

# Medical Considerations in Children and Adolescents with Eating Disorders



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## KEYWORDS

• Eating disorders • Bradycardia • Orthostasis • Malnutrition • Abnormal weight loss  
• Restriction • Refeeding • Integrated care

## KEY POINTS

- Eating disorders are psychiatric disorders with significant, potentially fatal, medical complications. Appropriate screening and assessment facilitate timely, intensive, integrated care essential to optimizing outcomes.
- The first priorities in treatment should include nutritional rehabilitation, weight restoration, and medical stability; this supports optimal engagement in psychological treatment required for full recovery.
- Refeeding syndrome represents the metabolic and clinical changes that occur when a malnourished patient is not judiciously renourished and can result in cardiovascular collapse and potential death.
- Family-based treatment has been found to be most effective in supporting longer term remission for children and adolescents with eating disorders.
- The best outcomes for children and adolescents with eating disorders are associated with a collaborative approach and shared decision making among an interdisciplinary team and family.

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Abbreviations	
BMI	Body mass index
EKG	Electrocardiograph
FBT	Family-based treatment
HR	Heart rate

INTRODUCTION

Eating disorders are a group of psychiatric illnesses with significant, potentially fatal, medical complications requiring early detection and treatment for optimal outcome.<sup>1</sup> Included in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition, Feeding and Eating Disorder classification are anorexia nervosa, bulimia nervosa, binge eating disorder, and “other” and “unspecified” categories, all of which include elements of body image distortion and are referred to in this article collectively as “eating disorders.” Acknowledging that diagnosis is the first step to treatment, it is important to understand that patients with limited weight loss, or seemingly brief duration of illness, can be at risk for medical complications and negative outcomes necessitating medical assessment and treatment.<sup>1</sup> It is critical to involve clinicians familiar with these issues and open to interdisciplinary collaboration, which includes primary medical providers, therapists, psychiatrists, dieticians, and family.<sup>2</sup>

Early, intensive, integrated treatment for patients with eating disorders and their families is associated with improved prognosis and outcomes. Moreover, a delay in appropriate treatment is associated with medical, psychological, and social complications, which may not be reversible.<sup>3</sup> Many potentially life-threatening medical sequelae are difficult to detect or are nondetectable with medical testing, and patients who die from medical complications of their illness often have normal laboratory test values. Of note, suicide attempts and completed suicides are relatively common, especially for patients with bingeing and/or purging behaviors, and a diagnosis of anorexia nervosa is associated with the highest mortality rate of any psychiatric disorder.<sup>2</sup>

Owing to the complexity of these illnesses, the lack of clear markers for severity or risk, and potential negative outcomes, a comprehensive understanding of all eating disorder symptoms (thoughts, behaviors, and medical information) is critical for appropriately assessing medical needs, level of risk, and required interventions. Because early diagnosis and multidisciplinary treatment result in better outcomes, it is crucial to solicit and recognize unhealthy thoughts, behaviors, and patterns related to food, body, and health that require treatment, even if an individual denies such thoughts or minimizes their significance.<sup>2</sup> Primary medical and psychological providers play a key role in early detection of eating disorders. Routine screening is essential and should be performed in the context of all preteen and adolescent annual health supervision and sports clearance visits. As recommended by the American Academy of Child and Adolescent Psychiatry, all preteen and adolescent patients, regardless of the reason for presentation, should be asked about eating patterns and body satisfaction.<sup>4</sup>

DIAGNOSIS

Screening

It is important for providers to screen routinely for eating disorders and to identify signs and symptoms suggestive of disordered eating. Routine monitoring should include of height, weight and body mass index (BMI) longitudinally on growth charts to identify concerning trends, even if weight loss is absent or an individual seems at a healthy

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