Medical Treatment at Eating Recovery Center

The frequency and severity of medical complications from eating disorders highlights the critical need for excellent medical and psychiatric care in the treatment process at Eating Recovery Center. Our treatment centers across the country offer 24-hour emergency care and inpatient medical and psychiatric monitoring and care from full-time physicians, including adult psychiatrists, child and adolescent psychiatrists, internal medicine physicians and pediatricians. In Denver alone, Eating Recovery Center has a team of 15 physicians, with additional supportive staff from more than 40 Registered Nurses providing medical care to our patients in all levels of care.

Philip Mehler, MD, FACP, FAED, CEDS
Executive Medical Director, Chief Medical Officer
Eating Recovery Center

“The good news is that nearly all medical complications of Anorexia Nervosa and Bulimic Nervosa can resolve with consistent nutrient and full weight restoration, regardless of how extensive they are. Patients are resilient when they get the right treatment with a balance of medical and psychiatric care.”

Ovidio Bermudez, MD, FACP, FAAN, FAED, CEDS, FASAM
Medical Director of Children and Adolescent Services
Eating Recovery Center

“Regardless of their level of eating disorders training and exposure, basic information about common comorbid conditions and basic medical care helps physicians to be a better advocate for their patients in accessing the medical and psychiatric treatment they need.”

Contact Us Today

Eating Recovery Center’s programs across the country offer:
- Free, confidential assessments
- Most major medical insurance accepted
- Authorizations provided

877-735-0252
info@EatingRecovery.com
www.EatingRecovery.com

Providers of Care
Quick Reference Guide
for Eating Disorders

Members of Eating Recovery Center’s medical teams across the country
Medical Support in Eating Disorders Treatment

Basic Medical Knowledge About Eating Disorders:

- Protects patient safety and improves outcomes
- Helps patients feel healthy
- Reinforces trust in the patient-physician relationship
- Motivates recovery through objective clinical evidence of their tenuous physical health

Common Medical Complications of Eating Disorders:

**Anorexia Nervosa**
- Amenorrhea
- Hypoglycemia
- Skeletal muscle weakness
- Liver dysfunction
- Gastroneurosis
- Edema
- Eye pain
- Swallowing difficulties
- Cardiomegaly
- Osteoporosis
- Superior Mesenteric Artery Syndrome

**Bulimia Nervosa**
- Stomatitis
- Cardiovascular abnormalities
- Dopamine from purging behaviors
- Edema
- Electrolyte abnormalities
- Need for intensive care unit monitoring

**Binge Eating Disorder**
- Hypersomnia
- Type 2 Diabetes
- Heart disease
- Sleep apnea
- Polycystic Ovary Syndrome
- Overweight/obese (66% of population with BED)

Common Medical Signs and Behavioral Cues of Eating Disorders

**Anorexia Nervosa**

**Medical Signs and Symptoms**
- Weight below 85% of ideal for age and gender
- Significant decrease in normal growth chart curve for weight
- Bradycardia and/or orthostatic vital sign changes
- Delayed onset of menses or secondary amenorrhea
- Fatigue, cold intolerance or diarrhea
- Hair thinning or loss
- Fractures
- Upper and lower gastrointestinal dysfunction
- Early satiety and bloating

**Behavioral Cues**
- Excessive or compulsive exercise
- Sudden interest in "healthy eating, vegetarianism, veganism"

**Bulimia Nervosa**

**Medical Signs and Symptoms**
- Dizziness
- Electrolyte abnormalities (low potassium and sodium)
- Nausea/vomiting
- Acid reflux
- Constipation with withdrawal from laxative abuse
- Legs swelling
- Erosion of dental enamel with or without dental decay

**Behavioral Cues**
- Purging behaviors, including self-induced vomiting; laxative diet pills and/or diuretic abuse; exercising; cheating and splitting of food; results mimic in diabetes

**Binge Eating Disorder**

- Recurring episodes of eating significantly more food in a short period of time than most people under similar circumstances
- Feelings of loss of control
- Behavior may occur on average, at least once a week over 3 months
- Associated with marked distress

When to Refer

The earlier an eating disorder is diagnosed and the sooner treatment is initiated, the better the patient’s chance of full recovery without residual medical complications. Therefore, if you have a patient you suspect may have an eating disorder, refer them for a free assessment.

Refer whenever you see the medical signs or behavioral cues of eating disorders. Studies suggest that treatment by specialized eating disorder programs provide higher consistency of care and help prevent hospitalization.

If you suspect that your patient has an eating disorder, you would like a clinical consultation, or would like to discuss whether our programs are appropriate for your patient, please call us at 877.795.0252.