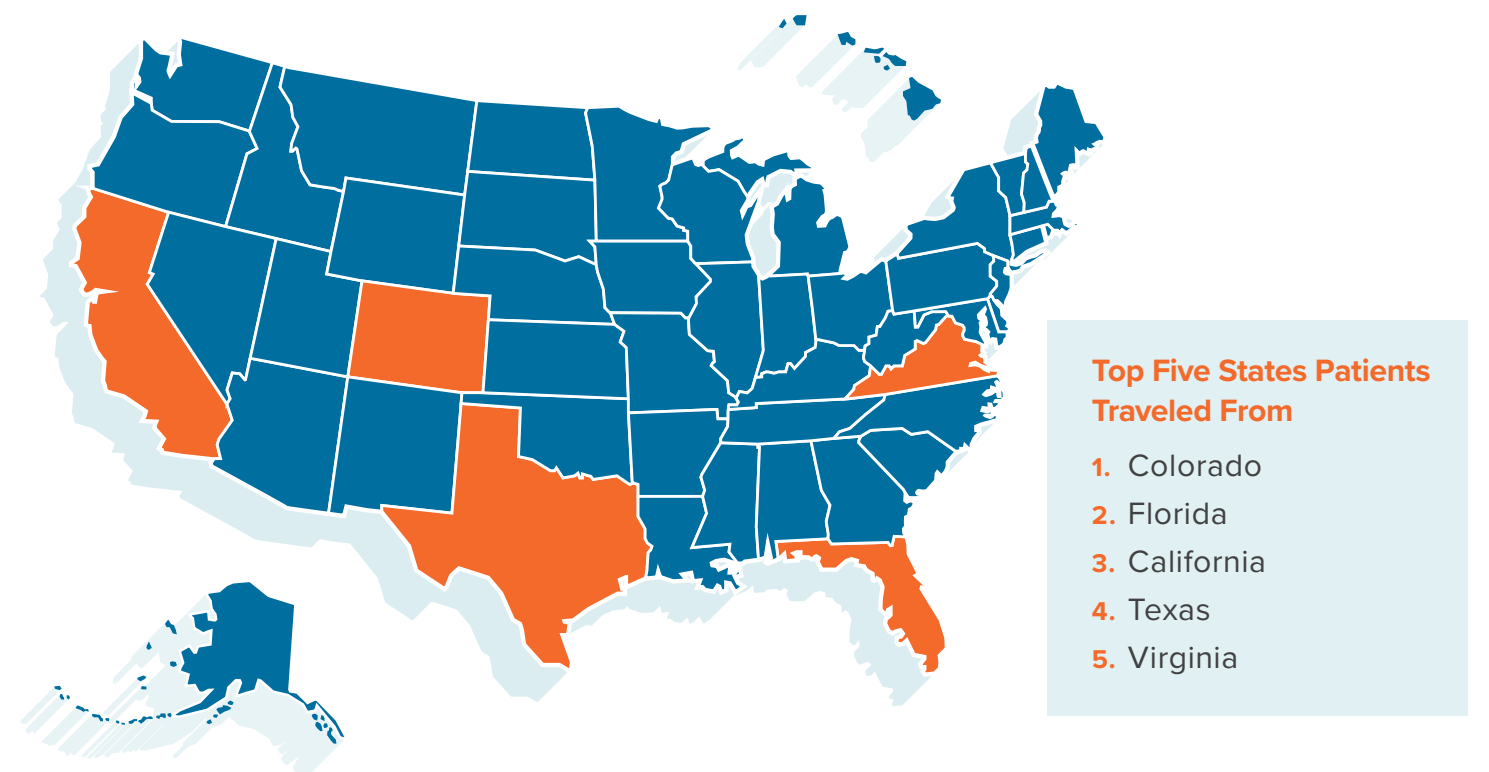
Patient Demographics

Here is a concise look at the patients treated at ACUTE, highlighting the scope of our patient population.



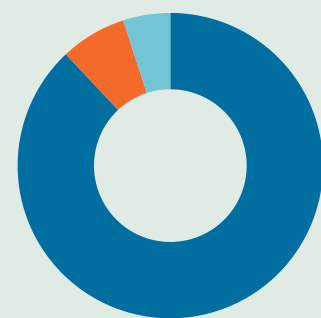
Serving Patients Nationwide & Globally

ACUTE admits patients from across the United States and the globe. Of admitted patients, 85% came from outside of Colorado in 2025.



Patient Diagnoses

- 53% had a diagnosis of **AN-R**
- 31% had a diagnosis of **AN-BP**
- 4% had a diagnosis of **ARFID**
- 11% had a diagnosis of **other eating disorders**
- 1% had a diagnosis of **non-ED malnutrition**

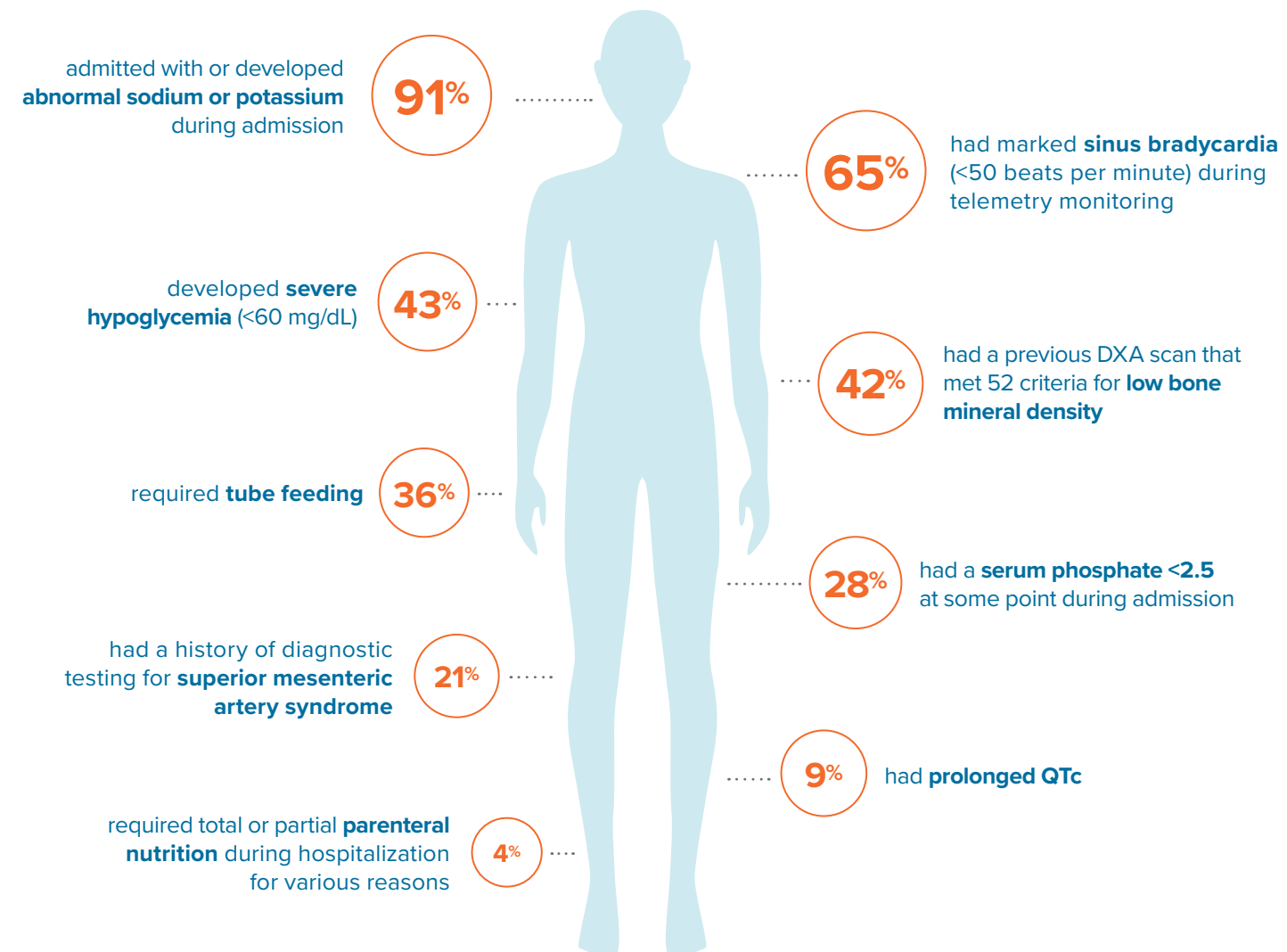


Patient Gender Breakdown

- 86% **Cisgender females**
- 9% **Cisgender males**
- 5% **Trans & nonbinary**

Early Medical Status of Admitted Patients

Every patient entering ACUTE brings a unique set of challenges and care needs. The 2025 admissions data illustrates the diversity and complexity of the individuals we serve.



Research Impact Over 25 Years

Total **peer-reviewed publications: 157**

Minimum citations across all publications: **7,706**

We published in **renowned research publications**, such as:

- International Journal of Eating Disorders
- The New England Journal of Medicine
- The American Journal of Cardiology
- Eating Disorders
- Annals of Internal Medicine
- Journal of Eating Disorders
- Cleveland Clinic Journal of Medicine
- Journal of Clinical Medicine
- The Journal of the American Academy of Psychiatry and the Law

Major areas of research:

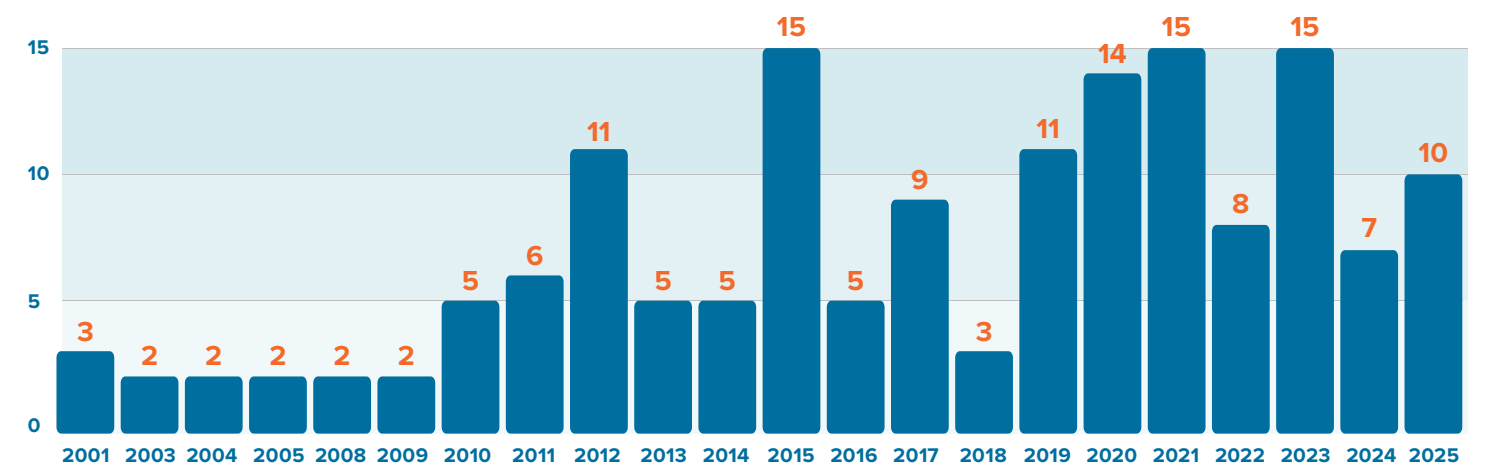
- Medical complications
- Cardiovascular effects
- GI complications
- Refeeding syndrome
- Bone health

Highest cited paper:

Medical Complications of Anorexia Nervosa and Bulimia Nervosa, by Patricia Westmoreland, Mari J Krantz and Philip S Mehler, in The American Journal of Medicine

Cited 679 times

Publications per year since founding:



81%

is the **discharge mean % ideal body weight**

28.2 days

is the **average length of stay at ACUTE**

Please note that diagnoses and individual medical history impact the presentation of medical complications. The medical complications above and their percentages are not representative of all patients or diagnoses. Data in this report is based on the most complete information available at the time of reporting; figures may be refined as additional data is finalized.

25 Years of Clinical Research & Evidence-Based Care

From ACUTE's earliest publications to pioneering studies in 2025, our research has guided the diagnosis, stabilization and treatment of patients with eating disorders and severe malnutrition with the most complex medical complications.



2001

ACUTE Is Founded

The ACUTE Center for Eating Disorders is founded by Philip S. Mehler, MD, FACP, FAED, CEDS as two beds in Denver Health, establishing a specialized medical center focused on the stabilization and treatment of severe eating disorders. ACUTE slowly expands to 12 beds.

March 2003

Osteoporosis in Anorexia Nervosa: Prevention and Treatment

International Journal of Eating Disorders
by Philip S Mehler

April 2007

Use of Total Parenteral Nutrition in the Refeeding of Selected Patients With Severe Anorexia Nervosa

International Journal of Eating Disorders
by Philip S Mehler and Kenneth L Weiner
At a time when TPN was often viewed as risky or controversial in eating disorder care, this study explored when and how it could be used safely. The findings showed that, in carefully selected patients and under close medical supervision, TPN can support refeeding while reducing complications tied to rapid caloric increases. This work helped broaden clinical thinking around individualized refeeding strategies for the sickest patients.

May 2011

Complement C3 Serum Levels in Anorexia Nervosa: A Potential Biomarker for the Severity of Disease?

Annals of General Psychiatry
by Michael A Flierl, Jennifer L Gaudiani, Allison L Sabel, Carlin S Long, Philip F Stahel and Philip S Mehler
This study investigated whether a routine lab marker, complement C3, might reflect illness severity in adults with anorexia nervosa. Researchers found that C3 levels were elevated and correlated with other indicators of disease severity. These findings opened the door to more objective ways of assessing medical risk and tracking recovery in a condition that is reliant on subjective measures.

2017

ACUTE Expands

A new, state-of-the-art, 30,000 square foot unit with a 30-bed capacity is built for ACUTE at Denver Health.

2020

ACUTE Begins Tailored Malnutrition Programming and Changes Name

ACUTE expands its clinical model to include tailored programming for severe malnutrition and updates its name to the ACUTE Center for Eating Disorders & Severe Malnutrition to reflect its expanded focus.

Jan 2022

Autophony in Inpatients With Anorexia Nervosa or Avoidant Restrictive Food Intake Disorder

International Journal of Eating Disorders
by Jeff Hollis, Scott Mann, Ashlie Watters, Judy Oakes and Philip S Mehler
This paper highlighted an often-overlooked symptom of severe malnutrition: autophony, or hearing one's own voice or breathing unusually loudly. The study found it to be common in hospitalized patients with anorexia nervosa or ARFID and linked it to both current nutritional status and future admission outcomes. By naming and studying this symptom, the research reinforced the importance of addressing sensory and neurological effects of malnutrition as part of comprehensive inpatient care.

June 2001

First Paper Published After ACUTE's Founding Diagnosis and Care of Patients With Anorexia Nervosa in Primary Care Settings

Annals of Internal Medicine
by Philip S Mehler
This paper made a strong case that primary care clinicians play a critical role in saving lives. It emphasized that anorexia nervosa often presents quietly. Patients may deny symptoms even as serious medical complications develop. The article outlined how early recognition, medical stabilization and coordinated care across specialties can reverse many of the condition's physical effects. Its message was clear: Outcomes are best when clinicians act early and keep care continuous, even as patients move between levels of treatment.

July 2009

Serum Albumin Levels May Not Correlate With Weight Status in Severe Anorexia Nervosa

Eating Disorders
by Vignesh Narayanan, Jennifer L Gaudiani and Philip S Mehler

March 2014

Low Prealbumin Is a Significant Predictor of Medical Complications in Severe Anorexia Nervosa

International Journal of Eating Disorders
by Jennifer L Gaudiani, Allison L Sabel and Philip S Mehler

Sept 2019

Clinical Guidance on Osteoporosis and Eating Disorders: The NEDA Continuing Education Series

Eating Disorders
by Philip S Mehler

2021

ACUTE Begins Tailored ARFID Programming

ACUTE launches specialized programming for ARFID, addressing the unique medical and nutritional needs of this growing patient population.

Oct 2025

Last paper published in 2025 Whole Blood Thiamine Levels in Extreme Anorexia Nervosa: A Pilot Study

European Eating Disorders Review
by Dennis Gibson, MD, Dan Blalock, Marina Foster and Philip Mehler

Research That Shaped Care in 2025

This year's research focused on the physiological consequences of severe malnutrition, refeeding and purging, informing safer and more effective medical stabilization.

1. Zinc Levels in Severe Eating Disorders

Leach, K., Blalock, D. V., Oakes, J., Hebert, M., Foster, M., & Mehler, P. S. (2025). *Journal of Eating Disorders*, 13(1), 17. <https://doi.org/10.1186/s40337-025-01199-w>

2. Diagnostic Dilemma of Avoidant/restrictive Food Intake Disorder After Bariatric Surgery: A Case Report and Review of Literature

Cass, K., Leggett, A., & Gibson, D. G. (2025). *World Journal of Clinical Cases*, 13(24), 106941. <https://doi.org/10.12998/wjcc.v13.i24.106941>

3. The Importance of Specialized Inpatient Medical Stabilization for Weight Restoration of Individuals With Extreme Eating Disorders

Gibson, D., & Mehler, P. S. (2025). A new conceptual model for anorexia nervosa: A role for connective tissue? *International Journal of Eating Disorders*, 57(3), 537–542. <https://doi.org/10.1002/eat.24172>

4. The Impact of Body Weight Changes on the Hematologic Complications in Eating Disorders: A Case Report and Literature Review

Gibson, D., Plotkin, M., Leggett, A., & Mehler, P. S. (2025). *Acta Scientifica Nutritional Health*, 9(2), 91-96. <https://doi.org/10.31080/asnh.2025.09.1490>

5. Association of Phosphate Supplements With Refeeding Oedema in Restrictive Eating Disorders

Khatri, V., Stein, A., Mehler, P. S., & Gibson, D. (2025). *European Eating Disorders Review*, 33(3), 589–594. <https://doi.org/10.1002/erv.3169>

6. Whole Blood Thiamine Levels in Extreme Anorexia Nervosa: A Pilot Study

Gibson, D., Blalock, D., Foster, M., & Mehler, P. S. (2025). *European Eating Disorders Review* Nov. 20. <https://doi.org/10.1002/erv.70059>

7. Predictors of Successful Weight Restoration in the Treatment of Superior Mesenteric Artery Syndrome

Gibson, D., Plotkin, M., Foster, M., & Mehler, P. S. (2025). *Nutrients*, 17(18), 2998. <https://doi.org/10.3390/nu17182998>

8. Shiver Me Timbers: A Modern Case Report of Scurvy

Abe-Ridgway, K., & Leach, K. (2025). *Discover Medicine*, 2, 58. <https://doi.org/10.1007/s44337-025-00239-3>

9. The Medical Complications of Purging Behaviors Associated With Eating Disorders

Gibson, D., Plotkin, M., Gibson, D., Sterrett, K., Nemani, S., & Mehler, P. S. (2025). *European Eating Disorders Review*, 33(5), 853–863. <https://doi.org/10.1002/erv.3178>

Research Spotlight

ACUTE staff contributed to **The Eating Disorders Genetics Initiative 2 (EDGI2)**, a major global effort to advance genetic research of eating disorders and an extension of previous work. The EDGI2 expands the scope of genetic research in eating disorders and lays groundwork for biologically informed prevention and treatment approaches.



Continuing Education, Continuing Impact

We offered a wide variety of continuing education topics throughout 2025.

- **Most Popular CE Topic:** Understanding Nutrition and Refeeding Strategies for Hospitalized Patients With Eating Disorders
- Extreme Eating Disorders: Best Practices, Optimal Care and Complex Discharge Planning
- Social Work Triage: Identifying and Treating Eating Disorders in a Medical Hospital
- Identifying and Treating Eating Disorders in a Medical Setting
- Nutritional Rehabilitation and Early Refeeding of Severely Malnourished Patients
- Medical Complications of Severe Eating Disorders: What Every RD Needs to Know
- Treating Individuals With Eating Disorders: Psychiatric Pearls
- Understanding and Navigating Eating Disorder Treatment Pathways and Managing Medical Complications Across Levels of Care
- Out of the Shadows: Understanding the Complex Interplay of Medical and Psychological Factors in Diagnosing and Treating Eating Disorders
- Stepping Stones to Healing: The Unique Role of Higher Levels of Care in Eating Disorder Treatment and When to Refer
- Gut-Brain Disruption: Malnutrition, GI Symptoms, and the Role of GLP-1 Receptor Agonists
- Strength, Mobility and Engagement: Physical and Occupational Therapy for Patients With Eating Disorders

Total CE Credit Hours Offered:

22



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