SANFORD™ BEHAVIORAL HEALTH | Comprehensive Treatment for Eating Disorders

GUIDELINES FOR MEDICAL PROVIDERS IN THE ASSESSMENT OF EATING DISORDERS

PRESENTING SIGNS AND SYMPTOMS

Individuals with EDs may present in a variety of ways. In addition to the cognitive and behavioral signs that characterize EDs, the following physical signs and symptoms can occur in patients with an ED because of malnutrition due to restricting food or fluid intake, binge eating, and/or inappropriate compensatory behaviors, such as purging or over exercise. However, it is important to remember that **a life-threatening ED may occur without obvious physical signs or symptoms and that the majority of patients present as 'atypical' with regard to weight.** This is important to consider as individuals with ED's have the highest mortality rate of any psychiatric disorder.

GENERAL:

- — Marked weight loss or gain, weight fluctuations, or change in growth curve or body mass index (BMI) percentiles in a child or adolescent
- — Cold intolerance
- — Lack of appetite or resistance to eating
- — Weakness
- — Fatigue or lethargy
- — Presyncope (dizziness)
- — Syncope (fainting)
- — Hot flashes, sweating episodes

ORAL AND DENTAL:

- — Oral trauma/lacerations
- — Perimolysis and dental caries
- — Salivary gland enlargement, most commonly parotid

CARDIORESPIRATORY:

- — Chest pain
- — Heart palpitations
- — Orthostatic tachycardia and/or hypotension
- — Dyspnea
- — Edema

GASTROINTESTINAL:

- — Symptoms of IBS or IBD
- — Generalized abdominal pain or discomfort
- — Early satiety
- — GERD or heartburn
- — Hematemisis
- — Hemorrhoids or rectal prolapse

- — Regular laxative use, dependence, or abuse

ENDOCRINE

- — Amenorrhea or oligomenorrhea
- — Low sex drive
- — Stress fractures
- — Signs of low bone mineral density
- — Infertility
- — Signs of reproductive hormone imbalance such as mood instability
- — Thyroid hormone imbalances

NEUROPSYCHIATRIC

- — Depressive/Anxious/ Obsessive/Compulsive symptoms and behaviors
- — Memory loss
- — Poor concentration
- — Disorganized speech
- — Insomnia
- — Self-harm
- — Suicidal thoughts, plans or attempts
- — Seizures

DERMATOLOGIC

- — Depressive/Anxious/ Obsessive/Compulsive symptoms and behaviors
- — Lanugo
- — Hair loss
- — Carotenoderma
- — Russell's sign
- — Poor wound healing
- — Dry, brittle hair and nails

SCREENING QUESTIONS

- Do you have a history of an eating disorder or suspect you have disordered eating?
- I have (or have not) noticed changes to your weight. Tell me more about that.
- How do you feel about your weight? How often do you weigh yourself? Has anyone ever expressed concern about your weight?
- Have you eaten today? If yes, what and about how much? Have you eaten in the last 24 hours? If yes, what and about how much?
- Have you had any water or fluids today? If yes, what and how much? How about in the last 24 hours? If yes, what and how much?
- Do you have "good & bad" eating or food days? If yes, describe a typical good eating/food day and bad eating/food day.
- Do you experience an out of control feeling when you are eating?
- Do you ever eat more than the average person might eat in the same amount of time?
- Do you vomit, use laxatives, or exercise after eating or because you ate?
- Do you use diet pills, diuretics, supplements, medications, or other substances to manipulate your weight?
- Are you moving your body or exercising? How often and for how long? How do you feel if you were to miss a day?

- Do you avoid certain foods due to disinterest, sensory characteristics, or fear of becoming sick if you eat them?

PHYSICAL EXAM

Weight and height in an exam room, not in a public area. Have patients turn their back to the scale - refrain from sharing weight aloud. Vital signs – temperature and orthostatic.

<u>For all patients</u>

* EKG, if possible
* CBC with differential
* Serum magnesium and phosphorus
* Vitamin D
* Ferritin
* Full thyroid panel with reverse T3
* Urinalysis; specific gravity, sodium
* Complete metabolic profile with amylase
* B vitamin status (B12, B9, B3)
* Zinc

<u>For patients > 15% below IBW, consider:</u>

* Chest X-ray
* Complement 3 (C3)
* 24 hr Creatinine clearance
* Uric Acid
* C-reactive protein
* Calprotectin

Early recognition and timely intervention by a well-trained multidisciplinary team (medical, psychological, and nutritional) is the ideal standard of care when possible. Intervention should begin at the lowest level of safe and effective care.

WHEN TO REFER FOR MORE TREATMENT

- Unable to maintain adequate weight (< 85% IBW)
- In children, acute weight decline with food refusal even if not < 85% IBW
- Dehydration
- Bradycardia, HR < 40 bpm
- Orthostatic tachycardia, HR increase > 20 bpm
- QTc interval > 440
- BP < 90/60 for adults or 80/50 for children
- Orthostatic changes > 20 mmHg for adults or > 10-20 mmHg for children
- Signs of hepatic, renal, or cardiovascular organ compromise
- Glucose < 60 mg/dl
- Potassium < 3 meq/liter
- Electrolyte imbalances
- Type 1 diabetes poorly controlled or involved with eating disorder symptom use.
- Temperature < 97 degrees F
- Compromised bone density
- Signs of nutritional deficiency
- Amenorrhea in females; low testosterone in males

Things to be mindful of:

- Be careful not to set or agree to an unrealistic or artificially low body weight
- Refrain from sharing personal beliefs or own concerns with food, weight, body image

- Find neutrality or refrain from expressing negative feelings regarding fatness or people in larger bodies
- Learning more about the complexity of obesity as a multifactorial condition and the possibility of pathogenic weight control
- Please do not support restrictive dieting, especially for those in larger bodies
- Please work collaboratively with other providers
- While attempting to support the patient or family, be careful not to undermine treatment and reinforce resistance

Sources: American Psychiatric Association Practice Guidelines for the Treatment of Eating Disorders, 2006; and Academy for Eating Disorders Report, 2016

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