disorder literature. We are unaware of any studies examining patient or parent perception of medical stabilization.
Methods: Research staff contacted all patients and/or parents of patients admitted under the inpatient PCM protocol at a large urban children's hospital between January 1, 2011 and June 30, 2013. A 20-minute telephone survey was conducted separately with the patient and a parent or guardian. Participants were asked to rank the usefulness of various components of the PCM protocol on 5-point Likert scales ranging from 1 = "very unhelpful" to 5 = "very helpful"; parent and patient responses were compared using t-tests. Participants were also asked a series of open ended questions about the hospitalization addressing their perceived importance of the medical admission, what was most helpful, what was least helpful, and what they thought was missing from their hospital treatment. Interview responses were transcribed in real time, and then coded into thematic categories.
Results: Thirteen patients and thirteen parents completed interviews. Patient Likert scales regarding the helpfulness of protocol components ranged from a high of 4.23 for "heart monitoring" to a low of 1.46 for "limiting time doing homework". Parent Likert scales ranged from a high of 4.77 for "nursing care" to a low of 1.00 for "interacting with other patients." Parents perceived meal planning to be more helpful than patients (4.00 vs. 1.46, $p = 0.040$) and perceived limits on cell phone use to be more helpful than patients (3.08 vs. 1.46, $p = 0.045$). Both patients and parents frequently mentioned that the need for hospitalization was the first time that they realized the seriousness of the eating disorder, that they did need hospitalization, and that they were concerned about cardiac complications. Parents were frequently appreciative of having a respite from meal planning and responsibility for making their children eat at home. Almost all patients and parents desired more intensive mental health services in the hospital, and patients frequently complained of being bored with nothing to do other than eat.
Conclusions: Following inpatient medical stabilization, most patients and parents agreed that hospitalization was necessary and important and both frequently expressed concerns about cardiac complications. Parents were especially supportive of having meal planning taken over by dietitians. Even in the medical setting, intensive mental health services are strongly desired.
Sources of Support: Division of Adolescent Medicine, Nationwide Children's Hospital.

148.

CONSERVATIVE INPATIENT REFEEDING YIELDS MODEST OUTCOMES IN ADOLESCENTS WITH ANOREXIA NERVOSA AND EATING DISORDER NOT OTHERWISE SPECIFIED

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Purpose: Maximizing weight gain in hospitalized eating disordered patients has been associated with long-term weight restoration, improved cognitive and physical functioning, and decreased anorexic thinking. However, rapid weight gain can be difficult to attain as patients with anorexia nervosa become hypermetabolic during refeeding. Current recommendations of the American Dietetic Association and American Psychiatric Association support cautious oral refeeding in order to avoid refeeding syndrome, but resultant use of hypocaloric diets frequently leads to initial weight loss and prolonged length of admission. Recent studies have begun to challenge the traditional means of slow refeeding and are showing more rapid weight gain without detrimental effects. Our aim was to evaluate current refeeding practices at our institution.
Methods: We performed a retrospective chart review of adolescents, ages 12 to 21 years, diagnosed with either anorexia nervosa (AN) or eating disorder not otherwise specified (ED NOS) admitted for inpatient refeeding over the past three years. Power analysis, based on prior studies, determined that 21 subjects would be needed to know the average length of stay within three days range with 95% confidence. In addition to basic demographic information, we collected detailed anthropometric data, including daily weights from admission to discharge. We also documented feeding regimen, including daily calorie counts and rate and timing of increase in daily calories. Length of stay was recorded along with any electrolyte abnormalities associated with refeeding syndrome. Descriptive statistics were performed.
Results: We reviewed charts of 21 adolescents, admitted from March, 2009 to May, 2012. Mean (S.D.) age was 16.2 (1.67) years, and 95% were female (n = 20). The majority (81%, n = 17) were diagnosed with anorexia nervosa. Mean (S.D.) length of stay was 17.3 (11.1) days, and mean weight gain during admission was 2.03 (1.94) kg. Percent ideal body weight increased from 75.4% (6.53) on admission to 79.0% (6.07) on discharge. However, 71% (n = 15) of patients experienced initial weight loss after admission. Daily calorie counts increased from 1271 (536) on hospital day one to 2304 (641) on the final day of hospitalization. The dietician frequently recommended increasing intake by 200 calories every other day, although the recommendations were often not followed by the primary team, mainly due to patient complaints (e.g. nausea, abdominal pain). Three adolescents (14%) had hypophosphatemia early in their hospital course (days one through three), but none received supplementation and phosphorus values self-corrected to normal the following day. One patient (5%) had hypokalemia for three consecutive days and was started on oral potassium supplement. No patients had clinically significant refeeding syndrome.
Conclusions: In this retrospective chart review, conservative refeeding was employed for adolescents hospitalized with AN or ED NOS. Patients experienced initial weight loss with modest weight gain despite relatively long hospital stays. A few patients experienced brief hypophosphatemia early in admission, which self-corrected within 12 to 24 hours, arguing against true refeeding syndrome. In our next study, we hope to implement more aggressive means of refeeding in the same setting and examine rates of weight gain, length of admission, tolerance, and safety with faster refeeding practices.
Sources of Support: None.

149.

PERCEPTIONS OF FAMILY STYLES BY ADOLESCENTS WITH EATING DISORDERS AND THEIR PARENTS

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Purpose: The traditional view has been that there is a great deal of rigidity and enmeshment in the families of adolescents with eating disorders, with poor communication and satisfaction among