

GP ADVICE ON PHYSICAL ASSESSMENT OF EATING DISORDERS

Most current practice guidelines agree that a full physical examination should be part of a risk assessment for patients with an eating disorder. Rigorous clinical assessment is important in helping to resolve the difficulties in ruling out possible organic causes of weight loss.

Diagnostic difficulty is greater in patients where there are co morbidities. The most frequent co morbidities include diabetes mellitus, malabsorption syndrome, thyroid diseases of organic origin, substance abuse and dependence, mood disorders, obsessive-compulsive disorders and personality disorders.

Having established the diagnosis of an eating disorder ongoing monitoring is vital in assessing and re-assessing risk. The main medical complications to consider include osteoporosis, infertility, acute electrolyte disturbances in particular arrhythmias. Cardiovascular causes amount for at least 50% deaths from anorexia hence the importance of physical examination of this system.

Risk Assessment

Assessment of medical risk is extremely important and can be affected by factors such as rate of onset, chronicity, co-morbid conditions and medication. With increasing risk it is probably advisable to increase the frequency of physical monitoring.

BMI < 12 carries a very high risk independently of other variables.

Important Parameters to Monitor

Parameters which are high risks could indicate a need to consider hospital admission or looking for urgent advice.

<u>SYSTEM</u>	<u>CONCERN</u>	<u>HIGH RISK</u>
<u>Nutrition</u>	BMI <14	<12
	Weight Loss/wk >0.5kg	>1 kg
<u>Circulation</u>	Systolic BP <90	<80
	Diastolic BP <70	<60
	Postural Drop >10	>20
	Pulse <50	<40
<u>Temperature</u>	<35	<34.5
<u>Bloods</u>		
1. Biochemistry	Urea >7	>10
	K+ <3.5	<3.0
	Na+ <135	<130
	Magnesium 0.5-0.7	<0.5

	Phosphate 0.5-0.8	<0.5
2. Haematology		
	HB <11	<9
	WLL <4.0	<2.0
	Acute Drop	++
3. Liver Function		
	Bilibubin >20	>40
	Alk Phos >110	>200
	AST >40	>80
	ALT >45	>90
	GT >45	>90
	Albumin <35	<32
	Glucose <3.5	<2.5
ECG		
	QTC	>450 ms
	Arrhymias ++	++
<u>SYSTEM</u>	<u>CONCERN</u>	<u>HIGH RISK</u>
	Pulse Rate <50	<40
	<u>Note</u> a tachycardia in presence of signs of high risk may indicate imminent cardiovascular collapse.	

Routine Monitoring

BMI

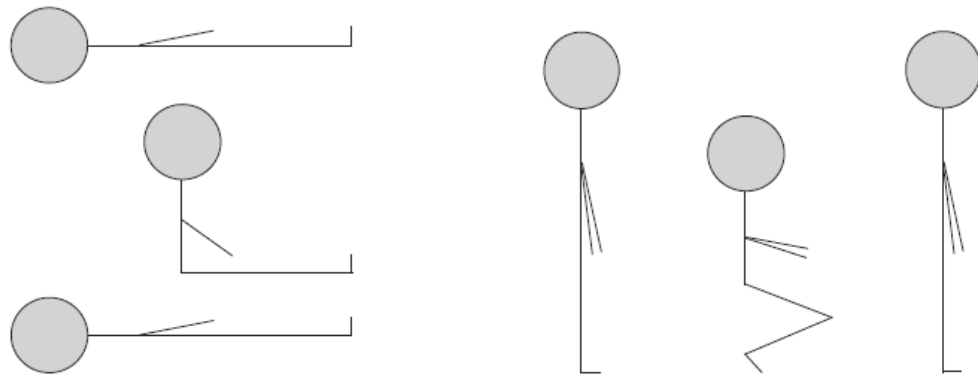
Temperature

Pulse

Blood Pressure

Sit-up-Squat-Stand Test (to detect muscle weakness)

SIT UP-SQUAT-STAND TEST (TO DETECT MUSCLE WEAKNESS)



1. Sit-up: patient lies down flat on the floor and sits up without, if possible, using their hands.

2. Squat-Stand: patient squats down and rises without, if possible, using their hands.

Scoring (for Sit-up and Squat-Stand tests separately)

- 0: Unable
- 1: Able only using hands to help
- 2: Able with noticeable difficulty
- 3: Able with no difficulty

• **Daily Vomiting**

Frequency of Vomiting	Physical Examination	Bloods	ECG
Daily	4 weekly	4 weekly	6 monthly
Less Frequently	3 monthly	3 monthly	To be considered

• **BMI <17.5**

BMI	Risk	Physical Examination	Bloods	ECG	Bone Scan
15 – 17.5	Low-med	6 months	8 weeks	Annual	Baseline
13 - 15	Medium	8 Weeks	8 weeks	3 monthly	Baseline
<13	High	2 weeks	2 weeks	2 monthly	Baseline

Bloods Urea & electrolytes
 Liver Function
 Glucose
 Calcium, Magnesium, Phosphate, Bicarbonate
 Hb, Fbc and Ferritin

If any concern contact Medical Staff at Eating Disorder Service.

Anorexia nervosa is associated with a high level of chronic disability and a higher mortality compared to other psychiatric illnesses. Eating disorders in general are the most life threatening of all psychiatric illnesses and yet even patients close to death can look deceptively well. A high level of vigilance is therefore recommended by clinicians who may encounter unexpected medical complications from eating disorders.