

## Types of Eating Disorders

Anorexia Nervosa – Bulimia Nervosa – Binge Eating Disorder – Compulsive Overeating – Eating Disorder NOS

### Who to Screen

- All adolescents
- Women under 45
- Relatives of those with eating disorders or substance abuse issues
- Patients who have been sexually abused
- Patients with history of self-harm
- Athletes, particularly those participating in track, gymnastics, crew, wrestling
- Dancers
- Females with amenorrhea
- Anyone with a history of chronic childhood illness

### Laboratory Tests

- **CMP**                      - **TSH**                      - **EKG**                      - **DEXA**
- **CBC**                        - **PO4**                      - **Estradiol**

### What to ask

1. Do you have concerns with your weight or body image?
2. Have you dieted to lose weight?
3. Has your weight changed more than 20 pounds up or down over the last year?
4. Do you skip meals?
5. What is your exercise like?
6. How often do you weigh yourself?
7. Have you ever made yourself throw up or take Ipecac to induce vomiting?
8. Have you ever taken laxatives?
9. Have you ever taken water pills?
10. Have you ever taken diet pills?
11. Do you ever overeat to the point of being uncomfortably full?
12. Do you ever feel ashamed of your eating behavior?
13. Have others expressed concern about your weight, eating habits, or exercise habits?

### Criteria for Medical Hospitalization:

1. Weight <60 % IBW
2. Na < 126
3. K < 2.5
4. Syncope
5. Seizure
6. Arrhythmia
7. Low PO4

### Criteria for Psychiatric/ED Hospitalization:

1. Weight <70 % IBW
2. K < 3.0
3. Suicidality or self-harm
4. Failure to respond to outpatient treatment

### Key Features of the Physical Exam

- Orthostatic vital signs
- Weight – always private, possibly blinded
- Parotid glands
- Dental (erosions, enamel)
- Lanugo hair
- Carotenemia (orange palms)
- Dorsum of hand
- Cardiac exam – bradycardia, MVP, irregular rhythm
- Abdominal exam
- Edema

### Guidelines for Referrals

1. Refer to therapist and nutritionist who are experienced with eating disorders.
2. Talk to those you refer to. It will save you time in the long run and contribute to a better outcome.
3. If there is concomitant depression, self harm, suicidal ideation or eating disorder is severe, refer for psychiatric evaluation.
4. Followup: 1-2 weeks after initial diagnosis. At least every 2 weeks until weight and labs stable. Then monthly until recovery is well established.