

Data Management and Processing

Prior to analysis, the EC documentations were anonymized by (a) replacing patient names and initials with consecutive numbers while keeping the salutation as a gender specifier (e.g., “Miss 7”), (b) replacing the date of birth with the calculated age at the time of the EC, and (c) replacing all other person-identifying data such as postal addresses with placeholders specifying the category of information replaced (e.g., “[address]”). The search and anonymization was undertaken by JS, an employee of the CESS who was not part of the study team. As idiosyncratic features of the cases may allow re-identification despite factual anonymization, the EC documentations themselves are not published and we refrained from a typological analysis. Further impeding re-identification of patients and their relatives, the findings are illustrated using paraphrases instead of direct quotes of relevant passages of the documentations. This is unlikely to have resulted in loss of illustratory or explanatory power (1) as the documentations did not contain direct speech from the ECs but already paraphrased and summarized it.

To allow for between-case comparison of underweight independently of height and age, information on weight was transformed into body mass index (BMI, [kg/m²], for adult patients) or weight percentiles ([%], for adolescent patients, based on German reference percentiles (2)).

Literature Cited

1. Eldh AC, Årestedt L, Berterö C. Quotations in Qualitative Studies: Reflections on Constituents, Custom, and Purpose. *International Journal of Qualitative Methods* 2020; 19:160940692096926.
2. Referenzperzentile für anthropometrische Maßzahlen und Blutdruck aus der Studie zur Gesundheit von Kindern und Jugendlichen in Deutschland (KiGGS). Berlin; 2013. Beiträge zur Gesundheitsberichterstattung des Bundes.