

# A systematic review of approaches to refeeding hospitalized patients with anorexia nervosa

## Abstract

**Objective:** Recent studies describe refeeding in anorexia nervosa (AN) using various methods to deliver higher calorie loads than is currently recommended. We systematically examined approaches to refeeding in hospitalized patients with AN

**Methods:** Systematic review of PubMed, PsycINFO, Scopus, and Clinical Trials databases from 1960–2015 using the terms *refeeding*, *weight restoration*, *hypophosphatemia*, *anorexia nervosa*, *anorexia*, and *anorexic*.

**Results:** 948 abstracts were retrieved using the search criteria and were included if they described a refeeding protocol in hospitalized patients with AN with sufficient detail to allow replication. Twenty-two papers were included in the final review. Most studies were in adolescents and were observational or retrospective; the majority of studies since 2010 have reported on refeeding approaches beginning with higher calories or advancing caloric prescriptions faster than current treatment recommendations.

**Discussion:** The available evidence supported seven conclusions, summarized here: 1) In moderately malnourished patients with AN, higher calorie feeding is feasible; 2) Meal-only approaches or combined nasogastric plus meal-feeding approaches can deliver higher calorie feeds in hospital; 3) In severely malnourished patients with AN, there is insufficient evidence to support any change to current standards of care for refeeding hospitalized patients; 4) Higher calorie approaches to refeeding appear safe under close medical supervision and with correction of electrolyte abnormalities; 5) The impact of differing approaches to refeeding on long-term outcomes is unknown; 6) TPN is not recommended unless no other form of refeeding is possible; and 7) Meals and liquid formulas with nutrient compositions within recommended ranges are appropriate for refeeding.

## Keywords

Anorexia nervosa; refeeding; weight restoration; nutritional rehabilitation; refeeding syndrome; hypophosphatemia; medical complications; medical stability; length of stay

