

PRACTICAL PEARLS: Restrictive Eating Disorders

INTRODUCTION	<ul style="list-style-type: none">• Low caloric intake leading to significantly low body weight• Either intense fear of gaining weight or of becoming fat, or persistent behaviours that interfere with weight gain• Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.• References: J Adolesc Health. 2015 Apr;56(4):370-375.; J Adolesc Health. 2015 Jan;56(1):121-5
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• Assess for medical stability: HR>46, Temp>97, normal glucose, electrolytes/Ca/Mg/P. If unstable, send to ER for evaluation.• Assess for other causes of weight loss, e.g., prealbumin, BUN, Creatinine, LFTs, TTG, IgA, ESR, TSH.
WHEN TO REFER	<ul style="list-style-type: none">• If patient unable to gain weight as outpatient.• If concern/confusion about diagnosis
HOW TO REFER	<ul style="list-style-type: none">• (413) 794-KIDS – Eating Disorder Clinic (Dr. Koenigs)
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none">• Timely and coordinated evaluation / support for eating disorder• Psychological supports for parents and child• Nutrition coaching for parents from certified dietitian• Patient guidance on return to activities• Referral or additional evaluations when necessary

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