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DECISION TO ADMIT AND AIMS OF HOSPITALIZATION IN THE TREATMENT OF EATING DISORDERS: MAKING SENSE OF A SEVEN YEARS EXPERIENCE

P. Nunes, S. Duarte-Silva, I. Brandão, A. Roma-Torres

Psiquiatria, Hospital São João, Porto, Portugal

Eating disorders are one of the most intriguing and challenging psychiatric illnesses.

Treatment recommendations for eating disorders are still based heavily on expert clinical judgment instead of on scientific evidence from controlled trials.

According to APA's 2006 Practice Guidelines, patient's level of care is determined considering overall physical condition, psychology, behavior, and social circumstances, rather than simply relying on one or more physical parameters, such as weight. Of the five levels of care proposed, inpatient treatment is considered the last resort.

Therefore, inpatient treatment should not be intended to replace outpatient treatment, but to precede and prepare for long-term recovery.

The decision to hospitalize is usually based on several criteria, including medical (e.g. severe weight loss, significant psychiatric comorbidity), psychotherapeutic (e.g. lack of response to outpatient treatment) and psychosocial criteria (e.g. marked family disturbance). Indeed, hospitalization may have its own positive indications, especially when a supporting and stimulating therapeutic milieu is offered.

The primary aim of this study is to characterize a group of 97 eating disorders inpatients admitted in Hospital São João Psychiatry Department between 2000 and 2007, respecting gender, age, diagnosis, previous treatment length, motive for hospitalization and its duration, BMI and number of hospitalizations. Secondly, significant correlations will be explored and further discussed.