

Eating Disorders Summary Notes

Shaila Gunn

Eating disorders don't discriminate – ~4% all Canadians of all genders of all shapes and sizes are affected by eating disorders

Definitions:

Binging: eating an excess of food while feeling a loss of control.

Purging: getting rid of ingested calories by using diuretics, laxatives, enemas, and vomiting.

Non-purging: using means such as fasting or excessive exercise to counter periods of high caloric intake.

Eating habits become disordered when there is a pathologic relationship with food that adversely affects psychosocial functioning.

Eating disorder	DSM V Criteria	Treatment
Anorexia	<p>A. Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than minimally expected.</p> <p>B. Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.</p> <p>C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.</p>	CBT
Bulimia	<p>A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both: 1. Eating in a discrete period of time (e.g. within any 2 hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances; 2. A sense of lack of control over eating during the episodes (e.g. a feeling that one cannot stop eating or control what or how much one is eating).</p> <p>B. Recurrent inappropriate compensatory behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.</p> <p>C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.</p> <p>D. Self-evaluation is unduly influenced by body shape and weight.</p> <p>E. The disturbance does not occur exclusively during episodes of anorexia nervosa.</p>	CBT SSRI
Binge eating disorder	<p>A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both: 1. Eating in a discrete period of time (e.g. within any 2 hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances; 2. A sense of lack of control over eating during the episodes (e.g. a feeling that one cannot stop eating or control what or how much one is eating).</p> <p>B. Binge eating episodes are associated with three or more of the following: 1. Eating much more rapidly than normal. 2. Eating until feeling uncomfortably full. 3. Eating large amounts of food when not feeling physically hungry. 4. Eating alone because of feeling embarrassed by how much one is eating. 5. Feeling disgusted with oneself, depressed, or very guilty afterwards.</p> <p>C. Marked distress regarding binge eating is present.</p> <p>D. The binge eating occurs, on average, at least once a week for 3 months.</p> <p>E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.</p>	CBT SSRI

For details of treatment recommendations, visit <http://www.bcchildrens.ca/mental-health-services-site/Documents/Clinical%20Practice%20Guidelines%20for%20the%20BC%20Eating%20Disorders%20Continuum%20of%20Services.pdf>

1. Suspect and identify eating disorders and their comorbidities by taking an appropriate history

ALL YOUNG PATIENTS SHOULD BE SCREENED FOR EATING DISORDERS

- We don't get many chances to see these patients so when you do, screen!
- This should particularly be included for patients who are having psychosocial challenges or unexplained symptoms

9 red flags for eating disorders

1. Non-specific gastrointestinal complaints
2. Weight crossing percentiles (even if they have an elevated weight or BMI)
3. Menstrual irregularities (the presence of a normal menstrual cycle does NOT rule out an eating disorder)
4. Difficulty concentrating or lack of energy
5. Changes in diet not consistent with family or culture
6. Becoming irritable, especially around mealtimes
7. Avoiding social situations that involve food
8. Body checking, which can show up as checking in mirrors, photo editing, tracing bones, or wrapping wrists
9. Frequent trips to the bathroom after meals

Useful Questionnaires

1. SCOFF questionnaire (<https://www.bmj.com/content/319/7223/1467>)
 - a. Do you make yourself Sick because you feel uncomfortably full?
 - b. Do you worry that you have lost Control over how much you eat?
 - c. Have you recently lost more than One stone (14 lb) in a 3-month period?
 - d. Do you believe yourself to be Fat when others say you are too thin?
 - e. Would you say that Food dominates your life?Each "yes" equals 1 point, and a score of 2 indicates a probable eating disorder with a sensitivity of 85% and a specificity of 90%.
2. Eating Attitudes Test (<https://www.eat-26.com/>)
3. Questionnaire on Eating and Weight Patterns for binge eating disorders

Important history questions and how to ask them

Category	Questions
Weight	Ask: <i>"How do you feel about this weight? At what weight do you feel fat?"</i> <i>"How would your life be different at that weight?"</i> Document highest and lowest adult weight Identify a threshold/target weight Frequency of weighing
Body Image	<i>"How do you see yourself currently? Where exactly do you feel fat?"</i> <i>"How much does your weight and shape determine how you feel about yourself as a person?"</i> <i>"Do you fear gaining even small amounts of weight?"</i>
Eating Behaviours	Dieting history Caloric and food group restrictions Episodes of binge eating with a sense of loss of control, and consumption of foods the patient typically would avoid.
Purging Behaviours	Self-induced vomiting Use of laxatives, diuretics, diet pills, OTC products including tobacco, caffeine, and supplements Intensive exercise to lose weight Cigarette smoking to suppress appetite
Mental Health	Depression Anxiety Substance use Alcohol Suicidality Abuse
Physical Activity (especially activities with increased risk of eating disorders)	Swimming Dance Wrestling Gymnastics Cross country running

2. Identify physiologic and metabolic complications and identify need for hospitalization

****Medical complications are responsible for half of all deaths in patients with restrictive eating disorders****

Investigation	What to monitor for
ECG	Bradycardia Long QT (risk of TdP in those with electrolyte abnormalities of K, Mg, Ca)
Extended electrolytes (Mg, Ca, PO4)	May be low due to malnutrition Must be monitored for refeeding syndrome (risk of congestive heart failure, rhabdomyolysis, seizures, hemolysis, and respiratory distress, arrhythmias)
CBC	Look for anemia
Ferritin	Look for iron deficiency
Creatinine	Check renal function
Glucose	Caution hypoglycemia
Pregnancy test	2 patients!
Albumin	A measure of nutrition, liver function, as well as a negative phase reactant
LFTs	May be elevated if fatty liver due to binge eating, hepatic dysfunction secondary to anorexia
TSH	Eating disorders can disrupt normal thyroid gland (often hypothyroid)

Additional investigations based on clinical judgement

Indications for hospitalization (<https://www.camh.ca/en/professionals/treating-conditions-and-disorders/eating-disorders>)

1. Bradycardia <40 bpm
2. Blood pressure < 80/60
3. Orthostatic increase in pulse by 20 bpm or decrease in SBP by >20 mmHg
4. Arrhythmia or long QT
5. Cardiovascular, hepatic, or renal dysfunction
6. Dehydration
7. Serious medical complications including electrolyte imbalances, hypoglycemia, or syncope
8. BMI <14 or <70% ideal body weight
9. Syncope
10. Seizures

3. Many common presenting complaints should have an eating disorder as a part of the differential

Consider an eating disorder in the differential of the following:

1. Arrhythmias or syncope without cardiac disease
2. Electrolyte imbalance without drug use or renal impairment
3. Amenorrhea without pregnancy
4. Hair loss and cold intolerance with a normal TSH
5. Muscle atrophy without neurological disease or malignancy

4. Patients and families must be aware of the complications of eating disorders and be engaged in the care

1. Common
 - a. Arrested growth
 - b. Amenorrhea
 - c. Chronic constipation or diarrhea
 - d. Decreased kidney function
 - e. Muscle wasting
 - f. Anemia
 - g. Fatigue
 - h. Dry skin
 - i. Hair loss
 - j. Tooth decay after purging
 - k. If osteoporosis develops it is irreversible.
2. Life threatening
 - a. Arrhythmia
 - b. Seizures
 - c. Respiratory failure
 - d. Death

5. Treatment of an eating disorder involves a team-based approach (including family members!)

1. Dietitians
2. Psychologists
3. Pediatricians with special training
4. Internists with special training
5. Nurses with special training

6. Psychiatric when the diagnosis is uncertain or has many comorbidities
7. NEDIC hotline (<https://nedic.ca/about/>)

RESOURCES

Physician Resources

- <https://www.camh.ca/en/professionals/treating-conditions-and-disorders/eating-disorders>
- <https://www.eat-26.com/>
- <https://keltyeatingdisorders.ca/wp-content/uploads/2017/05/Eating-Disorders-Toolkit-for-PCP-2018.pdf>
- <https://www.massgeneral.org/assets/MGH/pdf/psychiatry/eating-disorders-medical-guide-aed-report.pdf>
- <https://www.cps.ca/documents/position/anorexia-nervosa-family-based-treatment>
- <https://www.cps.ca/documents/position/goal-weights>
- <https://pedsinreview.aappublications.org/content/37/8/323>

Patient resources

- Kelty mental health ED toolkit: <https://www.youtube.com/watch?v=SnylF750w5U&list=PL21D7E85D804263B2>
- Change creates change parent blog: https://changecreateschange.com/resources/?mc_cid=b24fa46a44&mc_eid=16479905d4
- National eating disorder information centre: <https://nedic.ca/>
- <https://canped.ca/>
- <http://www.maudsleyparents.org/>
- <https://www.feast-ed.org/>

Patient + Family Resources

- Sheena's Place . Community-based support centre in Toronto for people with eating disorders and their families.
- Overcoming Bulimia Nervosa and Binge Eating: A Self-Help Guide Using Cognitive-Behavioral Techniques (2nd ed.), by Peter Cooper, Basic Books, 2009.
- Overcoming Binge Eating (2nd ed.), by Christopher G. Fairburn, Guilford Press, 2013.
- Help for Eating Disorders: A Parent's Guide to Symptoms, Causes and Treatments, by Debra K. Katzman and Leora Pinhas, Robert Rose, 2005.
- Help Your Teenager Beat an Eating Disorder (2nd ed.), by James Lock and Daniel Le Grange, Guilford Press, 2015.
- The Overcoming Bulimia Workbook, by Randy E. McCabe et al., New Harbinger, 2003.