

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
<b>Vital signs:</b> Lying & standing BP, looking for orthostatic changes & postural tachycardia. HR Core Temperature	AN AAN BN AN like illnesses AFRID	Indicators of autonomic & metabolic adaptation to starvation	<ul style="list-style-type: none"> <li>• <b>On initial assessment</b></li> <li>• <b>At least weekly</b> for clients significantly underweight or who have lost significant weight or are continuing to lose weight;</li> <li>• <b>At least weekly:</b> frequent self-induced vomiting or laxative misuse</li> <li>• <b>Regularly</b> if fluid depleted</li> </ul>	<ul style="list-style-type: none"> <li>• Bradycardia (awake HR&lt; 50bpm; orthostatic changes&gt; 30bpm)</li> <li>• Orthostatic hypotension (&gt;20 mmHg systolic); systolic&lt;90mmHg</li> <li>• fainting</li> <li>• Hypothermia (&lt; 35.5°C)</li> <li>• Poor peripheral perfusion / Acute dehydration from food &amp; fluid refusal</li> <li>• arrhythmia</li> </ul>	<ul style="list-style-type: none"> <li>• Bradycardia (HR&lt;40bpm)</li> <li>• Systolic BP&lt; 80mmHg</li> <li>• Hypothermia (&lt;34.5 °C)</li> </ul>
<b>Blood tests:</b> Full Blood Examination Liver Function Test Urea, Electrolytes & Creatinine Phosphate, Calcium & Magnesium	AN AAN BN AN like illnesses AFRID	Low WCC / low neutrophil count can indicate starvation induced bone marrow suppression  Abnormal LFTs can indicate starvation or refeeding induced hepatitis (transaminases)	<ul style="list-style-type: none"> <li>• <b>On initial assessment</b></li> <li>• Acute food refusal</li> <li>• <b>Weekly:</b> Ongoing weight loss &gt; 0.5kg / week</li> <li>• <b>Weekly:</b> frequent self-induced vomiting or laxative misuse</li> </ul>	<ul style="list-style-type: none"> <li>• Hypokalaemia (K&lt;3.0mmol/l)</li> <li>• Hyponatraemia (Na&lt;130)</li> <li>• Hypophosphataemia (P04&lt; 0.5)</li> </ul>	<ul style="list-style-type: none"> <li>• Hypokalaemia (K&lt;2.5mmol/l)</li> <li>• Hyponatraemia (Na&lt;130)</li> <li>• Hypophosphataemia (P04&lt; 0.5)</li> </ul>
<b>ECG</b>	AN AAN BN AN like illnesses AFRID	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		<ul style="list-style-type: none"> <li>• Arrhythmia</li> <li>• Rate&lt; 50bpm</li> <li>• Prolonged QT interval</li> </ul>	<ul style="list-style-type: none"> <li>• Arrhythmias</li> <li>• Rate&lt; 40bpm</li> <li>• Prolonged QT interval</li> </ul>
<b>Body weight</b> % change in body weight Charting / graphing %mBMI (children & adolescents)	AN AAN BN AN like illnesses AFRID	Loss of body weight in children & adolescents is abnormal. Small changes with no recovery should be an alert for ongoing monitoring	<b>On initial assessment.</b>  <b>Weekly</b> for clients significantly underweight, continuing to lose weight or experience marked weight fluctuations	<ul style="list-style-type: none"> <li>• 10% loss of body weight</li> <li>• &lt; 70%<b>m</b>BMI</li> <li>• 0.5 – 1kg weight loss (over several weeks)</li> <li>• &lt; 3<sup>rd</sup> percentile</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;1kg ongoing weight loss (over several weeks)</li> <li>• BMI&lt; 13</li> </ul>
<b>Height</b>	AN AAN BN AN like illnesses AFRID	Prolonged poor nutrition indicated by static height or height not following previous developmental percentile course > 6 – 12 months.	<b>On initial assessment &amp; monthly</b> review in clients who should be growing	N/A	N/A

<b>Micronutrients:</b> Vitamin B12 Folate Iron Studies Vit D	All eating disorders	May be impaired due to general malnutrition or restricted food variety	<b>On initial assessment</b> & reviewed as clinically indicated Supplement as indicated Encourage improved food variety & quantity	N/A	N/A
<b>Menstrual function:</b> frequency & quality of menses ovarian ultra sound	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 <b>on initial assessment &amp; routinely</b> , to note changes	N/A	N/A
<b>Other behaviours:</b> <b>Eating &amp; Drinking:</b> Severe food restriction or acute food refusal Severe fluid restriction or acute fluid refusal Increased frequency of purging behaviours  <b>Physical Activity:</b> Exercise, incidental activity & weight controlling physical activity	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  Starved individuals may have difficulties with restlessness	<b>Acute worsening in any of these symptoms requires increased frequency of medical monitoring; medical admission may be indicated</b>	Acute food & / or fluid refusal > 3days	Acute food & / or fluid refusal > 3 – 5 days
<b>Bone</b> Bone density assessment	AN AAN BN AN like illnesses AFRID	Starvation induced osteopenia & osteoporosis Related to suppression of ovulation & cortisol changes	Weight & nutrition status recovery is the best treatment. Calcium supplementation may be of some use. Not improved by OC. In long term underweight , Consider bisphosphonates for non-child bearing age & gender groups	N/A	N/A