




What to Do When Your Child is Diagnosed with an Eating Disorder


When your child has an eating disorder, it's critical to involve a medical provider who is familiar with eating disorders.


A full medical examination is a standard part of the initial evaluation for children and adolescents with eating disorders, and regular follow up visits are needed for ongoing monitoring.

Communicate with your child's healthcare providers about their medical stability and treatment goals. This helps determine an appropriate level of care as treatment progresses.

Here are things to ask the medical provider for at each follow-up appointment with your child.

-  **Weekly weight checks**
 - ✔ Weight is one way to know if a person is medically stable. Weekly weigh-ins also help monitor severity of malnutrition or eating disorder behaviors, such as self-induced vomiting, over exercise, and use of laxatives or diet pills.
 - ✔ Ideally, these weight checks are done in a gown and post-void (after going to the bathroom). The weight checks can be blinded (the number on the scale is not shown to your child) or unblinded (the number on the scale is shown). Discuss as a family and with your eating disorder therapist whether blinded or unblinded weight are indicated.

-  **Orthostatic vital signs**
 - ✔ Orthostatic vital signs - blood pressure, heart rate, and temperature - are an indicator of medical stability. Orthostatic vitals involve measuring heart rate and blood pressure twice: once while lying down and once while standing. Discrepancies between these measurements may indicate medical instability.

-  **Labs**
 - ✔ Regular labs are recommended for individuals with known or suspected eating disorders. It's important to note that lab values may be normal even if your child has significant malnutrition.
 - ✔ The following labs are recommended to diagnose or treat an eating disorder:¹

Basic diagnostic tests indicated for all persons with a suspected ED	Potential abnormal findings in a person who has an ED
Complete blood count	Leukopenia, anemia, or thrombocytopenia
Comprehensive metabolic panel to include electrolytes, renal function tests and liver enzymes	Glucose: ↓ (poor nutrition) Sodium: ↓ (water loading or laxatives) Potassium: ↓ (vomiting, laxatives, diuretics) Chloride: ↓ (vomiting, laxatives) Blood bicarbonate: ↑ (vomiting), ↓ (laxatives) Blood urea nitrogen: ↑ (dehydration) Creatinine: ↑ (dehydration, renal dysfunction), ↓ (poor muscle mass) Calcium: slightly ↓ (poor nutrition at the expense of bone) Phosphate: ↓ (poor nutrition and early refeeding syndrome) Magnesium: ↓ (poor nutrition, laxative use) Total protein/albumin: ↑ (in early malnutrition at the expense of muscle mass or milk of magnesia use), ↓ (in later malnutrition) Aspartate aminotransaminase (AST), Alanine aminotransaminase (ALT): ↑ (starvation)
Electrocardiogram (ECG)	Bradycardia (low heart rate), prolonged QTc (>450msec), other arrhythmias
Additional diagnostic tests to consider	Potential abnormal findings in a person who has an ED
Thyroid hormone testing	TSH: ↓ or normal T4: ↓ or normal (euthyroid sick syndrome) T3: ↓ if below metabolically healthy weight
Gonadotropins (LH and FSH) and sex steroids (estradiol and testosterone)	LH, FSH, estradiol (women) and testosterone (men) levels: ↓ or low normal
Erythrocyte sedimentation rate (ESR)	ESR: ↓ (starvation)
Prealbumin	Prealbumin: ↓ (in protein-calorie malnutrition) — but only reflective of the past 72 hours pre-test

Source: 1. American Academy of Eating Disorders, Eating Disorders: A Guide to Medical Care. https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/2120_A_ED_Medical_Care_4th_Ed_FINAL.pdf