UNDERSTANDING AND ASSESSING FOR
REFEEDING SYNDROME IN
SEVERE EATING DISORDERS
For severely underweight patients with anorexia nervosa and ARFID, nutritional rehabilitation is a primary and essential intervention. During the process of refeeding, food is reintroduced based on the metabolic needs of the patient in order to reverse the serious medical consequences of starvation and malnourishment and effectuate consistent weight gain. However, it is critical that patients be closely monitored by experienced medical professionals during this initial phase of treatment to prevent—or address—a potentially fatal complication known as refeeding syndrome. When the body is starved or severely malnourished, the heart muscle may atrophy causing diminished cardiac output, and the body begins to break down its own tissues—including fats and muscle—in an attempt to create the energy needed to maintain basic bodily functions. These changes can affect the body’s major electrolytes, including phosphorus, potassium and magnesium. When food is reintroduced during the refeeding process, there is an abrupt shift from fat and muscle metabolism back to carbohydrate metabolism, increasing the body’s uptake of phosphorus and other key electrolytes into newly developed cells and decreasing levels of these electrolytes in the blood. This sudden change in the balance of electrolytes causes the atrophied heart to work harder to manage a higher blood volume, which can cause irregular heartbeat, muscle damage, weakness, seizures and even death. Along with low levels of phosphorus in the blood, another symptom of refeeding syndrome is edema, or swelling in the lower extremities. During refeeding, the body secretes insulin and the kidneys retain salt and water. This weight gain and visible changes in body size is edema, or swelling in the lower extremities. During refeeding, the body secretes insulin and the kidneys retain salt and water. This weight gain and visible changes in body size is edema, or swelling in the lower extremities. During refeeding, the body secretes insulin and the kidneys retain salt and water. This weight gain and visible changes in body size is edema, or swelling in the lower extremities. During refeeding, the body secretes insulin and the kidneys retain salt and water. This weight gain and visible changes in body size is edema, or swelling in the lower extremities. During refeeding, the body secretes insulin and the kidneys retain salt and water. This weight gain and visible changes in body size is edema, or swelling in the lower extremities.

**WHAT IS REFEEDING SYNDROME?**

Increasing caloric intake quickly in individuals with anorexia nervosa and ARFID without frequent monitoring of blood tests and electrolyte replenishment can lead to a life-threatening complication marked by a shift in fluids and electrolytes within the body. For severely underweight patients with anorexia nervosa and ARFID, nutritional rehabilitation is a primary and essential intervention. During the process of refeeding, food is reintroduced based on the metabolic needs of the patient in order to reverse the serious medical consequences of starvation and malnourishment and effectuate consistent weight gain. However, it is critical that patients be closely monitored by experienced medical professionals during this initial phase of treatment to prevent—or address—a potentially fatal complication known as refeeding syndrome. When the body is starved or severely malnourished, the heart muscle may atrophy causing diminished cardiac output, and the body begins to break down its own tissues—including fats and muscle—in an attempt to create the energy needed to maintain basic bodily functions. These changes can affect the body’s major electrolytes, including phosphorus, potassium and magnesium. When food is reintroduced during the refeeding process, there is an abrupt shift from fat and muscle metabolism back to carbohydrate metabolism, increasing the body’s uptake of phosphorus and other key electrolytes into newly developed cells and decreasing levels of these electrolytes in the blood. This sudden change in the balance of electrolytes causes the atrophied heart to work harder to manage a higher blood volume, which can cause irregular heartbeat, muscle damage, weakness, seizures and even death.

**REFEEDING SYNDROME SYMPTOMS & WARNING SIGNS**

Guidelines help identify patients at elevated risk for developing this life-threatening complication of reintroducing calories in the early stages of anorexia nervosa treatment.

The risk for developing refeeding syndrome correlates directly with the extent of weight loss that accompanies anorexia nervosa. In other words, the lower a patient’s weight, the higher their risk for this complication during refeeding. While there is no single definitive marker to identify which patients will develop refeeding syndrome, the National Institute for Health and Clinical Excellence (NICE) has published two sets of criteria for identifying patients at heightened risk for this complication. According to these guidelines, patients at the highest risk for refeeding syndrome meet one or more of the following criteria:

- Body mass index (BMI) under 16;
- Weight loss of more than 15 percent of his or her body weight in the past 3 to 6 months;
- Little to no food for the past 10 or more consecutive days; or
- A blood test that reveals low levels of phosphorus, potassium or magnesium. Patients with anorexia nervosa or ARFID may also have significant risk for refeeding syndrome if they meet two or more of the following criteria:

- BMI under 18.5;
- Weight loss of more than 10 percent of his or her body weight in the past 3 to 6 months;
- Little to no food for the past 5 or more consecutive days; or
- A history of alcoholism or misuse of certain drugs, such as insulin, chemotherapy drugs, diuretics or antacids.

In addition, chronic alcoholism, cancer, uncontrolled diabetes or recent surgery may place a patient with anorexia at elevated risk for developing refeeding syndrome. It is important to note that only a subset of patients with heightened risk will develop this life-threatening complication during nutritional rehabilitation. However, treatment providers should regularly monitor at-risk patients for symptoms of refeeding syndrome, including:

- Fatigue
- Weakness
- Confusion
- Difficulty breathing
- Seizures
- High blood pressure
- Edema
- Irregular heartbeat
- Coma

Refeeding syndrome symptoms and warning signs typically appear early in the refeeding process, and require immediate medical intervention upon observation. Its development is completely predictable. Therefore, it is important for all patients with extreme forms of anorexia and ARFID to initiate nutritional rehabilitation in an inpatient medical setting that specializes in preventing, identifying and managing this potentially fatal complication.
ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health is the only dedicated inpatient medical stabilization program in the country with the resources, environment and experience to treat the most medically severe cases of eating disorders. This life-saving care is covered by medical insurance, which preserves valuable behavioral health benefits for patients as they continue the recovery process. When they are medically stable, patients discharge to the appropriate next level of care, typically with their established eating disorder care team or referring IP/RES program.

IN GENERAL, ACUTE’S ADMISSION CRITERIA INCLUDES:

- All gender expressions, 15+ years of age
- Severe medical complications associated with anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, ARFID or as a comorbidity of an infection or from cancer
- In need of safe detoxification from laxatives, diuretics or self-induced vomiting, to treat/prevent severe edema formation, prior to inpatient or residential treatment
- At risk for refeeding syndrome
- Patients experiencing severe weight disruption, with any or all of the following medical issues:
  - Weight less than 70 percent of ideal body weight or BMI < 15;
  - Unstable vital signs such as low or irregular heart rates;
  - Cardiac disturbances such as abnormal heart rhythms or heart failure;
  - Loss of consciousness due to low blood pressure;
  - Patients with malnutrition caused by non-tuberculosis mycobacterium (NTM, aka MAI), cancer, HIV or other infections;
  - Atypical anorexia nervosa with rapid massive weight loss

Medical stabilization on the 30-bed telemetry unit is augmented with multidisciplinary care overseen by Philip S. Mehler, MD, FACP, FAED, CEDS, the world’s foremost expert in effective medical treatment of severe eating disorders. ACUTE’s admissions team facilitates all logistics for patient travel needs, including arranging air ambulance transport if needed.

For more information about refeeding syndrome in severe eating disorders, please contact the ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health.