Goal energy intake for medically compromised patients with Eating Disorders: a systematic review

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Background and Aim

• Current Australian guidelines¹ recommend a ‘high’ energy goal intake of 12MJ/day, however, it is unclear whether a ‘high’ energy goal is beneficial.

Aim: To investigate the impact of goal energy intakes <12MJ (low energy, LE) compared with ≥12MJ (high energy, HE) on length of stay, refeeding syndrome, body composition, midarm muscle circumference, frequency of medical complications, body mass index and weight gain for patients with medically compromised eating disorders.

Results

• Individual study bias² was positive for three⁵-⁷ studies and neutral for one⁴.
• No study investigated lean body mass or resting energy expenditure⁴-⁷.
• Overall certainty of evidence was very low.

Conclusion

• It is currently uncertain whether goal energy intakes of over 12MJ improve clinical outcomes for patients with eating disorders due to the very low certainty of evidence.
• More robust research is warranted to establish if there are clear clinical and psychological benefits of higher energy goal intakes.

Methods

• PubMed, CINAHL, Embase, Scopus and Web of Science were searched in April 2020.
• The certainty of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation system³ and were grouped by outcomes.

References

3. The GRADE Working Group. GRADEpro guideline development tool [software]. Evidence Prime and McMaster University; 2015.