

Medical Monitoring information for GPs

Your patient has opted to start psychological treatment for an eating disorder at The London Centre for Eating Disorders, a psychology led outpatient clinic. Psychologists are not medically trained so are not able to hold medical risk. Unless your patient has also opted to see a specialist eating disorder psychiatrist, medical responsibility will usually remain with their GP. However, we will refer to a specialist eating disorder psychiatrist in cases where there is high medical or psychiatric risk.

Below we have set out some guidance regarding the medical monitoring of eating disorders. These have been taken from MARSIPAN guidelines and the Kings College Risk Assessment. More details can be found in the links at the end of this document.

Medical Risk

The medical risk in eating disorders arises from a combination of the restrictive behaviours (food and in some cases fluid) and the compensatory behaviours.

Features that indicate medical risk:

- Excessive exercise with low weight
- Regular misuse of compensatory behaviours (laxatives/ diuretics/ vomiting)
- Blood in vomit
- Inadequate fluid intake in combination with poor eating
- Rapid weight loss (>0.5kg/week)
- Factors which disrupt ritualized eating habits (journey/holiday/exam)

Body Mass Index (BMI/weight/height²) is a proxy measure of medical risk in anorexia nervosa. For a rapid risk assessment, BMI should be combined with an examination of muscle strength, blood pressure, pulse rate, peripheral circulation and core temperature.

Brief essential medical examination

The following are recommended for a rapid risk assessment, repeated frequently as necessary:

- BMI
- Blood pressure and pulse rate
- Muscle strength (squat test / sit up test)
- Examination of the skin and temperature for those at high risk
- A full physical looking for, e.g. infection (note can be with normal temperature) and signs of nutritional deficiency.

Tests for Muscle Strength

- The standup/squat test: The patient is asked to squat down on their haunches and is asked to stand up without using their arms as levers if at all possible.
- The sit up test: The patient lies flat on a firm surface such as the floor and has to sit up without, if possible, using their hands.

Tests for Hydration

Any dizziness or faintness on standing up from a sitting position can be a sign of concerning dehydration. Also relevant is postural drop, i.e. the difference between lying and standing blood pressure and heart rate.

Investigations

1. Frequent investigations of full blood count and chemistry are necessary (FBC, ESR, U, E, Cr, CK, Gluc, LFTs) if:
 - Patients are in a high risk category from a previous assessment
 - They have a BMI <15 or
 - The BMI is less reliable due to features outlined above or
 - The patient is purging.
2. ECG is recommended if BMI <14kg/m² and if drugs which have an effect on QT interval are prescribed.
3. DEXA scan to assess bone density if:
 - a. Over 1 year of being underweight in children and young people (unless they have bone pain or recurrent fractures)
 - b. After 2 years of being underweight in adults (unless they have bone pain or recurrent fractures)
4. Any other appropriate physical investigation pertinent to physical state.

Interpreting Results

Any abnormal results could be concerning and should be discussed with the client. These may warrant referral to a specialist eating disorder psychiatrist or the patient's local specialist eating disorder team for regular medical monitoring and / or intervention.

Further Resources

GP Guide to managing eating disorders: a guide to eating disorders, designed for GPs

<http://www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GPsGUIDE20TOEATINGDISORDERS.pdf>

Kings College Risk Assessment: how to assess and evaluate the medical risk in eating disorders

<http://www.kcl.ac.uk/ioppn/depts/pm/research/eatingdisorders/resources/GUIDETOMEDICALRISKASSESSMENT.pdf>

Adult MARSIPANs: Guidelines on how to manage really sick patients with anorexia nervosa including physical assessment & medical/ nutritional/psychiatric management

https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr189.pdf?sfvrsn=6c2e7ada_2

Junior MARSIPAN: How to manage really sick patients with anorexia nervosa under 18

https://www.rcpsych.ac.uk/docs/default-source/members/marsipan-resources/junior-marsipan-cr168.pdf?sfvrsn=65e82800_2