

IDENTIFYING PATIENTS WITH EATING DISORDERS

Eating disorders are complex mental illnesses with a range of potentially life-threatening medical complications that are often difficult to identify when the patient is being treated for an acute medical issue. This quick-reference guide can help you identify a patient suffering with an eating disorder through common physical and behavioral signs and symptoms.

Medical and Behavioral Signs of Eating Disorders

Anorexia Nervosa

Medical Signs and Symptoms:

- Weight at/below 85% of ideal for age
- Significant/dramatic decrease in normal growth chart curve for weight
- Excessive or compulsive exercise
- Bradycardia and/or orthostasis
- Fatigue, cold-intolerance, dizziness and/or hair thinning/loss

Behavioral Signs:

- Preoccupation with weight, food, calories and dieting
- Refusal to eat certain foods, including entire categories of food (e.g. no carbohydrates, etc.)

- Frequent comments about feeling "fat" or overweight
- Denial of hunger

Bulimia Nervosa

Medical Signs and Symptoms:

- Mobility problems
- Dizziness
- Electrolyte abnormalities (low potassium and high bicarbonate)
- Numbness/tingling
- Acid reflux
- Constipation with withdrawal from laxative abuse
- Legs swelling
- Erosion of dental enamel with or without dental decay
- Swollen parotid glands
- Weight instability

Binge Eating Disorder

Medical Signs and Symptoms:

- Mobility problems
- High blood pressure
- High cholesterol
- Heart disease
- Type II diabetes mellitus
- Hypertension
- Some types of cancer
- Gallbladder disease
- Gastroesophageal reflux disease (GERD)
- Joint pain
- Muscle pain
- Sleep-related breathing disorders
- Weight gain

Behavioral Signs Associated with Bulimia and Binge Eating Disorder:

- Depression, anxiety or trauma
- Substance use
- Struggles with medical compliance and/or difficulty changing eating behaviors
- Suicidal thoughts
- Consuming a large portion of their daily calories after their evening meal or during the middle of the night

Medical Symptoms by Department

Emergency Department

- Seizures, heart failure
- Critically low potassium - edema - may be Pseudo-Bartter's Syndrome
- Failure to Thrive - pressure ulcer, no CA/HIV/TB
- Chest pain
- Low blood pressure, low heart rate
- Fainting
- Edema when stop purging - Pseudo-Bartter's Syndrome - needs detox from purging behavior
- Malnutrition and vitamin deficiencies
- "Frequent flyers" with non-descript complaints - stomach hurts, weakness, headaches

Registered Nurses & Dietitians

- Low or high BMI
- Malnutrition and vitamin deficiencies
- History of significant weight fluctuation
- Edema when stop purging behaviors

Coronary Care Unit/ Intensive Care Unit

- Seizures due to low sugar, low phosphorus or electrolyte deficiencies such as low sodium
- Cardiac symptoms (under 30 years old) - heart failure, abnormal EKG
- Bradycardia
- Critical electrolyte deficiencies: low potassium or low sodium
- Refeeding syndrome

Gastroenterology

- Constipation/diarrhea (upper and lower endoscopy results are unremarkable)
- Gastroparesis - complaining full, bloating
- Abnormal liver function tests
- Functional bowel disease = (unremarkable tests) can lead to IBS dx and meds to regulate bowels. This course is counterproductive if ED present.
- GERD

Endocrinology

- Amenorrhea
- Osteoporosis in under 50 years old
- Abnormal thyroid studies
- Insulin omission in diabetic patient

Obstetrics/ Gynecology

- Miscarriage history
- Amenorrhea
- Births small for gestational age
- Infertility
- PCOD

Hematology

- Low white blood counts - leukopenia
- Gelatinous marrow transformation
- Inconclusive bone marrow biopsy
- Anemia



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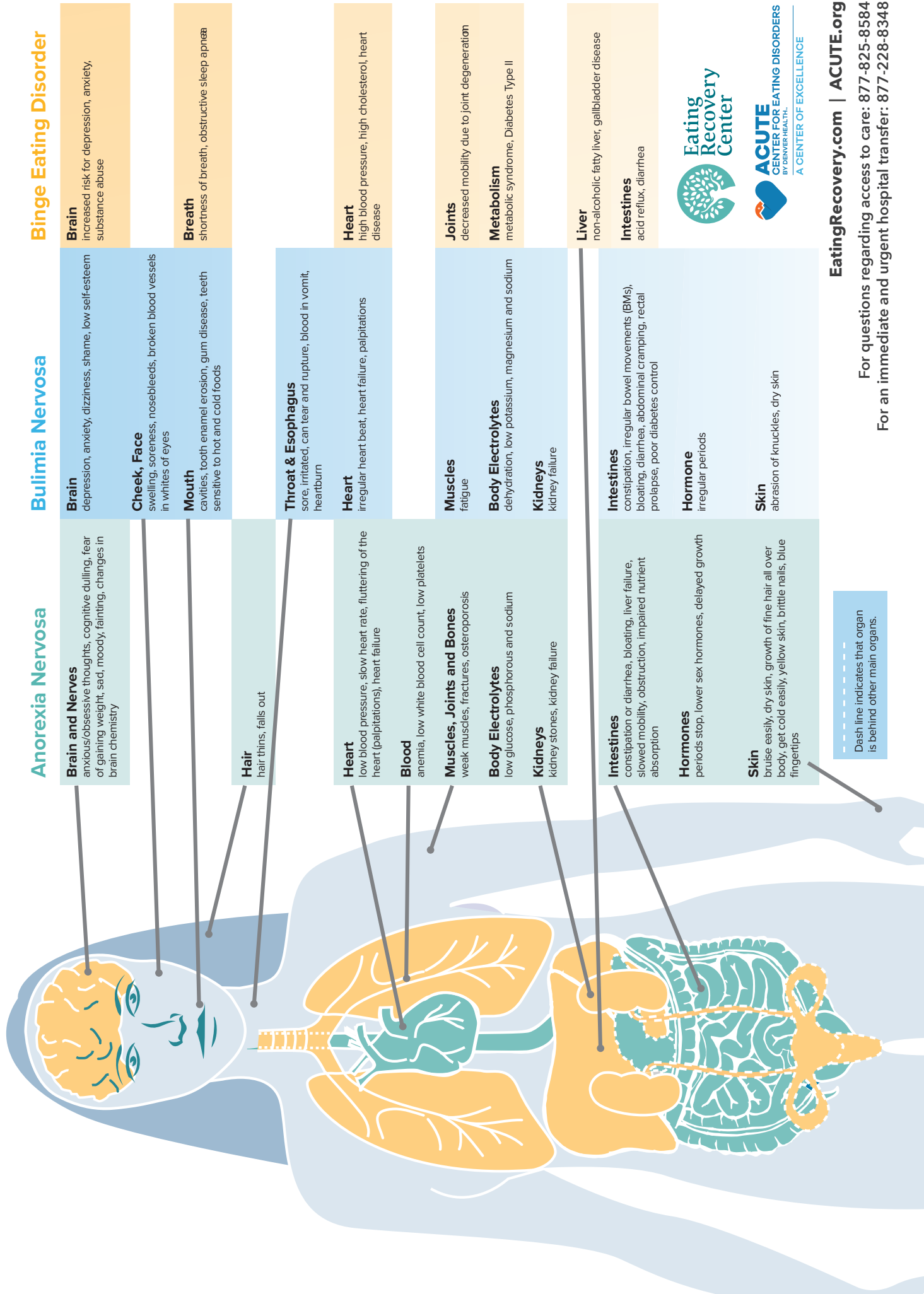
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For questions regarding access to care: 877-825-8584 | For an immediate and urgent hospital transfer: 877-228-8348

Most commercial insurance accepted

START THE CONVERSATION

Signs and symptoms of eating disorders



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