CEED | THE VICTORIAN CENTRE OF EXCELLENCE IN EATING DISORDERS

Medical Monitoring in Eating Disorders	Which ED	Effect of starvation / malnutrition	Frequency of review or repeat management	Indications for medical admission to manage acute severe malnutrition & prevent refeeding syndrome	
				Child & Adolescent	Adult
Vital signs: Lying & standing BP, looking for orthostatic changes & postural tachycardia. HR Core Temperature	AN AAN BN AN like illnesses ARFID	Indicators of autonomic & metabolic adaptation to starvation	• On initial assessment • At least weekly for clients significantly underweight or who have lost significant weight or are continuing to lose weight; • At least weekly: frequent self-induced vomiting or laxative misuse • Regularly if fluid depleted	• Bradycardia - HR< 50bpm • Postural tachycardia > 20bpm increase on standing • Blood pressure <80/50mmHg • Orthostatic hypotension >20 mmHg systolic drop on standing • Fainting • Hypothermia (< 35.5oC) • Poor peripheral perfusion • Arrhythmia (QTc >450msec)	• Resting HR ≤ 40bpm or >120bpm • Postural tachycardia > 20bpm increase on standing • Systolic BP < 80mmHg • Orthostatic hypotension >20 mmHg systolic drop on standing • Hypothermia (<35oC) • Blood sugar <2.5mmol/l
Blood tests: Full Blood Examination Liver Function Test Urea, Electrolytes & Creatinine Phosphate, Calcium & Magnesium	AN AAN BN AN like illnesses ARFID	Low WCC / low neutrophil count can indicate starvation induced bone marrow suppression Abnormal LFTs can indicate starvation or refeeding induced hepatitis (transaminazes)	• On initial assessment • Acute food refusal • Weekly: Ongoing weight loss > 0.5kg / week • Weekly: frequent self-induced vomiting or laxative misuse	• Hypokalaemia • Hyponatraemia • Hypophosphataemia	• Hypokalaemia • Hyponatraemia • Hypophosphataemia

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ECG	AN AAN BN AN like illnesses ARFID	If Bradycardia present when awake, it will be more severe when asleep & is associated with the autonomic suppression seen in adaptation to starvation. Small voltages indicate a thinner (wasted) heart wall		• Arrhythmia • Rate< 50bpm • Prolonged QT interval	• Arrhythmias • Rate< 40bpm • Prolonged QT interval
Body weight % change in body weight Charting / graphing %BMI (children & adolescents)	AN AAN BN AN like illnesses ARFID	Loss of body weight in children & adolescents is abnormal. Short term loss with no recovery, and / or faltering of height growth is an alert for review and intervention	On initial assessment. Weekly for clients significantly underweight, continuing to lose weight, or experience marked weight fluctuations	• 10% loss of body weight • < 70% mBMI • 0.5 – 1kg weight loss (over several weeks) • < 3rd percentile	• >1kg ongoing weight loss (over several weeks) • BMI< 13
Height	AN AAN BN AN like illnesses ARFID	Prolonged poor nutrition indicated by static height or height not following previous developmental percentile course > 6 – 12 months	On initial assessment & monthly review in clients who should be growing	N/A	N/A

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Micronutrients: Vitamin B12 Folate Iron Studies Vit D	All eating disorders	May be impaired due to general malnutrition or restricted food variety	On initial assessment & reviewed as clinically indicated Supplement as indicated Encourage improved food variety & quantity	N/A	N/A
Menstrual function: frequency & quality of menses ovarian ultrasound	All eating disorders	Starvation induced suppression of oestrogen pituitary axis Ovarian ultrasound may be helpful in indicating return of menses & minimal healthy weight If other indicators are insufficient	Review menstrual function on initial assessment & routinely, to note changes		
Other behaviours: Eating & Drinking: Severe food restriction or acute food refusal Severe fluid restriction or acute fluid	All eating disorders	Restriction of food (& fluids) is a core behaviour/symptom in many EDs Physical activity aimed at weight control may be a primary weight control behaviour, or a behaviour to compensate for binge eating	Acute worsening in any of these symptoms requires increased frequency of medical monitoring; medical admission may be indicated	Acute food & / or fluid refusal > 3days	Acute food & / or fluid refusal > 3days

refusal Increased frequency of purging behaviours Physical Activity: Exercise, incidental activity & weight controlling physical activity		Starved individuals may have difficulties with restlessness			
Bone: Bone density assessment	AN AAN BN AN like illnesses ARFID	Starvation induced osteopenia & osteoporosis Related to suppression of ovulation & cortisol changes Swift weight & nutrition status recovery is the best protection for bone mineral status.	Consider bone mineral density scan: • Children & young people > 1 year underweight (corrected for bone age in those with faltering growth) • Adults > 2 years underweight • Scan earlier if experiencing bone pain or recurrent fractures • Review: no more than yearly unless experiencing bone pain or recurrent fractures See guidelines for endocrine interventions	N/A	N/A

References: National Institute of Clinical Excellence.2017. Eating disorders: recognition and treatment NG69 RANZCP.2014. Clinical practice guidelines for the treatment of eating disorders. Australian and New Zealand Journal of Psychiatry. Vol. 48(11) 1-62