

## Laboratory Assessments for Clients with Eating Disorders.

Assessment	Condition
<b>Basic</b>	
Blood chemistry studies	
<ul style="list-style-type: none"> <li>- Urea and electrolytes</li> <li>- Thyroid function test</li> <li>- Full Blood Examination (FBE)</li> <li>- Erythrocyte Sedimentation Rate (ESR)</li> <li>- Glucose</li> </ul>	Consider for all clients with eating disorder
<b>Additional Analyses</b>	
Blood chemistry Studies	
<ul style="list-style-type: none"> <li>- Calcium level</li> <li>- Phosphorus level</li> <li>- Magnesium level</li> <li>- Liver function tests</li> <li>- Vitamin D, B12</li> <li>- Iron Studies</li> </ul>	Consider for malnourished and severely symptomatic clients
Electrocardiogram	
Coeliac Gene test	
<b>Osteopenia and Osteoporosis Assessments</b>	
Dual-energy X-ray absorptiometry (DEXA)	
Estradiol level	Consider for clients underweight for more than 6 months
Testosterone level in males	
<b>Non-routine Assessments</b>	
Serum amylase level	Consider only for specific indications. Possible indicator of persistent or recurrent vomiting
Luteinising hormone (LH) and follicle-stimulating hormone (FSH) level	For persistent amenorrhoea at normal weight
Brain magnetic resonance imaging (MRI) and computed tomography (CT)	For ventricular enlargement correlated with degree of malnutrition
Stool	Occult blood loss; suspected surreptitious laxative abuse