



ACUTE
**CENTER FOR EATING DISORDERS
& SEVERE MALNUTRITION**
BY DENVER HEALTH™

A CENTER OF EXCELLENCE

2024 ANNUAL REPORT



A MESSAGE FROM DR. WESTMORELAND

“The ACUTE Center for Eating Disorders & Severe Malnutrition has been the premier hospital-based medical stabilization unit for those with severe eating disorders for nearly a quarter of a century. As ACUTE’s medical director, I am committed to overseeing multidisciplinary care that is evidence-based, safe, high quality and empathetic. ACUTE’s ongoing passion to maintain this standard of excellence fuels its talented staff’s commitment to patients in need of medical stabilization. ACUTE has provided lifesaving care to over 3,000 patients and embraces its role as the starting point on our patients’ recovery journeys.”

— [Patricia Westmoreland, MD, Medical Director](#)



WHY CHOOSE ACUTE?

When a patient is experiencing severe – and often deadly – complications of an eating disorder or severe malnutrition, receiving care from an experienced team of specialists can be the difference between life and death.

Our 2024 Annual Report provides deeper insight into these conditions and can help patients, their families and their providers determine whether inpatient hospitalization is the next step in their treatment journey.

Treating over 300 patients a year, the **ACUTE Center for Eating Disorders & Severe Malnutrition** sees the highest volume of patients suffering from serious medical complications of eating disorders and malnutrition. This high volume of patients has granted ACUTE the ability to collect, research and interpret data on the indicators, treatments and outcomes of patients with severe eating disorders and malnutrition. Using these insights, we are able to deliver the highest quality of care for patients, as shown in this report.

Lack of training and education can make the complications of eating disorders and malnutrition difficult to manage in a general hospital setting. The research and data we have compiled in our 2024 Annual Report can help providers and hospitals get a bird’s-eye view of the patient journey – covering everything from presentation, history and diagnoses all the way to outcomes.

ABOUT THIS REPORT

This report includes **admissions data**, **demographic information** and **health outcomes** from patients ages 15+ at the ACUTE Center for Eating Disorders & Severe Malnutrition as well as **research publications** and **continuing education opportunities** from 2024.

THE ACUTE PATIENT

90% of all admitted patients were **referred** from residential treatment centers, hospitals and outpatient providers



were admitted via **air ambulance.**

18% were admitted directly from a **hospital**

13% identify as **LGBTQ+**

63%

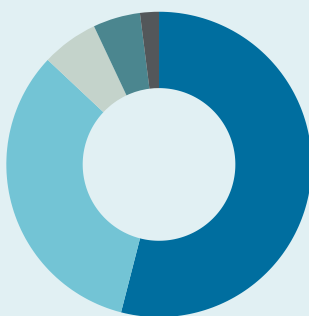
is the **median % of ideal body weight** on admission

13.1
KG/M²

is the **median BMI** at admission

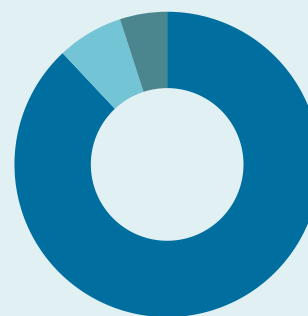
7%

were admitted with a **BMI >18.5** kg/m²



Patient Diagnoses:

- 54% had a diagnosis of **AN-R**
- 33% had a diagnosis of **AN-BP**
- 6% had a diagnosis of **ARFID**
- 5% had a diagnosis of **other eating disorders**
- 2% had a diagnosis of **non-eating disorder-related severe malnutrition**



Patient Gender Breakdown:

- 88% Cisgender **females**
- 7% Cisgender **males**
- 5% **Other**
(including transgender & nonbinary)

RACHEL'S STORY



Before I arrived at ACUTE, my life revolved around my eating disorder. Anorexia prevented me from participating in the things I love and from being around my loved ones – it took over my entire life.

When I was away at college, I became even more consumed by my rituals and disordered eating behaviors. Around halfway through the semester my parents came to visit, and I pleaded to go home with them. Somewhere deep inside I knew that if I stayed, I would die. Even though my parents didn't completely understand, they could tell I was struggling and welcomed me back home. This would be my first step in the right direction, even if I didn't know it yet.

Once I got home, not much changed. I continued overexercising and fell back into a pattern of disordered eating. Luckily, we had connections with the owner of a facility in New York. Once we reached out and she heard about my low weight and the extent of my eating disorder, she immediately recommended ACUTE. I flew to Colorado with my parents, and we were escorted from the airport by Denver Heath's private transportation. When I arrived at ACUTE, nurses were waiting to welcome me. The eating disorder voice was already panicking: How would I burn calories? My mother was crying tears of relief that I was finally getting treatment, but I was anything but relieved. All I wanted to do was run. I wanted to go home. I wanted the comfort of my eating disorder.

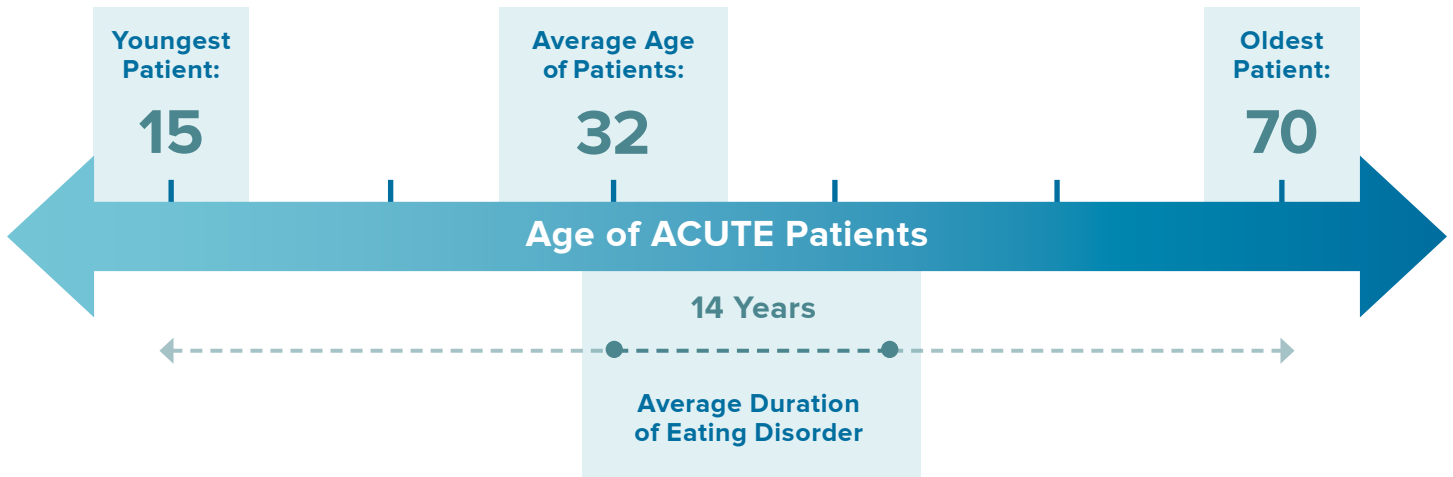
Thankfully, the compassionate staff at ACUTE knew exactly how to handle my situation and helped me take my first steps toward recovery. I was being treated by the most knowledgeable doctors in the world. Every single staff member is educated in the treatment of eating disorders. Those of us struggling with eating disorders have many fears about treatment, and the staff at ACUTE considered these throughout my stay. They viewed me as a unique person and my treatment plan reflected that. Each staff member took the time to get to know me and understood every discomfort, pain and hardship of my recovery.

ACUTE completely changed my life. I might not even be here to share my story. They showed me that recovery was possible. They were with me on every good and bad day and shaped me into the person I am today. When I left ACUTE, I was still recovering. The recovery process requires you to face discomfort and pain with dedication and a fighting spirit. I have had a couple little relapses, but they haven't stopped me from continuing my recovery. They've allowed me to recognize where I started and inspire me not to give up. After two years, I can now say that I am doing everything I love. I'm living a life I didn't think would ever be possible.



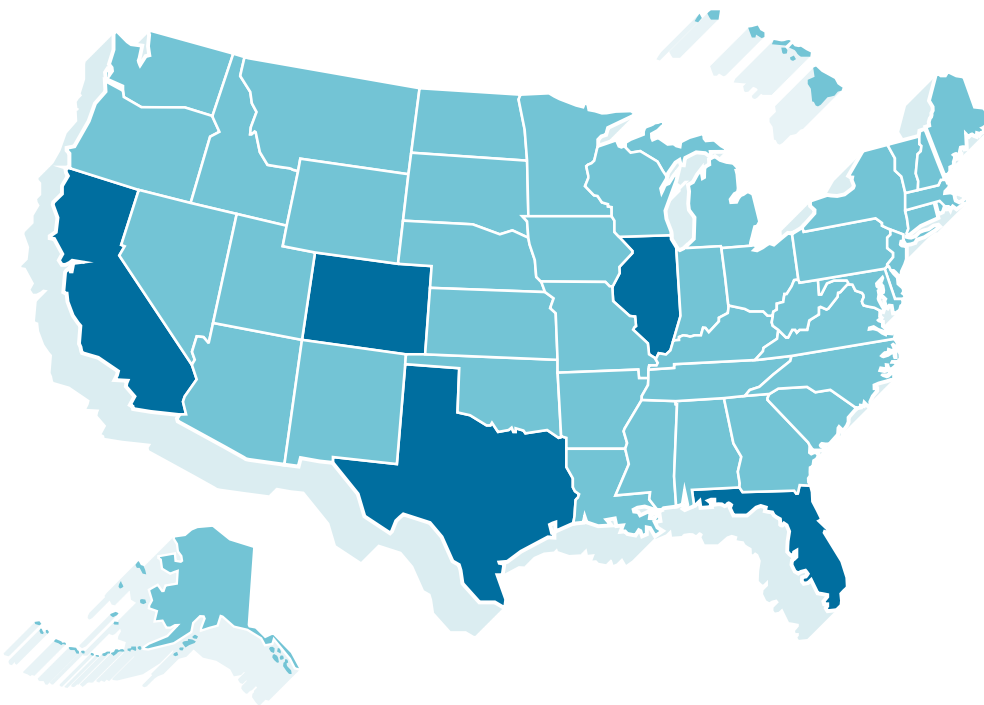
Want to read more about Rachel's experience? Read her full story [here](#).

PATIENT DEMOGRAPHICS



SERVING PATIENTS NATIONWIDE AND GLOBALLY

ACUTE admits patients from across the United States and the globe. 85% of admitted patients came from outside of Colorado in 2024.



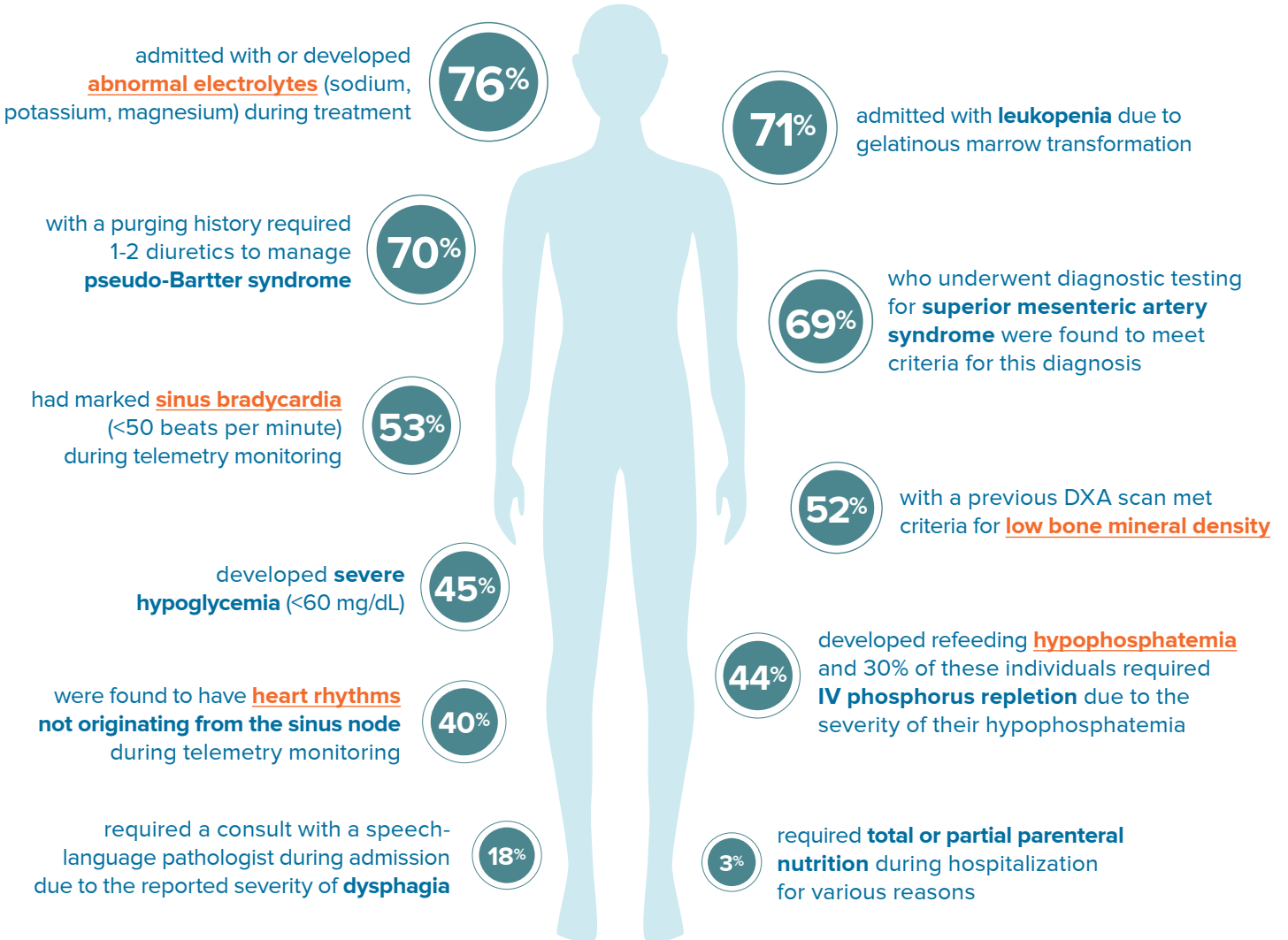
Top 5 Referring States

1. Colorado
2. California
3. Texas
4. Florida
5. Illinois

SEVERITY OF COMPLICATIONS

While eating disorders are psychiatric illnesses, they are often accompanied by major medical complications and high mortality rates. Those with eating disorders often experience medical complications of every organ system.

Patients at ACUTE often present with a variety of complications at admission and during treatment.



73.7%

is the discharge mean % ideal body weight

90%

of patients report improvement in their physical symptoms from admission to discharge

29
DAYS

is the average length of stay at ACUTE

Please note that diagnoses and individual medical history impact the presentation of medical complications. The medical complications above and their percentages are not representative of all patients or diagnoses.

2024 PUBLICATIONS

ACUTE has an ongoing commitment to [advancing research](#) and disseminating findings about the medical treatment of patients suffering with eating disorders and severe malnutrition.

ACUTE PUBLISHED ARTICLES

- [Changes in Grip Strength, Depression, and Cognitive Functioning During Medical Stabilization for Anorexia Nervosa: Exploring the Utility of Grip Strength as a Marker of Severity](#)**
Cass, K., Blalock, D. V., Manwaring, J., Wesselink, D., Lundberg, C., & Mehler, P. S. (2024). Changes in grip strength, depression, and cognitive functioning during medical stabilization for anorexia nervosa: Exploring the utility of grip strength as a marker of severity. *Journal of Rehabilitation Research and Practice*, 5(1), 14–22. <https://doi.org/10.46439/rehabilitation.5.028>
- [Loss of Bone Density in Patients With Anorexia Nervosa That Food Alone Will Not Cure](#)**
Gibson, D., Filan, Z., Westmoreland, P., & Mehler, P. S. (2024). Loss of bone density in patients with anorexia nervosa that food alone will not cure. *Nutrients*, 16(21), 3593. <https://doi.org/10.3390/nu16213593>
- [A New Conceptual Model for Anorexia Nervosa: A Role for Connective Tissue?](#)**
Gibson, D., & Mehler, P. S. (2024). A new conceptual model for anorexia nervosa: A role for connective tissue? *International Journal of Eating Disorders*, 57(3), 537–542. <https://doi.org/10.1002/eat.24172>
- [Associations Between Low Body Weight, Weight Loss, and Medical Instability in Adults With Eating Disorders](#)**
Gibson, D., Stein, A., Khatri, V., Wesselink, D., Sitko, S., & Mehler, P. S. (2024). Associations between low body weight, weight loss, and medical instability in adults with eating disorders. *International Journal of Eating Disorders*, 57(4), 869–878. <https://doi.org/10.1002/eat.24129>
- [Medical and Psychiatric Characteristics of Patients Hospitalized for Severe Restrictive Eating Disorders: Analysis of 545 Consecutive Patients With Severe Anorexia Nervosa or Avoidant/Restrictive Food Intake Disorder](#)**
Leach, K., Bauschka, M., Watters, A., & Mehler, P. S. (2024). Medical and psychiatric characteristics of patients hospitalized for severe restrictive eating disorders: Analysis of 545 consecutive patients with severe anorexia nervosa or avoidant/restrictive food intake disorder. *Journal of the Academy of Consultation-Liaison Psychiatry*, 65(4), 347–356. <https://doi.org/10.1016/j.jaclp.2024.02.001>
- [An Examination of Adults With Atypical Anorexia Nervosa at Admission to Treatment at Higher Levels of Care: An Attempt to Increase Diagnostic Clarity](#)**
Manwaring, J. L., Blalock, D. V., Duffy, A., Grange, D. L., Mehler, P. S., Riddle, M., & Rienecke, R. D. (2024). An examination of adults with atypical anorexia nervosa at admission to treatment at higher levels of care: An attempt to increase diagnostic clarity. *International Journal of Eating Disorders*, 57(4), 848–858. <https://doi.org/10.1002/eat.24124>
- [Mortality and Eating Disorders](#)**
Gibson, D., Sterrett, K., & Mehler, P. S. (2024). Mortality and eating disorders. *The Lancet. Psychiatry*, 11(10), 778–780. [https://doi.org/10.1016/S2215-0366\(24\)00280-3](https://doi.org/10.1016/S2215-0366(24)00280-3)
- [Restrictive Eating Disorders, an Expanding but Forgotten Patient Population in Medical Education](#)**
Nitsch, A., & Mehler, P. (2024). Restrictive eating disorders, an expanding but forgotten patient population in medical education. *Journal of Hospital Medicine*, 19(2), 153–154. <https://doi.org/10.1002/jhm.13261>
- [Evaluation of Mean Plasma Glucose Levels Using Hba1c in Patients With Severe Eating Disorders](#)**
Puckett, L., Stein, A., Kelley, M., & Mehler, P. S. (2024). Evaluation of mean plasma glucose levels using HbA1C in patients with severe eating disorders. *International Journal of Eating Disorders*, 57(12), 2469–2474. <https://doi.org/10.1002/eat.24285>
- [Ethical Challenges in the Treatment of Patients With Severe Anorexia Nervosa](#)**
Westmoreland, P., Yager, J., Treem, J., & Mehler, P. S. (2024). Ethical challenges in the treatment of patients with severe anorexia nervosa. *Focus*, 22(3), 344–349. <https://doi.org/10.1176/appi.focus.20230035>
- [Pelvic Floor Dysfunction in People With Eating Disorders and the Acute Effect of Different Interventions – A Retrospective Cohort Study](#)**
Williams, M., Blalock, D., Foster, M., Mehler, P. S., & Gibson, D. (2024). Pelvic floor dysfunction in people with eating disorders and the acute effect of different interventions – A retrospective cohort study. *Clinical and Experimental Obstetrics & Gynecology*, 51(5), 116–. <https://doi.org/10.31083/j.ceog5105116>

FAMILY TESTIMONIAL

CJ & ANDIE

For those of us who have had a child facing a serious illness, we learn that time can often feel painstakingly slow yet, moments later, insanely fast. When we received an aftercare follow-up phone call from the aftercare clinician at the ACUTE Center for Eating Disorders & Severe Malnutrition at Denver Health (ACUTE), a year after our daughter had been discharged from their program, it felt like a lifetime had passed since her time there, and yet her recovery process is still very present in our life. That being said, our story, while by no means finished, appears to be destined for a happy ending.

As we talked to Sara Nieder, LCSW, ACUTE's aftercare clinician, we expressed our gratitude for the staff and the expanded availability of their lifesaving programming, as it wasn't until recently that they expanded their care to include adolescents as young as 15. We also shared that it has been incredibly eye-opening to reflect on how little we understood about eating disorders when this all started; if only we knew then what we know now.

There is not a "one size fits all" treatment for eating disorders. You are your child's best advocate. Your child's brain is operating in "survival mode" because they are malnourished. Their brain has no capacity for mental healing until they are close to reaching their ideal body weight (IBW). Therefore, refeeding and nutrition must be the sole focus. Nothing else matters until their brain is nourished enough to begin recovery.

Ongoing therapy and working with a dietitian after discharge are critical to optimizing the efforts of ACUTE and/or any residential treatment. However, **finding professionals experienced in eating disorder treatment** that can strike the balance of gaining your child's trust so they buy into recovery while meeting your family needs geographically, financially and logistically can be an incredibly taxing challenge. Look for professionals with one of these credentials – CEDS, CEDRD, CEDRN, CEDCAT earned through the International Association of Eating Disorder Professionals. In our opinion, having a dietitian with significant eating disorder experience was our best investment in our daughter's recovery.

Treatment is a very individualized journey, but you don't have to do it alone. Find your support system. This process can be physically and mentally taxing. Misinformation and lack of education about eating disorders often lead to feelings of guilt or shame, and you may be reluctant to share what is happening to your family (and it does impact the entire family). Nevertheless, find a person or group you can lean on.

From our experience, this process isn't a sprint or a marathon. It is an ultra-marathon on a winding, rocky trail with many hills to climb and descend. It takes time. Some days the steps come easy and other days we lose ground or get knocked down. Recovery is not linear. It's not complete when they come home from residential care, and there is no option to "check the boxes" of recovery and make everything go back to "normal." It is messy, emotionally exhausting and, at times, all consuming. Just know that the "bad" days are normal, and it is ok to stop and rest on the side of your journey.

We want to emphasize that this is a family disease. It affects you, your spouse and other kids (even if they are no longer living at home). Your family's care is as essential as your child's. If the child is doing all the work and the family is not receiving help, only half of the problem has been addressed. Consider family counseling, faith-based support or a local eating disorder support group.

Lastly, this time of your life can feel lonely and isolating, especially if one parent is staying near the treatment center while the other is home. Do what you can to stay connected and find moments of laughter, love and engagement within the family, even if it's over video chat! Thousands of other families have traveled this path, but their children have mastered their recovery and are thriving in their post-eating disorder life. The idea of an ultra-marathon may feel terrifying, but for better or worse, your family is now on the trail. Just take it one step at a time, one day at a time and know that all the families that came before yours are supporting you in spirit!



Want to read more about CJ and Andie's experience? Read the full story [here](#).



ACUTE IN THE FIELD & ONLINE

Providers receive very little medical training in how to effectively treat the medical complications of eating disorders. Aside from delivering evidence-based care and publishing research, providers at ACUTE are also dedicated to meeting professionals in person and virtually to deliver **continuing education opportunities** for providers across the United States to help bridge this educational gap.



ACUTE offered a wide variety of continuing education topics throughout 2024:

1. The Intersection of Good Intention and Effective Intervention: Why Specialized Medical Stabilization Matters for Severe Eating Disorders
2. How to Identify a Covert Eating Disorder: Expert Medical Stabilization for Patients Suffering From Severe Eating Disorders and Other Forms of Malnutrition
3. Assessment and Treatment of Avoidant/Restrictive Food Intake Disorder (ARFID): How It Differs From Anorexia Nervosa and Requires Unique Treatment Interventions
4. Complex Intervention When It Matters Most: A Case Study Review
5. Assessing for Severe Eating Disorders and Related Medical Complications in Children, Adolescents and Young Adults
6. Nutritional Rehabilitation and Early Refeeding of the Severely Malnourished Patient
7. Severe Eating Disorders in Children, Adolescents and Young Adults: From a Psychiatric and Medical Perspective
8. Mental Health on the Rise: What to Look Out For and How You Can Help
9. Strength, Mobility and Engagement: Physical and Occupational Therapy for Patients With Eating Disorders



HOW ACUTE BENEFITS PATIENTS WITH THE HIGHEST NEED

- ACUTE is the only **inpatient medical hospitalization program** providing specialized, evidence-based nutritional rehabilitation and medical stabilization for those with severe eating disorders and malnutrition.
- ACUTE utilizes a multidisciplinary team, including medical doctors, psychiatrists, psychologists, dietitians, physical and occupational therapists, social workers and other support experts.
- ACUTE provides services similar to an intensive care unit for eating disorders that other programs cannot, like 24/7 medical monitoring, telemetry, timely lab processing, med-surg nursing and on-site radiological testing.
- ACUTE has access to a wide variety of urgent specialty consults – including endocrinology, cardiology, gastroenterology and many others – at no additional cost to the patient.
- Acute helps patients take the first step toward treatment at lower levels of care after stabilization of their medical complications.



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