

Quick Medical Guide to Eating Disorders in Primary Care

Evaluation of Eating Disorders

Vitals	Height, Weight, Temperature
Physical Exam	Orthostatic vitals BMI, Growth chart assessment Cardiovascular, Dermatologic, Dental
History	Weight history Body image, Self-esteem Eating habits <ul style="list-style-type: none"> • 24-hour diet history (recent) • Calorie counting • Avoidance of specific food groups • Fluid intake Restricting, Binging or Purging behaviors Laxative/diet pills, stimulants, substance use Exercise patterns LMP, menstrual patterns Cardiac symptoms <ul style="list-style-type: none"> • Dizziness, presyncope, syncope, exercise intolerance, chest pain etc GI symptoms <ul style="list-style-type: none"> • Constipation, Reduced gastric motility, Hepatitis, pancreatitis Dermatologic: Dry skin, hair loss Family Hx, Psychiatric Hx, Social Hx Family dynamics
Differential Diagnosis	GI disorders (Celiac, IBD) Endocrine disorders (Diabetes, Hyperthyroidism) Malignancy Superior Mesenteric artery (SMA) syndrome Depression Anxiety, OCD Trauma

Initial Labs

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Liver Function Test (LFT)
- Magnesium, Phosphate
- Thyroid function test (T3, T4, TSH)
- Erythrocyte Sedimentation Rate (ESR)
- Urinalysis (UA)
- EKG
- If amenorrhea >6 months: urine pregnancy, LH, FSH, Prolactin

Admission criteria for Medical stabilization

Bradycardia	Daytime HR < 50/min or Nocturnal HR < 45/min
Hypotension	BP <90/45
Hypothermia	Temp <36 °C/ 96 °F
Orthostasis (supine → standing)	Pending review of case 35-point increase in HR or 20 mmHg decrease in systolic BP or 10 mmHg decrease in diastolic BP
Weight	<75% median BMI (age/sex)
Electrolyte abnormality	<ul style="list-style-type: none"> • Phosphorus < 3.0 mg/dL • Potassium < 3.5 mmol/dL • Magnesium <1.8 mg/dL
EKG abnormality	Prolonged QTc >460 msec, Arrhythmias
Other	Acute food refusal for 24-48 hours Syncope Seizures, heart failure, severe dehydration, GI bleeding, pancreatitis