

Specialist Eating Disorders Service (SEDS)
Adult Mental Health and Addiction Service
Phone 07 834 6902, Fax 07 834 6900

GP Information

REGULAR MONITORING of Eating Disorders

We would recommend that clients with an eating disorder diagnosis should have regular medical monitoring for any physical complications of the eating disorder.

- Ask about **food and fluid intake**
- Ask about **compensatory mechanisms**
 - vomiting,
 - laxatives,
 - diuretics,
 - appetite suppressants,
 - excessive exercise
- Ask about **general health** & symptoms suggesting **life threatening complications**
 - Dizziness, faints or blackouts
 - Chest pain
 - Palpitations
 - Shortness of breath
 - Fatigue
 - Muscle weakness or cramps
 - Headaches or confusion
- **Physical examination**
 - Weigh and calculate BMI
 - Temperature
 - Check general state of hydration
 - Postural blood pressure & pulse (lying & standing)
 - Observe general mobility- ability to stand from sitting or from squatting
 - Cardiovascular and abdominal examination if indicated by history or exam
 - ECG if indicated by history or exam
- **Monitor bloods**
 - Renal function *
 - Electrolytes: potassium, sodium, magnesium, phosphate, calcium
 - Bicarbonate (if a question of purging)
 - CBC
 - Liver function, Protein, albumin
 - B12 / folate
 - Any anomalies indicated

If you are uncertain about the implications of these with regard to eating disorders please call the SEDS team.

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INITIAL PHYSICAL ASSESSMENT of Eating Disorders

History:

Physical symptoms suggesting potentially life threatening complications:

- Faintness, faints or blackouts (*dehydration, arrhythmias or hypoglycaemia*)
- Chest pain (exercise induced?) or palpitations or shortness of breath (*cardiac arrhythmias, ischemia or failure or oesophageal problems*)
- Function of bladder and bowels (*electrolyte disturbances or dehydration*)
- Fatigue, muscle weakness or cramps (*electrolyte disturbance*)
- Headaches or confusion (*electrolyte disturbance*)

Examination:

- Weight and height (*measure weight with one light layer of clothing no shoes*)
- BMI (Body Mass Index = weight kg /height m ²)
- Check hydration - JVP, BP and HR lying and standing.
- Temperature
- CVS exam – oedema, evidence of heart failure, cardiac murmur, dysrhythmia
- Teeth and parotids
- Abdominal examination

ECG looking for:

- Dysrhythmias
- Prolonged QT interval (QTc > 440 msec)
- Cardiac ischemia

Bloods:

- Renal function: urea, creatinine, eGFR
- Electrolytes: Sodium, potassium, magnesium, phosphate, calcium, bicarb,
- Iron Studies: ferritin, serum iron
- Fasting blood glucose: (HBA1c if diabetic)
- CBC
- Liver function, protein & albumin
- B12 / folate
- LH, FSH, oestradiol (or testosterone if male), thyroid

- Any anomalies indicated

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INDICATIONS for ACUTE HOSPITALISATION of Eating Disorders

Physical Symptoms

- Syncopal episodes
- Rapidly diminishing exercise tolerance
- Frequent exercise-induced chest pain
- Low urine output (<400 ml/day)
- Confusion

Energy Intake and Fluid

- Little or no nutritional intake for 5 days or more
- Failure to drink adequate fluid

Weight

- Total body weight <75% expected for height [**<18 years**]
- Severe malnutrition - BMI < 14 [**adults**]
- Acute weight loss 15-20% in 3/12 [**<18 years**]
- Recent rapid weight loss (i.e. > 4 kg in 6 weeks) [**adults**]

Physical examination

- Bradycardia < 50 bpm [**<18 years**]; < 40 bpm [**adults**]
- Postural increase of HR > 30 bpm [**children & adults**]
- Hypotension systolic BP <80 mm Hg [**children & adults**]
- Postural decrease BP >20 mm Hg [**children & adults**]
- Capillary return > 1 sec, low JVP (dehydration) [**children & adults**]
- Hypothermia < 35.5°C [**children & adults**]

ECG abnormalities

- Arrhythmia
- Prolonged QTc >450 msec
- Diminished amplitude of QRS complex & T waves

Abnormal biochemistry

- Blood glucose < 2.5 mmol/l
- Ketones in urine
- Potassium (K⁺) < 3.0 mmol/l [**< 18 years**]; <2.5 mmol/l [**adults**]
- Sodium (Na) < 125 mmol/l
- Hypophosphotaemia – anything below normal range [**<18 years**];
- <0.3 mmol/l [**adults**]

Suicidality with an active plan.

Acute complications of malnutrition or acute impact on existing medical condition e.g.

renal failure;	gastric dilation;	cardiac failure;	seizures;
pancreatitis;	hepatitis failure,	diabetes;	delirium;
neuropathy; etc.			