Women's Health Council of RI

Identification, Medical Care and Complications in Eating Disorders

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Raising the Index of Suspicion

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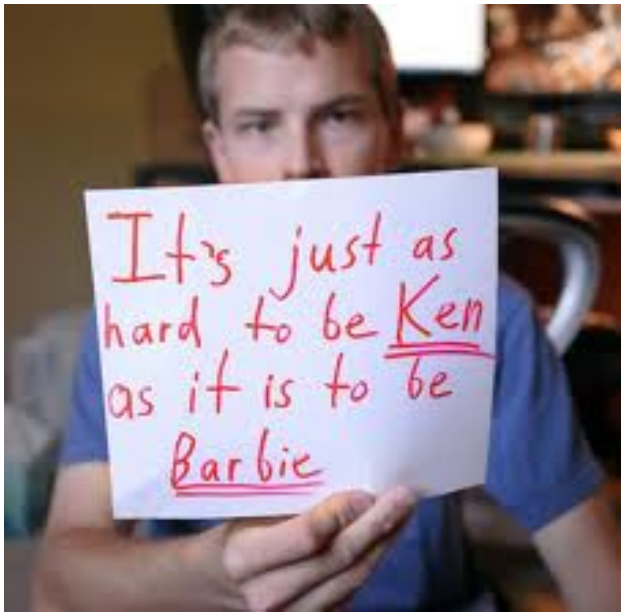
- Crossing growth curves
  - BMI ≤ 17.5 kg/m^2
- Functional GI disorders
- Presyncope or syncope
- Unexplained hypokalemia
- Hyperglycemia in a type I diabetic easily controlled in the hospital



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Screening – SCOFF

- Do you make yourself Sick (vomit) because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you lost more than One stone (14lbs) over the last 3 months?
- Do you believe yourself to be Fat when others say you are thin?
- Would you say that Food dominates your life?

Morgan et al, BMJ, 1999. 2 positive items = AN or BN; sensitivity 85%, specificity 90%

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Follow-up Questions

- What is your ideal weight?
- What did you eat yesterday?
- How hard would it be for you to go a day without exercise?
- Have you ever used diet pills/laxatives/diuretics?
- How much time do you spend thinking about food/weight/shape in a given day?
- What do your friends/family/coworkers say about your eating/ weight?
- Do you have any food restrictions?

- Eating Disorders Assessment Test (EAT-26) can help with diagnosis
- If you think the patient might have an eating disorder, tell the patient

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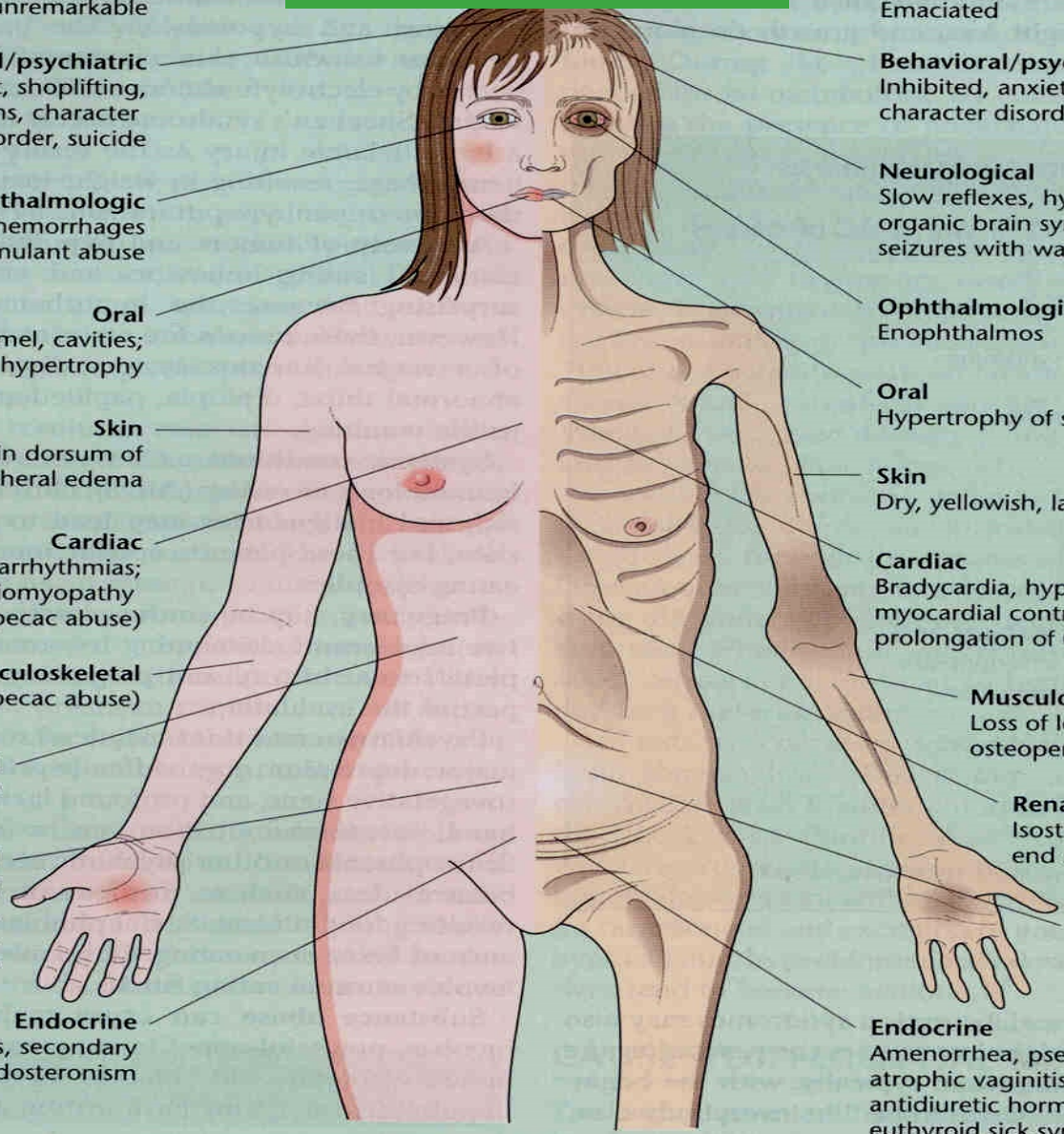
Eating Disorder Medical History

- Maximum Weight/ Minimum Weight/ Patient's Ideal Body Weight
- Body image
- Triggers for weight loss or purging
- Calorie counting: goals/limits
- Changes in eating habits over time
- Binging, purging, diet pills, laxatives, diuretics, ipecac
- Exercise
- Menses (including use of OCP)
- Other symptoms: changes in bowel habits, tremors, cold extremities, dizziness, hair changes
- Family History: ED, psychiatric illness, substance abuse

Initial Medical Tests

- Electrolytes (including Ca, Mg, PO4)
- LFTs
- CBC
- TSH
- LH, FSH, Estradiol (females)
- Testosterone (males)
- Prolactin
- Amylase
- Vitamin D level
- U/A with specific gravity
- Urine tox screen
- Urine pregnancy
- EKG with rhythm strip
- DEXA if underweight >6months

What the clinician sees



Purging

General appearance
Often unremarkable

Behavioral/psychiatric
Impulsive, sexual acting out, shoplifting, mood disorders, addictions, character disorder, suicide

Ophthalmologic
Conjunctival hemorrhages
Mydriasis with stimulant abuse

Oral
Erosion of dental enamel, cavities; marked parotid hypertrophy

Skin
Russell's sign (callosities in dorsum of hand; peripheral edema

Cardiac
Irregular pulse, cardiac arrhythmias; sudden death; cardiomyopathy (ipecac abuse)

Musculoskeletal
Myopathy (ipecac abuse)

Renal
Pseudo Bartter's syndrome

Gastrointestinal
Diarrhea, melena, cramping (laxative abuse), GE reflux, chest pain/esophagitis, Mallory Weiss tears

Endocrine
Irregular menses, secondary hyperaldosteronism

Starvation

General appearance
Emaciated

Behavioral/psychiatric
Inhibited, anxiety disorders, mood disorders, character disorder, suicide

Neurological
Slow reflexes, hyperactive, hypervigilant, organic brain syndrome, brain atrophy, seizures with water intoxication

Ophthalmologic
Enophthalmos

Oral
Hypertrophy of salivary glands

Skin
Dry, yellowish, lanugo

Cardiac
Bradycardia, hypotension, impaired myocardial contraction, mitral valve prolapse, prolongation of Q-T interval; sudden death

Musculoskeletal
Loss of lean body mass, osteopenia–osteoporosis

Renal
Isosthenuria, renal stones, end stage renal disease

Gastrointestinal
Constipation; delayed gastric emptying

Endocrine
Amenorrhea, pseudo hypothyroidism, atrophic vaginitis, breast atrophy, decreased antidiuretic hormone, delayed puberty, euthyroid sick syndrome

Differential Diagnosis

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Medical

- Inflammatory Bowel Disease
- Celiac disease
- Addison's disease
- Hyperthyroidism
- Hypopituitarism
- Diabetes mellitus
- CNS tumor
- Occult malignancy

Psychiatric

- Affective disorder
- OCD
- Schizophrenia
- Depression
- Anxiety

Goals of Treatment

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Short Term

- Medical stabilization
- Weight restoration if underweight
- Decreased/Cessation of purging

Longer-term

- Establish/maintain normal eating behaviors
- Correct irrational thoughts
- Social rehabilitation

Treatment Team

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- Primary medical doctor
- Therapist and/or Psychiatrist
- Nutritionist
- Parents/Support person(s)
- Patient

Levels of Care

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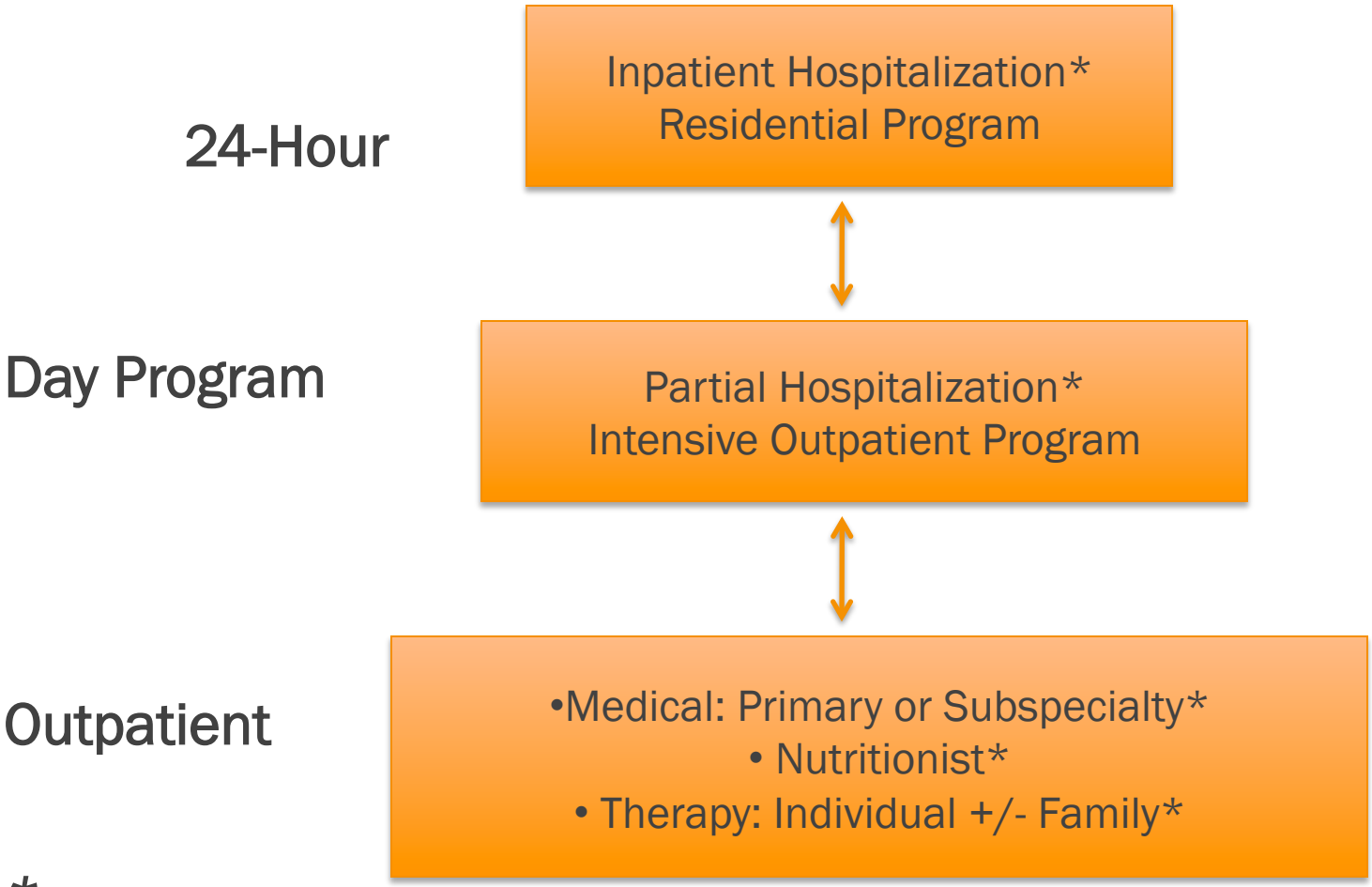

**available in Rhode Island*

Outpatient Medical Management

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- Close care coordination with other team members
  - Splitting risk
- Regular visits in clinic
  - Blind weights
  - Vitals: HR, BP, and orthostatics
- Structured nutrition
- Active involvement of parent/support person
- Care for underlying psychiatric illness

<u>Resource:</u> Mehler and Andersen's "Eating Disorders: a Guide to Medical Care and Complications" (2010)

Outpatient Goals

- Underweight: gain about 1-2 lbs/week
  - Goal: approximate weight stabilization along curve of prior growth
  - BMI ~21 with normal vitals and physical exam
- Normal weight: maintain
- Overweight: loss is a secondary goal
- Binge/Purge: 50% reduction of behaviors in 1m
- Exercise: can be allowed for normal-weight or overweight patients
  - If underweight, clear for 30 min, 3x/wk at 90% IBW and slowly increase if weight is maintained/increasing
  - Work with therapists closely to determine healthy vs. unhealthy

Hospital Admission Criteria

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- Electrolyte disturbance
- Cardiac dysrhythmia
- Acute psychiatric emergency
- Acute medical complication (syncope, seizure, pancreatitis, etc.)
- Severe malnutrition (<70% IBW)

- Other physiological instability
  - HR <50 bpm in daytime, <45 bpm at night
  - BP <80/50 mmHg
  - Temp <97 F
  - Orthostatic changes in pulse (>20 bpm) or BP (>10mmHg)

SAHM position paper 2015

Hospital Admission Criteria

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- Dehydration
- Arrested growth/ development
- Failure of outpatient treatment
- Acute food refusal
- Uncontrolled binging/ purging
- Co-morbid conditions that complicate outpatient care (depression, OCD, family dysfunction)

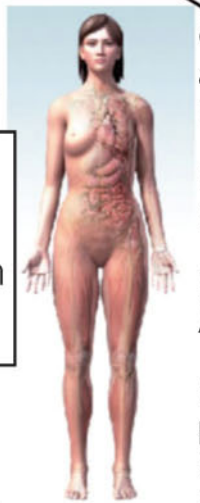
SAHM position paper 2015

Chronic malnutrition
Prolonged fast

↓ Insulin
↑ Glucagon
↑ Cortisol

Hypophosphataemia
Hypokalaemia
Hypomagnesaemia
Thiamine deficiency
Sodium and water retention

RFS

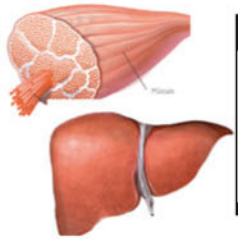


Convulsions, delirium, ataxia, Wernicke's Encephalopathy

Hypotension, Arrhythmias, Heart Failure

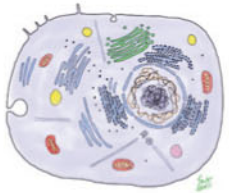
Renal failure, Paralytic ileus, Anaemia, hyperglycaemia

Peripheral oedema, paraesthesia, Fasciculation, Rhabdomyolysis



Glycogenolysis
Gluconeogenesis
Protein catabolism

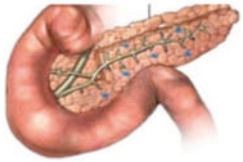
↑Glucose uptake
↑Uptake of Phosphorus, Magnesium and Potassium
↑Thiamine use



Depletion of electrolytes, proteins, fats, minerals, vitamins

Refeeding

Insulin secretion



↑Proteins and glycogen synthesis

Going the Distance: Preventing Relapse

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- Team communication
- Explicit behavioral expectations
  - Frequent visits
  - Weight checks
  - Exercise guidelines
  - "your goals are our goals"
- Consider a treatment contract

Questions and Referral information

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- Call us anytime with questions!
- Referrals through Donna Perry (administrator)

401-444-4712