Priority Topic: EATING DISORDERS

Key Features:

For a single source of info on this topic: Eating Disorders in the Clinic AIM 2012
See also: Eating Disorders BMJ Infographic 2017

1. Whenever teenagers present for care, include an assessment of their risk of eating disorders (e.g., altered body image, binging, and type of activities, as dancers, gymnasts, models, etc., are at higher risk) as this may be the only opportunity to do an assessment.

What you should study:

✓ Initial Evaluation, Dx and Tx of AN and BN AAFP 2015
✓ Eating Disorders in the clinic AIM 2012
✓ Treatment Challenges in Men with Eating Disorders CMAJ 2013
✓ Female Athlete Triad AAFP 2018

2. When diagnosing an eating disorder, take an appropriate history to differentiate anorexia nervosa from bulimia, as treatment and prognosis differ.

What you should study:

NB: you can have anorexia with binging/purging, but patient is significantly below normal body weight. In bulimia, patient has a normal body weight. This is a picky distinction that comes up in the CFPC online SAMP practice

✓ Anorexia Nervosa DSM-5
✓ Bulimia Nervosa DSM-5
✓ Binge-Eating Disorder DSM-5
✓ Avoidant-Restrictive Food Intake Disorder
✓ Other Eating Disorders
3. In a patient with an eating disorder, **rule out co-existing psychiatric conditions** (e.g., depression, personality disorder, obsessive-compulsive disorder, anxiety disorder).

✓ These are common! Don’t forget **Substance Use Disorder in Eating Disorders**

4. When managing a patient with an eating disorder, **use a multidisciplinary approach** (e.g., work with a psychiatrist, a psychologist, a dietitian).

✓ Just do it!

5. When assessing a patient presenting with a problem that has defied diagnosis (e.g., arrhythmias without cardiac disease, an electrolyte imbalance without drug use or renal impairment, amenorrhea without pregnancy), **include “complication of an eating disorder” in the differential diagnosis.**

**What you should study:**

✓ **Treating Eating Disorders AAFP 2008 - Table 6: excellent list of complications**

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<td>6.</td>
<td>In the follow-up care of a patient with a known eating disorder:</td>
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<td>a) Periodically <strong>look for complications</strong> (e.g., tooth decay, amenorrhea, an electrolyte imbalance).</td>
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<td>b) Evaluate the <strong>level of disease activity</strong> (e.g., by noting eating patterns, exercise, laxative use).</td>
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**What you should study:**

✓ **Treating Eating Disorders AAFP 2008 - Table 6: excellent list of complications**  
   REMEMBER: suicide is a complication of eating disorders!

**Severity is quantified by Diagnostic Criteria:**

✓ **Anorexia Nervosa DSM-5**
✓ **Bulimia Nervosa DSM-5**
✓ **Binge-Eating Disorder DSM-5**