

**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:	<ul style="list-style-type: none">• 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:	<p>1) <u>Blood work:</u></p> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> CBC & Diff</td><td><input type="checkbox"/> Phosphorus</td><td><input type="checkbox"/> ALT</td><td><input type="checkbox"/> Albumin</td></tr><tr><td><input type="checkbox"/> ESR</td><td><input type="checkbox"/> Glucose</td><td><input type="checkbox"/> GGT</td><td><input type="checkbox"/> Amylase</td></tr><tr><td><input type="checkbox"/> Electrolytes</td><td><input type="checkbox"/> Urea</td><td><input type="checkbox"/> Alkaline Phosphatase</td><td><input type="checkbox"/> RBC Folate</td></tr><tr><td><input type="checkbox"/> Calcium</td><td><input type="checkbox"/> Creatinine</td><td><input type="checkbox"/> Bilirubin</td><td><input type="checkbox"/> Vitamin B12</td></tr><tr><td><input type="checkbox"/> Magnesium</td><td><input type="checkbox"/> AST</td><td></td><td><input type="checkbox"/> TSH</td></tr></table> <p>2) <u>Urinalysis</u></p> <p>3) <u>ECG</u></p> <p>4) <u>Consider:</u></p> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Hormonal Studies</td></tr><tr><td><input type="checkbox"/> Bone Density (risk of fracture, motivational purposes)</td></tr></table>	<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	<input type="checkbox"/> Hormonal Studies	<input type="checkbox"/> Bone Density (risk of fracture, motivational purposes)
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Follow Up:	<ul style="list-style-type: none">• 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																						

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 Appointment:

1) Blood work:

- | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------------------|
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2) Urinalysis

3) ECG (particularly if there is ipecac use, electrolyte abnormalities)

4) Consider:

- 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)
- 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 celcius (consider in light of other symptoms)
- Dehydration
- Suicidality (particularly with intent and plan)