

## Information Sheet: Medical Monitoring for Eating Disorders

### Introduction

Your patient has been referred to the Tuke Centre Eating Disorder Service. The team is multi-disciplinary and includes a consultant psychiatrist, a dietitian, as well as specialist eating disorder psychologists and therapists.

In order to attend the Tuke Centre Eating Disorder Service a person must be fit to travel and in order to engage with therapy we recommend that the BMI must be at least 15. Below this it is recognised that concentration and attention are impaired making therapy ineffective.

Because the Tuke Centre is essentially a Psychotherapy Department, medical monitoring cannot be carried out. This is an essential part of the treatment of Eating Disorders, which are part physical and part psychological and the reason for producing this information sheet is for guidance to GPs for the monitoring of such patients.

As part of the therapeutic interventions and in order to monitor effectiveness of dietary interventions we do weigh patients when they come for their appointments. It is advised that patients are weighed at the GP Practice as well as occasionally patients do not turn up for appointments and it is important that the physical monitoring includes weight monitoring in order to notice weight changes.

If a patient misses an appointment at the Tuke Centre they will be contacted and you will be informed. It is very helpful for GPs to send a copy of any investigation results to the Tuke Centre so that they can be discussed at our weekly consultation meeting. Physical monitoring results can be useful to use for motivation within therapy sessions.

### Medical monitoring for Anorexia Nervosa/Conditions where weight loss or inadequate dietary intake are present

Starvation can lead to a number of complications and can affect all of the organ systems within the body. Starvation can lead to:

1. Dry skin, lanugo hair and brittle nails
2. Impaired thermoregulation leading to hypo or hyperthermia
3. Digestive tract issues such as delayed gastric emptying and constipation
4. Hepatic complications including fatty liver and raised liver enzymes
5. Renal impairment and dehydration (fluid restriction may be the cause)
6. Bone marrow suppression leading to low white cell count and often neutrophil counts (and subsequently low haemoglobin and platelets)
7. Vitamin and trace element deficiencies
8. Reduction in production of sex hormones leading to amenorrhea in women; decreased libido and osteopenia and osteoporosis are common in both sexes
9. Reduced muscle power and physical exhaustion (this is not always present)

10. Hypoglycemia (because of low energy reserves this is not uncommon and can be life threatening). Patients should be counselled about the risks of hypoglycaemia (see below)

### **Recommendations for medical monitoring**

Note: we recommend the use of the King's College Guidelines and a modification thereof is attached.

There are three categories, ranging from red to green with red representing high risk and green low risk.

### **Baseline investigations**

1. ECG
2. Temperature, pulse and blood pressure (sitting and standing)
3. Squat test (guidelines for this are attached)
4. Blood tests including U& E's, LFT's, bone chemistry, magnesium, phosphate, B12, folate and ferritin, thyroid function tests, full blood count and clotting screen

If parameters are within the high risk category, they need to be discussed urgently with the duty Medical Registrar at your local hospital. If they are in the intermediate risk range, the parameters need to be regularly monitored, e.g. weekly, to ensure that they are not deteriorating into the high risk category.

### **Medical monitoring for Bulimia Nervosa/conditions where purging behaviours (laxatives/ diuretics/slimming pills or self-induced vomiting) are being used**

Purging can lead to a number of complications, including:

1. Dental erosion and caries
2. Enlarged salivary glands
3. Oesophageal complications including oesophageal tears, oesophageal rupture and gastro oesophageal reflux increasing the risk of Barrett's Oesophagus
4. Electrolyte disturbance, including low potassium and increased bicarbonate reflecting acid base disturbance
5. Severe abdominal cramps and diarrhoea secondary to laxative misuse

### **Recommendations for medical monitoring**

Baseline physical examination including checking the parotid glands, temperature, pulse and blood pressure and ECG, blood tests (as above for Anorexia Nervosa but including bicarbonate to assess acid base balance).

Use the King's College guidelines to assess the degree of risk.

### **Hypokalaemia**

Warn patient to go to A&E if they have any of the following symptoms, as this could represent falling or dangerously low potassium levels:

1. Palpitations, including irregular or racing heartbeat
2. Chest pain
3. Muscle aches, cramps and weakness
4. Tingling and numbness
5. Hypoglycaemia is not uncommon, particularly after bingeing and then purging due to increased insulin levels.

### **Hypoglycaemia**

Patients should be warned that if they have the following symptoms they need to react by taking a quick acting source of glucose such as orange juice or glucose tablets followed by a longer acting source of carbohydrate such as two biscuits and a glass of milk, in order to rectify the condition which can progress and lead to coma. Symptoms patients need to be aware of are:

1. Feeling hungry
2. Sweating
3. Dizziness
4. Tiredness
5. Blurred vision
6. Trembling or shakiness
7. Going pale
8. Fast pulse rate/palpitations
9. Tingling lips
10. Irritability
11. Difficulty concentrating/confusion/irrational behaviour described like drunkenness
12. Coma

We hope that this information is helpful in the monitoring of patients with eating disorders attending the Tuke Centre.

Dr Andrea Brown, Consultant Psychiatrist at the Tuke Centre is happy to discuss any results with you, although in the case of a medical emergency it is recommended that the patient is sent to A&E for immediate attention.

Dr Andrea Brown  
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Eating Disorder Service