### INTRODUCTION
- 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.

### INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE
- 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
- If patient unable to gain weight as outpatient.
- If concern/confusion about diagnosis

### HOW TO REFER
- (413) 794–KIDS – Eating Disorder Clinic (Dr. Koenigs)

### WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT
- 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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