

Assessment and Treatment of Eating Disorder Patients in Primary Care

The General Practitioner is often the first point of contact for patients with an eating disorder. As patients are often ambivalent about addressing their eating disorder, they often (a) get brought in by an anxious relative or (b) with associated problems such as amenorrhoea, tiredness, GI symptoms, or depressed mood.

Assessment

It is best to enquire about any problems a patient may have with eating, weight and body image in a gentle and empathic manner. Information that you wish to cover may include:

- Take current weight and height so a BMI (kg/m^2) can be calculated
- Note any emotional discomfort about seeing weight (common in AN)
- Ask what is the patient's preferred or ideal weight (gives an idea of attitude)
- Food intake in a typical day
- History of weight gain and loss
- Degree of importance the patient places on controlling their weight
- Regularity of menses
- Presence and frequency of any binge eating
- Presence and intensity of weight-loss behaviours (excluding foods, minimising some foods, exercise, laxative misuse, vomiting, spitting, diet pills)

People with eating disorders have many health risks, particularly those with Anorexia Nervosa. The information below is largely taken from the Victorian Centre of Excellence in Eating Disorders (CEED).

Complications associated with Anorexia Nervosa:

- *Endocrine/ metabolic disturbances such as:*
 - Menstrual dysfunction or amenorrhoea
 - Hypoglycaemia
 - Depressed immune function
- *Cardiovascular problems such as:*
 - Cardiac arrhythmias
 - Bradycardia
 - Congestive heart failure
 - Cardiac arrest
- *Skeletal problems such as:*
 - Decreased bone mass
 - Osteopenia
- *Gastrointestinal problems such as:*
 - Delayed gastric emptying
 - Constipation
 - Postprandial discomfort
- *Neuropsychiatric problems such as:*
 - Depression and anxiety
 - Impaired concentration
 - Structural brain abnormalities

Complications associated with Bulimia Nervosa include:

- *Fluid and electrolyte abnormalities such as:*
 - Dehydration
 - Electrolyte abnormalities (especially hypokalaemia)
- *Gastrointestinal problems such as:*
 - Gastro/oesophageal irritation, bleeding or rupture
 - Reflux
 - Rebound constipation
 - Diarrhoea, abdominal cramping (laxative abuse)
 - Hypo-functioning of the colon (laxative abuse)
- *Cardiovascular problems such as:*
 - Cardiac arrhythmias (potassium depletion)
- *Neuropsychiatric problems such as:*
 - Depression and anxiety; guilt
 - Mood lability
 - Poor concentration

According to the guidelines set out by CEED, the baseline medical investigations for eating disorder patients are:

- Height and weight
- Sitting and standing heart rate and blood pressure
- Body temperature
- ECG
- Baseline bloods (FBC, LFT, TFT, EUC, BSLs; note electrolyte abnormalities)

For more information on medical issues within eating disorders and test results that indicate medical abnormalities, please refer to the CEED website (<http://ceed.org.au/clinical-resources/>), which has several assessment tools and medical guidelines for doctors.

Treatment and Management

Children and teens need to receive family based therapy and there is a separate information sheet available from us on this. Adults with eating disorders are generally treated by a team of health professionals that may include a clinical psychologist, a dietitian, a psychiatrist, and a general practitioner.

Within this team of health professionals, General Practitioners have several important roles. Ongoing monitoring of medical stability is an essential component of treatment. This involves re-administering the tests mentioned above at a frequency that you feel is appropriate. Regular medical monitoring is particularly important in the following instances:

- Patient is very low in weight (e.g., BMI below 16 kg/m²)
- Patient has lost a significant amount of weight in a short period of time
- Patient has blood in their vomit
- Patient exercises excessively while low in weight

Sometimes hospitalisation is necessary, either for reasons of medical instability (e.g. for bradycardia) or if the patient is unable to restore weight with less intensive treatment. If the patient refuses hospitalisation, use of the Mental Health Act may be indicated if there are grave concerns about the patient's safety.