

Quick Medical Guide to Eating Disorders in Primary Care

Evaluation of Eating Disorders

Vitolo	Height, Weight, Temperature	
Vitals Physical Exam		
	Orthostatic vitals	
	BMI, Growth chart assessment	
	Cardiovascular, Dermatologic, Dental	
History	Weight history	
	Body image, Self-esteem	
	Eating habits	
	 24-hour diet history (recent) Calorie counting Avoidance of specific food groups Fluid intake 	
	Restricting, Binging or Purging behaviors	
	Laxative/diet pills, stimulants, substance use	
	Exercise patterns	
	LMP, menstrual patterns	
	Cardiac symptoms	
	Dizziness, presyncope, syncope, exercise intolerance, chest pain etc	
	GI symptoms	
	 Constipation, Reduced gastric motility, Hepatitis, pancreatitis 	
	Dermatologic: Dry skin, hair loss	
	Family Hx, Psychiatric Hx, Social Hx	
	Family dynamics	
Differential Diagnosis	GI disorders (Celiac, IBD)	
	Endocrine disorders (Diabetes, Hyperthyroidism)	
	Malignancy	
	Superior Mesenteric artery (SMA) syndrome	
	Depression	
	Anxiety, OCD	
	Trauma	
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Initial Labs

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Liver Function Test (LFT)
- Magnesium, Phosphate
- Thyroid function test (T3, T4, TSH)
- Erythrocyte Sedimentation Rate (ESR)
- Urinalysis (UA)
- EKG
- If amenorrhea >6 months: urine pregnancy, LH, FSH, Prolactin

Admission criteria for Medical stabilization

Bradycardia	Daytime HR < 50/min or		
	Nocturnal HR < 45/min		
Hypotension	BP <90/45		
Hypothermia	Temp<36 °C/ 96 °F		
Orthostasis	Pending review of case		
(supine→standing)	35-point increase in HR		
	or 20 mmHg decrease in systolic BP		
	or 10 mmHg decrease in diastolic BP		
Weight	<75% median BMI (age/sex)		
Electrolyte	• Phosphorus < 3.0 mg/dL		
abnormality	• Potassium < 3.5 mmol/dL		
	• Magnesium <1.8 mg/dL		
EKG abnormality	Prolonged QTc >460 msec, Arrythmias		
Other	Acute food refusal for 24-48 hours Syncope Seizures, heart failure, severe dehydration, GI bleeding, pancreatitis		

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