

## 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, bingeing, 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 bingeing/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**

6. In the follow-up care of a patient with a **known eating disorder**:

a) Periodically **look for complications** (e.g., tooth decay, amenorrhea, an electrolyte imbalance).

b) Evaluate the **level of disease activity** (e.g., by noting eating patterns, exercise, laxative use).

**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**