

## 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

### EATING DISORDERS IN PRIMARY CARE: CASE SCENARIOS

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Eating disorders are complex illnesses that often involve secretive, and sometimes confusing, symptomatology. At times, this causes a delay in diagnosis and treatment, which perpetuates the disorder. Below are some scenarios that could mislead primary care practitioners into providing "wait and watch" care when more aggressive treatment would be indicated.

- 1. Anorexia Nervosa:** You speak with a mother of your 15-year-old patient who was "perfectly normal" when she went off to camp two months ago. When she returned home, she "looked a little thin," but she has assured you and her mother that she is fine. At camp, she adopted a vegan diet because she wants to "eat healthy." Her mother reports that she loves to cook for her family, but her mother has noticed that she makes excuses for not eating with the family and has found her giving her plate to the family dog.
- 2. Bulimia Nervosa:** Your patient is a 35-year-old female, married, with two kids in grade school. She has been secretly purging (vomiting, exercise, laxatives) for many years without anyone knowing. She holds down a steady job, and is successful. She had an episode of blood in her vomit last week, so she stopped purging, mostly. Instead of several times a week, she is now only purging once or twice a week. Her laxative use has increased to eight to ten Dulcolax per day. She doesn't want anybody to know what has been going on, especially her family.
- 3. Binge Eating Disorder:** Your patient is a 29-year-old male who has been "chunky" his whole life and has sexual abuse by history. He was first put on a diet by his mother at the age of 10 and has "tried them all." He has lost weight and gained it back, plus more, several times. His eating pattern is to try to eat nothing all day, and then it backfires at night. He is despondent that nothing will ever work.
- 4. Avoidant/Restrictive Food Intake Disorder:** A father of a 12-year-old patient describes his son as a "picky eater" all his life. His diet is mainly chicken nuggets, grilled cheese, and pizza without any vegetables. A couple of months ago the patient had an episode of choking and now he refuses to eat. He is losing weight fast and doesn't like that he is losing weight.
- 5. Atypical Anorexia Nervosa:** You are treating a 19-year-old woman who just finished her first year of college. Her weight has always been at the 80<sup>th</sup> percentile, until six months ago when she started a low carbohydrate diet and started running. She lost 20 pounds quickly and started getting positive attention for it. As her doctor, you gave her positive feedback and she kept going. Now her weight is at the 40<sup>th</sup> percentile and she has no energy, her hair is falling out, and she presents with flatter affect.
- 6. Anorexia Nervosa in an Athlete:** You are working with a rising college freshman who was a successful runner in high school. She wants to "eat more healthy" in order to improve her times. Her heart rate now is in the 40s "but that's ok for a runner." She is consuming 1500 calories per day and has not had her period in "quite a while."

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*If you are treating patients with disordered eating and are struggling to determine next steps, our intake coordinators and Medical Director are here to help. Please call (207) 294-4522 for assistance.*