

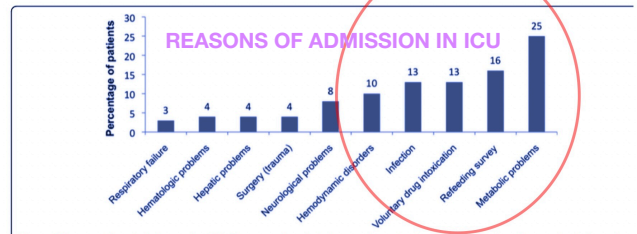
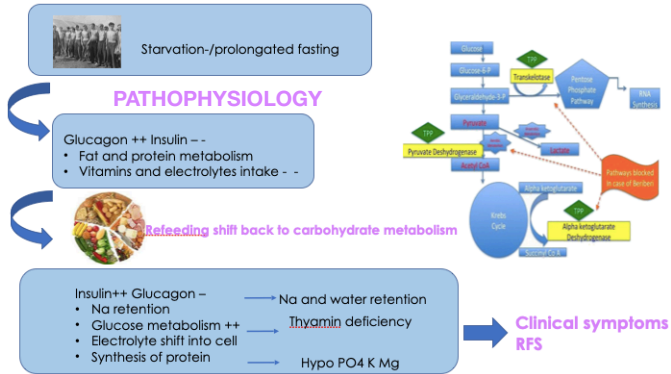
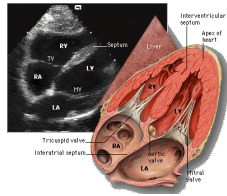


ANOREXIA NERVOSA IN ICU AND REFEEDING SYNDROME RISK

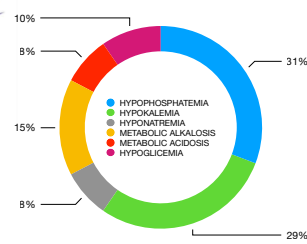
Cardiac abnormalities

	Normal weight		Anorexic patients
Cardiac output (ml/batt.)	77.6 (16.3)	58.4 (15.4)	46.2 (10.3)

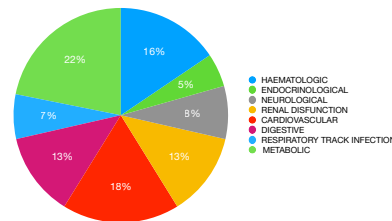
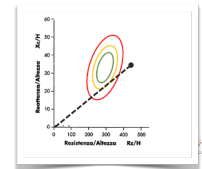
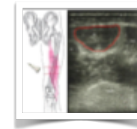
Cardiac Index (l/min/m ²)	3.40 (0.7)	2.87 (0.73)	2.01 (0.64)



METABOLIC COMPLICATIONS



BIVA INDIRECT CALORIMETRY MUSCULAR ULTRASOUND GLIM CRITERIA COULD HELP TO ASSESS MONITOR AND TREAT THE ANOREXIC PATIENT



The Refeeding Syndrome (RFS) a neglected but potentially serious condition for inhouse patients

Severity of RFS	Mild	Moderate	>30% less and/or organ dysfunction**
Serum electrolytes*	10-20% less	20-30% less	
Timing		From hours up to 5 days after increasing the energy provision in an individual at risk	

KEY MESSAGES

- Anorexia nervosa is an infrequent cause of ICU admission.
- ICU physicians need recommendations to improve the management of anorexia nervosa patients.
- Early recognition and prevention of refeeding syndrome is a major issue.
- Prevention of iatrogenic events may decrease mortality of anorexia nervosa patients admitted in ICU.

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