

Eating disorders

Initial assessment in primary care

Young person presents to primary care with suspected eating disorder

- Eating disorders can affect men and women
- May present alone or with parent/guardian
- Parent/guardian may present alone with concerns

Take history

Ask about: Changes in eating, Food eaten yesterday, Vomiting, Exercise, Repeated weighing or body checking, Preoccupation with weight and shape

Are they trying to lose weight? If so, what would be their ideal weight? Use of diet pills and laxatives

Stopping prescribed medicines, Suppressing hunger with caffeine, smoking, or excessive water drinking

Developing a therapeutic relationship is important:

Thank you for being brave enough to tell me about this

Be honest about the limits of confidentiality:

Can we think together about letting your parents know?

Assess mental health and social functioning

- ⚠ Suicidal ideation/plans
- Anxiety, Depression
- Current stressors: School, Family, Peers, Abuse

Examine for physiological consequences

General physical appearance Signs of malnourishment Check hair and teeth, Dehydration May appear well	Height and weight May be less than minimally expected ⚠ Less than 75% weight for height May be normal or increased	Skin Pressure sores Russell's sign
Cardiovascular Slow pulse ⚠ <50 beats/min ⚠ Delayed capillary refill ⚠ Postural tachycardia Decreased core temperature Low blood pressure ⚠ <0.4 th centile ⚠ Postural hypotension	Musculoskeletal Muscle weakness Sit/squat test fail Back or bone pain ⚠ Spinal compression ⚠ Osteoporotic fractures	Gastrointestinal Tenderness Constipation or ileus ⚠ Gastric dilation

Consider further investigations

look for signs of eating disorder or differential diagnoses

Full blood count Anaemia, Thrombocytopenia, Neutropenia ⚠ If significant	Urea and electrolytes ⚠ Hyponatraemia, ⚠ Hypokalaemia Dehydration, Electrolyte disturbance
Bone profile ⚠ Hypophosphataemia Low calcium, magnesium, or phosphate	ESR* Possible organic cause, Bacterial infection
Blood glucose ⚠ Hypoglycaemia	Thyroid function tests Hyperthyroidism
ECG† ⚠ Cardiac arrhythmia Prolonged QTc ⚠ >450 ms Signs of electrolyte disturbance Sinus bradycardia ⚠ <50 beats/min	

Differential diagnosis

Alternative explanations for weight loss include:

- Diabetes, Coeliac disease, Hyperthyroidism, Malignancies

Eating disorders are associated with increased rates of other mental health disorders, including:

- Depression, Anxiety, Obsessive compulsive disorder, Alcohol misuse/dependence

Management and referral

If you think they have an eating disorder, consider referral to a specialist child and adolescent eating disorder team. Most young people with eating disorders can be treated as outpatients. Signs and symptoms marked with ⚠ may require emergency treatment.

© 2017 BMJ Publishing group Ltd.
 Disclaimer: This infographic is not a validated clinical decision aid. This information is provided without any representations, conditions, or warranties that it is accurate or up to date. BMJ and its licensors assume no responsibility for any aspect of treatment administered with the aid of this information. Any reliance placed on this information is strictly at the user's own risk. For the full disclaimer wording see BMJ's terms and conditions: <http://www.bmj.com/company/legal-information/>

* ESR = Erythrocyte Sedimentation Rate † ECG = Electrocardiogram

