Eating Disorders Program St. Joseph's Healthcare, Hamilton

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) | <u>Blood work:</u> | | CBC & Diff ESR Electrolytes Calcium Magnesium | | Phosphorus Glucose Urea Creatinine AST | | ALT GGT Alkaline Phosphatase Bilirubin | | Albumin Amylase RBC Folate Vitamin B12 TSH | |
| 2) | <u>Urinalysis</u> | | | | | | | | | |
| 3) | <u>ECG</u> | | | | | | | | | |
| 4) | <u>Consider:</u> | | 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 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| Classif • • | Classification: • Lost 15% of body weight due to restricting food intake | | | | | | | | | |
| Initial 1) | Appointment: Blood work: CBC & Diff Phosphorus GIucose GGT Amylase Electrolytes Urea Alkaline RBC Folate Calcium Creatinine Magnesium AST Bilirubin TSH | | | | | | | | | |
| 2) | <u>Urinalysis</u> | | | | | | | | | |
| 3) 4) | | | | | | | | | | |
| 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 education patients regarding risk of certain purging strategies and suggest ways to minimize risk (e.g. eating a banana or drinking Gatorade after purging) | | | | | | | | | | |
| • | <u>Closer Monitoring Beyond First Month:</u> Patients with irregular Binge/Purge patterns monitor via blood work <u>Most At Risk:</u> 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 | | | | | | | | | |
| | <i>NOTE:</i> PURGING INTENSITY: Low Moderate High <1x/day 1x/day >1x/day | | | | | | | | | |

| BULIMIA NERVOSA (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 1) | Appointment: Blood work: | | CBC & Diff ESR Electrolytes Calcium Magnesium | | Phosphorus Glucose Urea Creatinine AST | | ALT GGT Alkaline Phosphatase Bilirubin | | Albumin Amylase RBC Folate Vitamin B12 TSH |
| 2) | <u>Urinalysis</u> | | Magnesian | | | | | | 1511 |
| 3) | ECG (particularly if there is ipecac use, electrolyte abnormalities) | | | | | | | | |
| 4) | <u>Consider:</u> | | Bone Density - if previously underweight and amenorrheic (risk of fracture, motivational/education 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) | | | | | | | | | |

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 A.P.A. practice guidelines for adult patients with eating disorders:

- Heart rate <40bpm (children & adolescents heart rate in 40's)
- Arrythmia 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 celcius (consider in light of other symptoms)
- Dehydration
- Suicidality (particularly with intent and plan)