

A Physician's Guide to Eating Disorders

DETECTION

- Eating disorders can be difficult to detect because patients may keep their behaviours a secret and deny their illness.
- Some patients appear thin and emaciated while others are normal to heavy.
- Eating disorders occur in a wide range of ages in both males and females.

SIGNS AND SYMPTOMS OF A POSSIBLE EATING DISORDER

- Significant weight loss
- Failure to gain weight during a growth period (adolescent)
- Disturbances in the way body weight and shape are experienced
- Severe food/fluid restriction
- Binge eating
- Caloric compensations such as vomiting, laxatives, diuretics and/or fasting
- Amenorrhea or unexplained infertility
- Syncope
- Dehydration
- Electrolyte disturbances
- Lethargy
- Ketones on breath
- Stress fractures and repeated injuries
- Bradycardia
- Postural hypotension
- Parotid hypertrophy
- Chronic abdominal symptoms
- Constipation
- Lanugo hair
- Hair loss
- Blue fingernails
- Feeling cold

RED FLAGS THAT CAN INDICATE A SERIOUS DISORDER

- Rapid and persistent weight loss
- Primary or secondary amenorrhea
- Body temperature less than 36°C
- Abnormal ECG (e.g. QT interval greater than 450)
- Bradycardia less than 40 bpm
- Tachycardia more than 110 bpm
- Marked hypotension
- Electrolyte imbalances
- Hematemesis
- Changes in mental status such as forgetfulness, reduced concentration, irritability
- Poor performance in school/work
- Seizures
- Loss of energy
- Overuse of laxatives
- Calloused knuckles

EATING DISORDER SCREENING TOOL

1. Are you terrified about being overweight?
2. Have you gone on eating binges where you feel you may not be able to stop?
3. Do you feel extremely guilty after eating?
4. Do you vomit or have the impulse to vomit after meals?
5. Do you feel that food controls your life?

A **YES** to any question indicates need for further screening.

(Questions adapted from EAT-26 D.M. Garner & P.E. Garfinkel (1979) D.M. Garner et al. (1972))

MEDICAL MANAGEMENT

1. **Monitor frequently:** body weight, heart rate, blood pressure and postural changes, temperature, hydration, electrolytes, repeat ECG if deterioration in weight, vitals or severity of symptoms.
2. **Refer** patient for mental health therapy and nutrition counseling.
3. **Assess** need for hospitalization:
 - A. Rapid and persistent decrease in intake and/or weight, despite outpatient treatment
 - B. Additional stressors that interfere with the ability to eat
 - C. Co-morbid psychiatric problems, suicidality
 - D. Medical problems such as metabolic abnormalities, hematemesis, vital sign changes, uncontrolled vomiting

SUGGESTED TESTS

- ECG
- BUN
- CBC
- Chest X-Ray
- Electrolytes
- Creatinine
- Thyroid Function
- Pregnancy Test

BONE DENSITY if patient has been underweight for some time

FOR MORE INFORMATION AND HELP YOU CAN CONTACT

1. **Calgary Eating Disorder Program:**
To speak with a Program Consultant call **(403) 955-8700**

To Refer:

Please complete a physician referral form on the CEDP website below.

2. **University of Alberta Hospital**
Eating Disorder Program
Edmonton **(780) 407-6114**

WEBSITES

Calgary Eating Disorder Program

www.albertahealthservices.ca/info/page4208.aspx

National Eating Disorder Information Centre

www.nedic.ca

Eating Disorder Support Network of Alberta

www.edsna.ca

CRITERIA FOR HOSPITAL ADMISSION

CHILDREN AND ADOLESCENTS

- Weight less than 75% of standard or acute weight decline with food refusal
- Heart rate less than 45 bpm
- Blood Pressure less than 80/60
- Orthostatic hypotension with systolic BP change more than 20
- Orthostatic HR change more than 20
- Hypokalemia
- Hypophosphatemia

ADULTS

- Weight less than 75% of standard
- Heart rate less than 40 bpm
- Blood Pressure less than 90/60
- Hypoglycemia
- Hypokalemia (K < 3 meq/L)
- Inability to maintain temperature
- Dehydration
- Hepatic, renal or cardiovascular compromise requiring acute treatment

