

Eating disorder

Medical Assessment

If you suspect that a person has eating disorder symptoms, it is vital that you conduct a comprehensive eating disorder assessment.

This usually requires a combination of psychological and medical assessment.

See below for what to include in a quick and longer assessment, and when to worry.

Quick assessment

Rapidly assess risks

Heart	SOB Chest pain Palpitations Syncope Oedema
Endocrine	Menstruation Cold sensitivity
Food intake	Current intake and recent changes Presence of food rules Compensatory behaviours (i.e. binge/purge episodes, laxatives, exercise)
Weight	Sensitively discuss weight loss or fluctuations
Concern of loved ones	Ask: "Has anyone been worried about you?" <i>Any concern a family member or carer should be taken seriously.</i>
Comorbidities	Concerning comorbidities increase risk (i.e. IDDM)
Safety	Suicidal ideation Self-harm Safe enough to eat

Physical exam

BP/HR	Lying and standing
Temperature	
General appearance	
Weight and height (if appropriate)	Use sensitivity (i.e., ask permission to weigh, give option to blind weigh, make it quick and easy) UA (for SG)
Bloods	<i>"New ED"</i> - FBC ESR/CRP, E/LFT CMP, E/P/LH/FSH, BSL, Iron B12, folate, Zinc, TSH/TFT Consider coeliac serology, amylase, chol/trigs, if indicated <i>"Routine ED"</i> - FBC E/LFT BSL CMP
ECG	Rate QTc
BMD	

When to worry

Weight	Rapid loss (i.e., 1kg weekly for 3 weeks) Failure to progress Fluctuations
CV	Bradycardia Postural drop and tachy Hypotension if new or profound Hypothermia
Bloods	BSL, K, PO4, neutrophils
Weight and height (if appropriate)	Use sensitivity (i.e., ask permission to weigh, give option to blind weigh, make it quick and easy) UA (for SG)
Psych	Suicidality

Longer assessment

Brain

Short term

- Confusion, drowsiness, seizures, poor memory and concentration
- Depression, anxiety and OCD
- Insomnia (anxiety vs hunger keeping awake)

Long term

- Brain atrophy

Growth trajectory/charts in young people

ENT

Parotid swelling

Dental (tooth and gum disease from malnutrition, caries from purging)

Endocrine

Amenorrhoea

Sick euthyroid

Poor temperature regulation

Hypoglycaemia

Osteoporosis

Cardiovascular

Arrhythmia, long QTc

Long term: oedema, heart failure

GIT

Decreased gastric motility

Bloating

Constipation

Dysphagia

Pancreatitis (scope if purging > 5 years)

LFTS

Can be abnormal in starvation and in refeeding

Bone marrow

Low WCC

Anaemia (chronic disease or iron def)

Thrombocytopaenia

Immune response to infection

Skin

Dryness, itch

Lanugo

Hair loss

Angular cheilitis

Long term: Acrocyanosis, nail dystrophy, clubbing, Russell's sign