Alternatives to inpatient admission for adolescents with eating disorders

Centre for Reviews and Dissemination

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Authors' conclusions
NHS Bradford and Airedale currently commissions out of area placements involving long-term inpatient admission for a small number of adolescents with eating disorders. The basic cost of these placements varies from £454 to £750 per bed–day. Two recent systematic reviews have evaluated the evidence for alternatives to inpatient admission for children and young people with mental health conditions. A number of different service models have been evaluated but the evidence base provides limited guidance for decision making. Probably the best evidence in relation to eating disorders comes from the recent TOuCAN trial. This randomised controlled trial compared generic outpatient services, specialist outpatient services and inpatient admission for adolescents (aged 12–18) diagnosed with anorexia nervosa. The trial found no differences in clinical outcomes between groups at follow-up after 1 and 2 years. The economic evaluation of the TOuCAN trial supported the provision of specialist outpatient services on cost-effectiveness grounds. In addition, patients and carers valued the perceived expertise of specialist services and access to dietetic therapy, which was not always available through generic services. The findings of this trial imply that it may be possible to provide services for adolescents with anorexia nervosa in a specialist outpatient setting in a cost-effective manner without loss of clinical effectiveness. No relevant evidence was found for young people with other eating disorders and it is uncertain whether findings for patients with anorexia nervosa also apply to those with bulimia nervosa or binge eating disorder. The conclusions that can be drawn about the effectiveness of individual interventions that might be used within a specialist outpatient service are limited by weaknesses in the evidence base (few trials with generally small samples), the methodological quality of the available systematic reviews or both. Furthermore, it is difficult to evaluate the effectiveness of individual components separately from the programme of care as a whole. The magnitude of any possible clinical or cost benefits from expanding outpatient services and/or reducing out of area inpatient placements in Bradford and Airedale is uncertain.

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