

The Champlain and District Regional Eating Disorders Program

Medical Monitoring Recommendations

To assist you in planning for the medical monitoring of your eating disordered patient, please find below the recommendations based on American Psychiatric Association (A.P.A.) Practice Guidelines and the experience of local physicians currently specializing in the medical management of these patients through their eating disorders programs.

PLEASE NOTE THAT THESE ARE INTENDED AS SUGGESTIONS AND THAT YOUR CLINICAL JUDGEMENT MUST OVERRIDE THESE GUIDELINES

ANOREXIA – RESTRICTING

Classification:

Lost 15% of body weight due to restricting her food intake

May be over-exercising

NOT engaging in regular binge episodes or purging behaviours (e.g. self-induced vomiting, laxative abuse, diuretics, etc...)

Initial Appointment:

1) Blood work:

- | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> CBC & Diff | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> ALT | <input type="checkbox"/> Albumin |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Glucose | <input type="checkbox"/> GGT | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Urea | <input type="checkbox"/> Alkaline Phosphatase | <input type="checkbox"/> RBC Folate |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Bilirubin | <input type="checkbox"/> Vitamin B12 |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> AST | | <input type="checkbox"/> TSH |

2) Urinalysis:

3) ECG:

4) Consider:

- Hormonal Studies
- Bone Density (risk of fracture, motivational purposes)

Follow Up:

- Track weight closely over the 1st month (weekly appointments)
- Based on rate of weight loss, can reduce to 2-4 weeks if appears quite stable

ANOREXIA – BINGE/PURGE

Classification:

Lost 15% of body weight due to restricting her food intake

Regularly engaging in binge eating and/or purging behaviours (e.g. self-induced vomiting, laxative abuse, diuretic abuse, etc...)

May be over-exercising

Initial Appointment:

1) Blood work:

- | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> CBC & Diff | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> ALT | <input type="checkbox"/> Albumin |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Glucose | <input type="checkbox"/> GGT | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Urea | <input type="checkbox"/> Alkaline Phosphatase | <input type="checkbox"/> RBC Folate |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Bilirubin | <input type="checkbox"/> Vitamin B12 |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> AST | | <input type="checkbox"/> TSH |

2) Urinalysis:

3) ECG:

4) Consider:

- Hormonal Studies
- Bone Density (risk of fracture, motivational purposes)

Follow Up:

• First Month:

- Have weekly appointments tracking the following, then reassess:
 - Frequency of Binge/Purge episodes
 - Weight
 - Vital signs
 - Electrolytes, Ca, Mg, Phos
 - Consider ECG based on initial ECG, symptoms, blood work
- Use blood work results to educate patients regarding risk of certain purging strategies and suggest ways to minimize risk (e.g. eating a banana or drinking Gatorade after purging)

• Closer Monitoring Beyond First Month:

- Patients with irregular Binge/Purge patterns monitor via blood work

• Most at Risk:

- Patients with irregular and/or high intensity purging patterns
- Alert these patients to the need to return for reassessment should they enter a period of purging

NOTE: PURGING INTENSITY:

Low	Moderate	High
<1x/day	1x/day	>1x/day

BULIMIA NERVOSE (NORMAL WEIGHT OR ABOVE)

Classification:

- Normal or above normal weight
- Binge eating at least 2x/week
- May be restricting food intake between binge episodes
- Compensates for binge episodes by purging (e.g. self-induced vomiting, laxative abuse, diuretic abuse, etc...)
- May or may not be over-exercising

Initial Appointment:

1) Blood work:

- | | | | |
|---------------------------------------|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> CBC & Diff | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> ALT | <input type="checkbox"/> Albumin |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Glucose | <input type="checkbox"/> GGT | <input type="checkbox"/> Amylase |
| <input type="checkbox"/> Electrolytes | <input type="checkbox"/> Urea | <input type="checkbox"/> Alkaline Phosphatase | <input type="checkbox"/> RBC Folate |
| <input type="checkbox"/> Calcium | <input type="checkbox"/> Creatinine | <input type="checkbox"/> Bilirubin | <input type="checkbox"/> Vitamin B12 |
| <input type="checkbox"/> Magnesium | <input type="checkbox"/> AST | | <input type="checkbox"/> TSH |

2) Urinalysis:

3) ECG:

4) Consider:

- Hormonal Studies
- Bone Density (risk of fracture, motivational purposes)

Follow Up:

- Review frequency of Binge/Purge episodes
- Monitor electrolytes – high level of purging necessitates more frequent blood work
- Use blood work results to educate patients regarding risk of certain purging strategies and suggest ways to minimize risk (e.g. eating a banana or drinking Gatorade after purging)
- Based on rate of weight loss, can reduce to 2-4 weeks if appears quite stable

WHEN TO REFER TO EMERGENCY SERVICES...

You must consider your patient's prior history and use your judgment. However, below are some suggestions based on the A.P.A. practice guidelines for adult patients with eating disorders:

- Heart rate <40 bpm (children & adolescents – heart rate in 40's)
- Arrhythmia or Prolongation of Q-T interval
- Blood Pressure <90/60 mm Hg (children & adolescents – below 80/50 mm Hg)
- Glucose <3.3 mmol/L
- K <3.0 mmol/L
- Electrolyte imbalance
- Temperature <36 Celsius (consider in light of other symptoms)
- Dehydration
- Suicidality (particularly with intent and plan)