Important Facts about Eating Disorders in the Emergency Department:

People with EDs are often seen and treated in emergency departments for a variety of ED-related and unrelated complaints.

The medical consequences of EDs can go unrecognized, even by experienced clinicians.

Patients with EDs are often reluctant to disclose their symptoms to healthcare providers.

Emergency department visit may represent a crucial opportunity for ED recognition and referral for intervention.

EDs can affect people of both genders; all ages, ethnicities and socioeconomic backgrounds; and people with a variety of body shapes, weights and sizes.

Weight is not the only clinical marker of an ED. People who are at normal weights or above can have EDs and can have serious associated complications.

EDs can be associated with serious medical and psychiatric comorbidities. Significant medical compromise can be seen in every organ system in the body.

Disclaimer: This document, created by the Academy for Eating Disorders' Medical Care Standards Task Force, is intended as a resource to promote recognition and prevention of medical morbidity and mortality associated with eating disorders. It is not a comprehensive clinical guide. Every attempt was made to provide information based on the best available research and current best practices.
For further resources, practice guideline and bibliography visit: www.aedweb.org and www.aedweb.org/Medical_Care_ Standards.
About the Academy for Eating Disorders (AED)

The AED is a global multidisciplinary professional association committed to leadership in promoting EDs research, education, treatment, and prevention.

The AED provides cutting-edge professional training and education, inspires new developments in the field of EDs and is the international source for state-of-the-art information on EDs.

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Eating Disorders in the Emergency Department

Critical Points for the Recognition and Medical Management of Individuals with Eating Disorders in the Acute Care Setting

AED Academy for Eating Disorders, 2012

Eating disorders (EDs) are serious mental illnesses with significant, life-threatening medical and psychiatric morbidity and mortality, regardless of an individual's weight. Anorexia Nervosa (AN), in particular, has the highest mortality rate of any psychiatric disorder. Risk of premature death is 6-12 times higher in women with AN as compared to the general population, adjusting for age. Early recognition and intervention are critical in all EDs.

Common Presenting Signs and Symptoms of EDs

General
- Marked weight loss, gain or fluctuations
- Cold intolerance
- Weakness
- Fatigue or lethargy
- Dizziness
- Syncope
- Hot flashes, sweating episodes

Oral and Dental
- Oral trauma/lacerations
- Dental erosion and caries
- Perimyolysis
- Parotid enlargement

Cardiorespiratory
- Chest pain
- Palpitations
- Arrhythmias
- Shortness of breath
- Edema

Gastrointestinal
- Abdominal pain
- Delayed gastric emptying
- Gastroesophageal reflux
- Hematemesis
- Constipation
- Hemorrhoids and rectal prolapse

Endocrine
- Amenorrhea or irregular menses
- Loss of libido
- Decreased bone density/increased risk of fractures
- Infertility
- Poor glucose control and diabetic ketoacidosis (in diabetics)

Neuropsychiatric
- Seizures
- Memory loss/poor concentration
- Insomnia
- Depression/Anxiety/Obsessive behavior
- Self-harm
- Suicidal ideation/attempt

Dermatologic
- Lanugo hair
- Hair loss
- Yellowish discoloration of skin
- Callus or scars on the dorsum of the hand (Russell's sign)
- Poor wound healing

Emergency Department Evaluation

History – assess for:
- Rapid weight changes
- Acute food refusal
- Uncontrollable binging and/or purging
- Compensatory methods – laxatives, diuretics, vomiting, exercise, ipecac, diet pills or other stimulants, excess thyroid supplements
- Growth and development
- Living situation

Physical examination – particular attention to:
- Vital signs – assess for bradycardia, hypotension, tachypnea, orthostasis or hypothermia
- Common findings in ED (previous page)

Screen for suicidal ideation and self-harm risk
- up to 1/3 of deaths are due to suicide

Laboratory Studies
- Complete blood count - anemia
- Comprehensive metabolic panel – electrolyte abnormalities, renal failure
- +/- thyroid function tests
- Pregnancy test if woman of childbearing age
- Serum pH and urine ketones if DKA suspected

Other Diagnostic Tests
- Electrocardiogram – arrhythmias (bradycardia, prolonged QT)
- Other as indicated by symptoms – chest x-ray, abdominal imaging, etc.

Acute Malnutrition is a Medical Emergency

Individuals with continued restrictive eating behaviors, binge eating or purging despite efforts to redirect their behavior require immediate intervention. Malnutrition can occur at any body weight, not just at a low weight.

Emergency Department Management

Recognize
- Know the common signs and symptoms
- Screen for ED in any suspected cases and high risk groups

Stabilize life-threatening medical complications
- Avoid overly aggressive fluid resuscitation which can precipitate worsening peripheral and/or pulmonary edema and congestive heart failure. Rates of 50-100cc/hour are adequate to start unless signs of decompensation (mental status changes, shock, etc.)

Disposition
- Refer for evaluation and treatment if hemodynamically stable, no indications for hospitalization and can assure adequate follow up
- Indications for immediate hospitalization
- bradycardia - heart rate < 50 bpm
- hypotension – BP < 80/50 mmHg
- orthostatic changes in pulse (> 20 bpm) and/or blood pressure (> 10mmHg) with position change
- hypothermia (< 35.6°C)
- ECG abnormalities
- electrolyte abnormalities (K+ < 3)
- renal failure/significant dehydration
- medical complications such as syncope, seizure, pancreatitis, heart failure, etc.
- acute suicidal ideation or attempt
- severe malnutrition
- unreliable patient or family (can't assure adequate follow up care)

*** Based on Society for Adolescent Health Guidelines for Hospitalization of an Eating Disorder Patient**