



Eating disorders [EDs] can affect individuals from all age groups, ethnicities, shapes, and sizes. Both males and females are affected by these disorders. EDs are associated with serious medical complications and have the highest mortality rate of any psychiatric disorder. The most common ED among adolescents is Anorexia Nervosa (AN), characterized by restricted eating, weight loss, and distorted body image. Adolescents also may have Bulimia Nervosa (BN), characterized by periods of overeating followed by compensatory behaviors. Often, an adolescent with an ED will not disclose the problem and may even deny that they are engaging in such behaviors. Therefore, the behaviors/symptoms described below should raise concerns.

Early Recognition

- Precipitous weight loss/gain
- Lack of expected weight/height gain for development
- Electrolyte abnormalities (with or without ECG changes), especially hypokalemia, hypochloremia, or elevated CO₂. High Normal CO₂ in the presence of low normal chloride and/or urine pH of 8.0-8.5 can indicate recurrent vomiting. Hypoglycemia may accompany such electrolyte changes.
- Bradycardia
- Amenorrhea or menstrual irregularities
- Excessive exercise or involvement in extreme physical training
- Constipation in the setting of other inappropriate dieting and/or weight loss promoting behaviors
- Unexplained poor glucose control in Type 1 Diabetics
- Usage of compensatory behaviors (vomiting, dieting, exercise, insulin misuse, and/or use of diet pills, over the counter supplements, laxatives, ipecac, diuretics, etc.)

Exam & Evaluation

Physical Exam to include:

- Vital signs including the following:
 - Supine heart rate and blood pressure when at complete rest for 5 minutes.
 - Standing heart rate and blood pressure measured 30 seconds after standing up from resting measurement.
- Measurement of height, weight, and comparison of growth chart if available.

Initial Lab Evaluation

- Complete blood count
- Comprehensive metabolic profile
- Thyroid function tests
- Gonadotropins and sex steroids
- Lipid panel
- Pregnancy test
- Bone mineral density study if no menses for one year or more, or very low testosterone in males (DEXA SCAN)
- Electrocardiogram (ECG)

Criteria for Admission to a Medical Unit

- Weight loss greater than 75% of expected weight for height based on 50th percentile for BMI for age
- Resting heart rate less than 50 bpm
- Increase in heart rate of more than 20 bpm, lying to standing
- Drop in systolic BP of more than 10, lying to standing
- Dehydration
- Electrolyte imbalance

Timely Interventions

- Patients with EDs may not recognize that they are ill and/or they may be ambivalent about accepting treatment. (This is a symptom of their illness.)
- Parents/guardians are the frontline help-seekers for children and adolescents with EDs. The information they provide may be of great assistance.
- Help families understand that they did not cause the illness, and their child/family member did not choose to have it.
- Always assess for psychiatric risk, including suicidal and self-injurious thoughts, plans and/or intent.
- Refer to specialized appropriate treatment professionals upon suspicion of an ED.

This information has been adapted from the Academy of Eating Disorders, AED Report 2011, Eating Disorder: Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders, 2nd Ed. For more information on this report and the medical management of eating disorders, please visit www.aedweb.org.

Causes & Treatment

Recent research strongly suggests a powerful physiology is a major contributor to developing EDs, and results in disturbances of eating behaviors, body image distortions, and considerable anxiety and obsessional thoughts. For adolescents, considerable data now show Family Based Treatment (also known as the Maudsley method) have the best outcome. This therapy works with families to help them understand and manage their child with an ED at home. Due to these findings, Family Based Treatment is the foundation of the UCSD Adolescent Programs.

Medical West Unit at Rady Children's Hospital

Rady Children's Hospital and UCSD have joined forces to open the only child and adolescent medical/psychiatric inpatient unit in San Diego. The primary purpose of the unit is to provide multidisciplinary treatment to with comorbid medical and psychiatric conditions, including the medical stabilization of patients with AN, BN, and related EDs. Medical West is staffed by a combination of professionals with medical expertise and behavioral experience, including a specialization in ED treatment. Staff includes physicians, psychiatrists, nurses, social workers, licensed psychiatric technicians, and dietitians.

Once admitted, the Medical West team provides:

- Family assessment, family therapy, and multi-family group interventions
- Dietary assessment from a registered dietician and an individualized meal plan to restore weight and physical health.
- Fully supervised meals

→ Behavioral interventions to restore weight in AN and stop the binge/purge cycle of BN

→ Therapy groups using evidence-based and best practice treatment such as Dialectical Behavior Therapy (DBT)

Following medical stabilization the expert team will work with the patient and family to establish the appropriate treatment plan for ongoing care. The Medical West goal is to deliver the best medical, psychiatric, and nutritional care to help the patient stabilize medically, followed by a strong outpatient plan to ensure a successful recovery.

UCSD Services Provided

Inpatient Medical West Program at Rady Children's Hospital

→ Medical Stabilization for Adolescents and Young Adults

Adolescent Services

- Partial Hospitalization Program
- Intensive Outpatient Program
- Intensive Family therapy Program

Adult Services

- Partial Hospitalization Program
 - 10-hour Day Treatment
 - 6-hour Day Treatment
- Intensive Outpatient Program

Referral Process

Early recognition and referral to treatment is crucial to avoid permanent medical complications and to increase the likelihood of a timely recovery. If you have identified a patient presenting with signs of an ED, please call the UCSD Eating Disorders Center for Treatment and Research. Experienced intake coordinators are available to assist in identifying your patient's treatment needs and will assist the family through the admissions process. The staff is trained to educate the family on EDs, and help provide resources to offer them additional support.

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For more information on medical assessment and treatment of eating disorders, please visit our website at eatingdisorders.ucsd.edu and select 'Resources' → 'Physician Resources'.

