

# Eating Disorders in the **Emergency** Department

## Critical Points for the Recognition and Medical Management of Individuals with Eating Disorders in the Acute Care Setting

**All eating disorders** (EDs) are serious mental illnesses with significant, life-threatening medical and psychiatric morbidity and mortality, regardless of an individual's weight. Mortality rates are among the highest of all psychiatric disorders. Early recognition and intervention improve prognosis in all EDs. Every healthcare visit represents an opportunity to identify these serious disorders. Non-judgmental, appropriate management in the emergency department is critical.



For further resources, practice guideline and bibliography visit:  
[www.aedweb.org](http://www.aedweb.org)

### Important Facts about Eating Disorders in the Emergency Department

Individuals with EDs utilize all healthcare services, including emergency departments and other acute care settings, more frequently than their peers.

The medical consequences of EDs can go unrecognized, even by experienced clinicians.

Patients with EDs may not recognize the seriousness of their illness and/or may not readily disclose their symptoms to healthcare providers.

Emergency department visits may represent a crucial opportunity for ED recognition and referral for specialty intervention.

EDs can affect individuals of any gender, age, race and socioeconomic backgrounds as well as those with any weight, body shape or size.

Weight is not the only clinical marker of an ED. Individuals at any weight can have serious EDs and may be malnourished and/or engaging in unhealthy weight control practices.

Complications of EDs can affect every organ system. Medical and psychiatric complications are common.



### Common Presenting Signs and Symptoms

#### Complaints relating to any organ system may be seen. Common complaints include:

- Dizziness/syncope
- Fatigue/weakness
- Chest pain
- Palpitations
- Abdominal pain/bloating/heartburn
- Nausea/early satiety
- Hematemesis
- Constipation
- Stress fractures/overuse injuries
- Changes in mood
- Changes in behavior, especially related to eating, exercise or weight/shape
- Poor concentration
- Amenorrhea/irregular menses
- Rapid change in weight
- Hair loss
- Suicidal ideation or attempt

#### Common exam findings include:

- Dental caries/erosions, particularly on lingual surfaces
- Oral trauma
- Parotid gland hypertrophy
- Bradycardia
- Hypotension/orthostasis
- Poor glucose control and diabetic ketoacidosis in diabetics who may under-dose or omit insulin to achieve weight loss
- Peripheral edema

- Evidence of self-harm
- Dry skin/cheilosis

**Important:** Due to the body's ability to compensate over time, an individual can have a normal exam, vital signs and laboratory studies even with a very severe ED.

### Emergency Department Evaluation

#### History – assess for:

- Rapid weight changes (loss or gain)
- Uncontrollable bingeing and/or purging
- Use of laxatives, diuretics, excess thyroid supplements, diet pills or other stimulants, self-induced vomiting, excess exercise
- Sudden changes in behavior or mood
- Growth and development
- Social supports

#### Physical examination – particular attention to:

- Vital signs – assess for bradycardia, hypotension, tachypnea, orthostasis or hypothermia
- Common findings in ED (prior page)
- Screen for suicidal ideation and self-harm risk
- Standardized mortality rate for suicide is 24 x more than for the general public

#### Laboratory studies & potential findings

- Complete blood count – anemia, leukopenia, pancytopenia
- Comprehensive metabolic panel – electrolyte and/or renal or liver function abnormalities, metabolic alkalosis or acidosis

- +/- thyroid function tests
- Pregnancy test in women of childbearing age
- Serum pH and urine ketones if DKA suspected

#### Other diagnostic tests & potential findings

- Electrocardiogram – arrhythmias (bradycardia and nonspecific changes most common)
- Other as indicated by symptoms – chest x-ray, abdominal imaging, etc.

### Emergency Department Management

#### Recognize the common signs and symptoms:

- Screen for ED in any suspected cases.

#### Stabilize life-threatening medical complications:

- Recognize that hypotension and bradycardia may be baseline in significantly malnourished individuals.
- Avoid aggressive fluid resuscitation in stable patients without signs of decompensation (mental status changes, shock, etc.). Excess fluids can precipitate volume overload and heart failure. Use continuous IV fluid at 50-75cc/hour.

**Disposition: Refer for evaluation and treatment** by ED specialist if possible, if hemodynamically stable and rapid, adequate follow up assured.

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## Indications for immediate Hospitalization

- Bradycardia
  - Hypotension
  - Orthostasis
  - Hypothermia
  - ECG abnormalities
  - Electrolyte abnormalities\*
  - Renal failure/significant dehydration
  - Hypoglycemia
  - Medical complications such as syncope, seizure, pancreatitis, heart failure, etc.
- Acute suicidal ideation or attempt
  - Inadequate family or social support, unreliable or inadequate follow up care
  - BMI < 75% ideal or median for age
  - Uncontrolled bingeing and/or purging
  - Acute food refusal

\* Use a higher threshold for admission than in other patients if behaviors are unlikely to change significantly on discharge (i.e. K+ < 3.0 mEq/l rather than < 2.5).

## About the Academy for Eating Disorders (AED)

The AED is a global multidisciplinary professional association committed to leadership in promoting ED research, education, treatment, and prevention.

The AED provides cutting-edge professional training and education, inspires new developments in the field of EDs and is the international source for state-of-the-art information on EDs.

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**Disclaimer:** This document, created by the Academy for Eating Disorders, is intended as a resource to promote recognition and prevention of medical morbidity and mortality associated with eating disorders. It is not a comprehensive clinical guide. Every attempt was made to provide information based on the best available research and current best practices.