

April 2017 post: Eating disorders – Anorexia

Case: 12 year old female was seen in the clinic for concern about change in eating behaviors. Mother reports that patient has been avoiding “junk, unhealthy” foods including sweets. She reports that while she has always been a picky eater, she loved sweets. Reports that she has been packing her lunch to school and only eats 3 meals a day. Also, reports that her mood appears to be sad. Mother reports that she has excellent grades in school and is very organized. Patient hasn’t had her periods yet.

On confidential interview with patient, you ask her about her diet history using [scoff questionnaire](#). She reports that she worries about her weight all the time. She compares herself to others and considers herself fat. She expressed that she doesn’t want to gain weight. She has been active in gymnastics and practices 2-3 hours 4 days a week and does yoga for an hour once a week. After the interview, you review her growth chart and notice that her BMI is 15. In addition, she has been gaining height but she has not gained any weight for over a year. On exam, she is thin appearing, vitals are stable with heart rate of 50/min and has cool extremities. She had flat affect, makes limited eye contact and tearful at times.

You review [DSM 5 Criteria](#) and inform patient and her mother that she meets the criteria for Anorexia Nervosa. You educate patient and her mother that eating disorders are one of the common cause of chronic condition in adolescents particularly affecting white Caucasian females. It is a fatal psychiatric disorder with majority of deaths resulting from medical complication of starvation most commonly cardiac arrest. Suicide is the second common cause of death. Eating disorders are often associated with major depressive, anxiety, obsessive compulsive disorders, and substance use disorders. Early screening and intervention is often associated with better outcome in adolescents.

You recommend labs including hemogram, comprehensive metabolic panel, thyroid studies, magnesium, phosphorus, urinalysis and EKG. Since, patient hasn’t had her periods yet, you defer obtaining FSH, LH, estradiol. You review and discuss [inpatient criteria for hospitalization](#) for medical stabilization. After reviewing labs and EKG, you recommend outpatient management. You refer her for behavioral therapy and provide caloric recommendations based on her intake, energy expenditure to optimize weight gain. In addition, you provide resources for her parents such as [Parent toolkit for eating disorder](#)

Resources

SAHM -<https://www.adolescenthealth.org/Topics-in-Adolescent-Health/Mental-Health/Clinical-Care-Guidelines/Eating-Disorders.aspx>

Eating disorders in Children and Adolescents-
<http://pediatrics.aappublications.org/content/134/3/582>

[Eating disorder screening questions \(EAT 26\)](#)

[Scoring and Interpreting EAT 26](#)