

New England Eating Disorders Program (NEED)

50 Moody St., Saco, ME 04072

Intake Line: (207) 294-4522

Medical Director Patrice Lockhart, MD: (207) 294-4517

ASSESSMENT, SUPPORT, AND REFERRAL OF PATIENTS WITH EATING DISORDERS IN PRIMARY CARE

Patients diagnosed with eating disorders often go unnoticed by primary care providers until their symptoms are extreme. What follows is a guide to catching these dangerous and debilitating illnesses before they require intensive treatment.

1. What to look for:

Signs

- Significant weight loss, especially if rapid
- Bradycardia, even in an athlete
- Orthostatic hypotension
- Abnormal K, Mg, Phos, AST/ALT, CO₂, Bilirubin
- *Note:* All may be normal in a very ill patient

Common Symptoms

- Dizziness
- Cold intolerance
- Amenorrhea
- Heart palpitations
- Chest pain
- Constipation
- Diarrhea
- Headache
- Swollen parotid glands
- Depression
- Anxiety

Often, a patient with a budding eating disorder may present as your "model patient" therefore careful evaluation is required.

2. What to ask:

- Has your eating pattern changed since I saw you last?
- What is your activity pattern?
- Have you ever made yourself throw up?
- Have you ever used laxatives, diuretics, diet pills or exercise to lose weight?
- Do you count calories? What is your limit?
- Would you say that food dominates your life?
- Do you worry you have lost control over your eating?
- How do you like your body right now? What are you doing to change it?
- Is anybody in your life worried about you? Are you worried about yourself?

3. What to avoid:

- Complimenting any patient for how they look, especially if you formerly considered them "overweight"
- Ignoring the concerns of parents or spouses
- Assuming that athletes *should* have a HR below 50 bpm, which is not recommended if they are at a low weight
- Assuming that weight loss is necessary, even if the patient has consistently fallen in the same percentile. We often hear: "My PCP said that I am heavier than 80% of my peers."
- Assuming that taking OCPs and getting a menstrual cycle protects bone growth- only naturally produced estrogen and progesterone support bone strength.

4. How to manage newly identified patients:

- Set boundaries for safety: limit activity, involve parents, see often, and require progress.
- Compare growth charts from birth, if available. Most height/age graphs are more useful than a BMI chart, which cannot calibrate for individual differences.
- Educate the family about the risks to ALL organ systems, particularly brain, heart, GI tract, and bones.
- See patients twice weekly to establish a new, expected behavioral and weight pattern (weight restoration, decreased symptoms, stabilized vital signs.)
- Refer to a higher level of care. It does not take long to discern that a patient cannot change their behavioral pattern on their own. If they do not make necessary changes in 2-3 visits, refer to NEED for an in-depth assessment.
- If there is progress, continue to see the patient weekly and establish contact with an eating disorder-specialized outpatient therapist and/or psychiatrist. NEED can help you to find these outpatient referrals.

Research shows that early intervention is critical in the long-term prognosis of a patient with an eating disorder.

5. When to consider referral to a higher level of care:

- Rapid and/or significant weight change with no improvement in two weeks
- Medical concerns
- Self-harm or safety concerns
- Chronic low weight that does not change
- Inability to tolerate low activity
- Family concerns
- Professed motivation without behavioral change

Do not hesitate to ask for help from a NEED specialist. Our intake coordinators and Medical Director are always available to answer questions and provide support to practitioners.

6. How to access help from the NEED program:

To schedule a comprehensive assessment:

- A patient or parent will need to call our direct intake line at **(207) 294-4522**.
- The patient and family will be seen by a nurse practitioner, an eating disorder-specialized therapist, and the Medical Director with recommendations made at the end of the evaluation.
- If the recommendation is for NEED's higher level of care, treatment can begin immediately following the assessment. It is most helpful to have recent labs (CBC, CMP, Mg, Phos, B12, Folate, UA) obtained before the evaluation. An EKG and physical exam will be conducted during the assessment.

7. How to manage patients returning from higher levels of care:

- See patients frequently if weight still needs to be restored and/or confirm that the patient is working with an eating disorder-specialized therapist. Most patients will stay in partial hospitalization or intensive outpatient until they are within 10% of their ideal weight range.
- Do not assume that a patient will benefit from knowing his/her weight. If you are asked to share the weight, have a conversation about the risks and benefits. For some, numbers are often triggering for patients to try to "meet or beat," while more motivated patients may use the information to work harder to gain. When in doubt, weigh a patient backwards and have the discussion later.
- Educate your staff about these special considerations.
- Always ask about compensatory behaviors: self-induced vomiting; the use of diuretics, laxatives, or diet pills; exercise; or water restricting or loading.
- Ask the patient what you should look for in a relapse. All patients discharge from NEED with a Relapse Prevention Plan.
- Assure that the patient is following through consistently with appointments with their outpatient treatment providers.

8. What to remember:

- Treatment is episodic, not linear.
- Readiness for change must be monitored consistently.
- Repeat treatment is progress, not failure.
- Early intervention is critical for long-term outcome.
- Relapse cannot be underestimated (e.g., two weeks with no weight restoration progress, two behavioral symptoms in a month.)
- Thinner is not always better.
- Call our Medical Director at **(207) 294-4517** to ask questions about your patients, coordinate evaluation, or to schedule in-person training opportunities for your practice.

For additional information, please visit the Academy for Eating Disorders' Medical Care Standards Guide:
<https://www.aedweb.org/resources/publications/medical-care-standards>

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