Eating Disorders Fact Sheet

For Medical Providers - by Maria Monge, MD, FAAP, FACP & Central Texas Eating Disorder Specialists

Common ED Symptoms

These symptoms are actionable by the medical provider. Patient to select applicable symptoms.

- ☐ **Feeling cold all the time**
- ☐ **Fatigue**
- ☐ **Dizziness**
- ☐ **Fainting or almost fainting**
- ☐ **Edema (swelling)**
- ☐ **Gut symptoms - bloating, early satiety, reflux, GI distress**
- ☐ **Constipation**
- ☐ **Increased symptoms of anxiety or depression**
- ☐ **Difficulty sleeping**
- ☐ **Suicidal thoughts or plans**
- ☐ **Other**_____

Common ED Behaviors

Attention is needed in monitoring and inquiring specifically about these behaviors. Patient to select applicable behaviors.

- ☐ **Restriction of food (limiting intake)**
- ☐ **Fasting**
- ☐ **Binge eating**
- ☐ **Vomiting**
- ☐ **Laxative use**
- ☐ **Diet pill use**
- ☐ **Exercising**
- ☐ **Misuse of prescription medication (stimulant use, etc)**
- ☐ **Other** _____

What is Included in a Medical Care Visit?

Vital signs & parameters	Assess resting heart rate, resting BP, orthostatic HR, orthostatic BP, temperature If extreme bradycardia, orthostatic changes, or hypotension, take action.
Know when to consider hospitalization	Examples of medical indications for hospitalization (not exhaustive) 1. Prolonged severe caloric restriction with significant weight loss (independent of weight) 2. Lab findings: Hypoglycemia, hyponatremia, hypophosphatemia, acid/base disturbances 3. ECG findings: (e.g., QTc>450msec, severe bradycardia, other arrhythmia) 4. Vitals: Severe bradycardia (<45bpm), symptomatic orthostatic hypotension, hypothermia 5. Acute complications of malnutrition (e.g., syncope, seizures, cardiac failure, pancreatitis)
Symptom evaluation & management	Patients need to be asked specifically about ED symptoms in addition to the above. Examples: constipation, early satiety, headaches, distractedness, GI distress, chest pain, swelling in extremities, anxiety, heart palpitations, etc.
Data collection	1. Labs - Initial visit, frequency ranging from twice weekly to monthly depending on ED symptoms, behaviors and medical stability. 2. EKG - Initial visit, frequency depends on EKG findings and medical stability. 3. DXA - Baseline and every 1-2 years depending on ED behaviors and initial results.
Stability assessment	Given patient symptoms and your assessment, is the current level of support sufficient?
Return/Frequency of medical monitoring	Visit frequency ranges from weekly (some concern about medical stability, but hospitalization not indicated) to monthly (at present, medically stable, but ED ongoing)

Patient Name or Initials & Date _____

Patient Specifics

My treatment team suspects or has provided the following ED diagnosis:

- ☐ Anorexia Nervosa
- ☐ Bulimia Nervosa
- ☐ Binge Eating Disorder
- ☐ Orthorexia
- ☐ ARFID (Avoidant Restrictive Food Intake Disorder)
- ☐ OSFED (Other Specified Feeding & Eating Disorder)
- ☐ Other or Notes _____

Taking my weight - Per my treatment team:

- ☐ DO NOT weigh me under any circumstances
- ☐ I need regular weight monitoring - No blind weight necessary (I know my weight)
- ☐ I need regular weight monitoring - BLIND WEIGHT NECESSARY (knowing my weight would be harmful to me)

Medical Visit Frequency - My treatment team recommends that I have check-ups:

- ☐ 2x Week (If patient needs to be seen at this frequency, they likely are not stable enough for outpatient care.)
- ☐ Weekly
- ☐ 2x Month
- ☐ Monthly
- ☐ Other _____

Note: As things get better, I will need less frequent medical visits.

My needs at this medical appt:

_____

_____

My treatment team wants you to know: _____

_____

Quick Tips for Medical Providers

NEVER RECOMMEND OR PRAISE WEIGHT LOSS. **EDs do not look one certain way.** A larger-bodied person can be severely malnourished.	You need to **ask specific questions about ED behaviors & symptoms**. Patients may minimize, rationalize, or hide ED symptoms and/or behaviors.
Diffuse blame. Tell families & the patient that they did not cause or choose the illness.	Consider psychiatric risk. Because EDs are inherently isolating, patients need a **robust support system** (e.g., specialized therapist & dietitian, supportive family & friends)

Learn more here https://www.aedweb.org/resources/publications/medical-care-standards