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# Fact Sheet: Anorexia Nervosa - Forced Refeeding Procedures

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**Introduction:** Severe anorexia can lead to life-threatening complications. If you are not able to convince your patient to eat voluntarily, you may have to initiate forced refeeding.

## Criteria for Forced Refeeding:

- Presence of life-threatening electrolyte imbalances.
- Continuous weight loss despite therapeutic interventions, usually with a BMI < 15 kg/m<sup>2</sup>.

## Legal Considerations Before Forced Refeeding:

- **Capacity Assessment:** You must confirm the patient's incapacity to make health decisions. Often anorexic patients will seemingly have the capacity to think logically but may be in denial that their condition is life-threatening. (See fact sheet on capacity assessment).
- **Health Care Proxies (HCPs):** A legal method for someone else to decide medically for the patient. Activation requires that you document your reasons for believing the patient lacks decision-making capacity.
- **Guardianship:** If no HCP is present, guardianship might be initiated. Rapid emergency guardianship is available in urgent scenarios.
- **Ethics or Medical Review Committee :** In the absence of an HCP or a guardian, hospitals can convene an ethics committee meeting to authorize emergency medical decision making.

## Forced Refeeding Methods and Criteria:

There are two options for forced refeeding—parenteral (via an intravenous line) vs enteral (tube feeding directly into the GI tract). The first choice is enteral because there are fewer complications, but some patients will allow only parenteral feeding.

### 1. Parenteral Nutrition (or TPN--total parenteral nutrition):

- **Method:** Nutrition is directly infused into the bloodstream, bypassing digestion.
- **Risks:** Potential refeeding syndrome with swift weight gain and infections due to catheter.

### 2. Tube Feeding: A method that introduces food directly into the digestive system using tubes.

- **Nasogastric Tube (NG Tube):** This is the most common refeeding procedure. A flexible tube inserted through the nostril, down the esophagus, and into the stomach. It's used for short-term feeding, typically less than six weeks. The placement is generally straightforward and can be done at the bedside, but there's a risk of accidental placement in the lungs, which can cause complications.
- **Gastrostomy Tube (G or PEG Tube):** Inserted directly into the stomach through the abdominal wall. It's used for longer-term feeding (more than six weeks). Placement requires a surgical procedure or an endoscopic procedure but offers a more stable and long-term solution for patients.
- **Jejunostomy Tube (J Tube):** Inserted into the small intestine, suitable for those intolerant to stomach feedings.

- **Feeding Method:** Continuous or boluses, based on clinical goals and tolerance.

## Potential Complications of Nutritional Rehabilitation

### 1. Refeeding Syndrome:

- A rare, but serious metabolic disturbance, that is caused by electrolyte shifts, particularly in phosphate, and can lead to complications like cardiac failure, especially in those with a BMI <16 kg/m<sup>2</sup>.
- It arises from aggressive nutritional replenishment, causing an abrupt switch from fat to carbohydrate metabolism, leading to a rapid decline in electrolytes.
- Management/prevention: Begin refeeding gradually, monitor electrolytes regularly, and ensure thiamine supplementation. Restrict initial fluid intake. Monitor for symptoms like heart arrhythmias.

### 2. Refeeding Edema:

- Swelling observed during the refeeding process.
- Triggers include insulin's influence on sodium retention and possible hypoalbuminemia.
- Management strategies involve bed rest, leg elevation, and low-sodium diets. In extreme scenarios, diuretics such as furosemide are administered with caution.

### 3. Constipation:

- A common side effect owing to decreased gastric motility as weight is regained.
- Typically resolves as oral intake continues.