

Priority Topic: **EATING DISORDERS**

Key Features:

For a single source of info on this topic: [Eating Disorders in Primary Care AAFP 2021](#)

See also: [Eating Disorders BMJ Infographic 2017](#)

1. During clinical encounters with [children, adolescents, and young adults](#) , include an [assessment of the risk of eating disorders](#) , [irrespective](#) of the patient's [gender](#) , as this may be the only opportunity.

What you should study:

- ✓ [Initial Evaluation, Dx and Tx of AN and BN AAFP 2015](#)
- ✓ [Eating Disorders in Primary Care AAFP 2021](#)
- ✓ [Eating Disorders Lancet 2020](#)
- ✓ [Eating Disorders in Adolescent Boys and Young Men: An Update 2020](#)
- ✓ [Female Athlete Triad AAFP 2018](#)

2. When caring for a patient with [ongoing psychological distress](#) or [unexplained physical symptoms](#) , ask about body image and self-harm behaviours, including disordered eating.

3. In a patient for whom **concerns** about **eating behaviours** have been identified, take an **appropriate history**, including:

- **Eating patterns, relationship with food, body image, distress** .
- **Underlying mental health, alcohol, and substance use problems** , including **previous psychological trauma** .
- **Use of prescribed and over-the-counter medications, tobacco, caffeine, laxatives, and supplements** .

What you should study:

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4. In a patient with **disordered eating behaviour(s)** :

- a) Assess for **physiological** and **metabolic complications** .
- b) Determine if there is a need for **hospitalization** or **immediate intervention** .

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5. When an **eating disorder** has been diagnosed:

- a) Discuss the **impact and potential consequences**, regardless of the patient's acceptance of the diagnosis.
- b) **Engage** the parents/caregivers/partners in **treatment when appropriate and with consent**.
- c) **Collaborate** with the patient and, when appropriate, family to develop a **treatment plan**, including an **inter- and intra-professional referral when necessary**.
- d) Use **simple cognitive behavioural intervention first** (i.e. do not automatically assume tertiary care is needed).
- e) **Periodically reassess** behaviours and their impact on mood, anxiety, cognitive function, and relationships.

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6. 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:

- ✓ **Anorexia Nervosa – Medical Complications: Journal of Eating Disorders 2015**