Adolescent Medicine Management and Referral Guidelines

Provided by

Adolescent Medicine
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Eating Disorders (F50.0-F50.8) and their **Medical Complications**

Psychiatric Diagnoses: ICD-10
Anorexia Nervosa: F 50.0
Unspecified type: F50.00
Restricting type: F50.01
Binge eating/purging type: F50.01
Atypical Anorexia Nervosa: F50.8
Avoidant/Restrictive Food Intake Disorder: F50.8
Binge Eating Disorder: F50.8
Bulimia Nervosa: F50.2
Other Specified Feeding or Eating Disorder (ex. sub-threshold BN, AN): F50.8

Medical complications of eating disorders: ICD-10
Abnormal Weight Loss: R63.4
Imbalance of Constituents of Food Intake: E63.1
Protein Calorie Malnutrition: E44.0, E44.1, E43.0

Target Population	• Eating disorders are most often diagnosed in adolescents and young adults; however eating disorders can affect patients of all ages, gender, race, socioeconomic status, body weight and shape.
Clinical Findings	• Patients with eating disorders may exhibit a variety of symptoms depending on their condition. • Patients with Anorexia Nervosa (AN) and Atypical Anorexia Nervosa (AAN) restrict their food intake regardless of the implications for their physical and psychological health. In AN, patients have a low body weight and in AAN, patients have all of the features of AN, but their body weight remains normal. These patients may present with many different medical complications including cardiovascular compromise, muscle wasting, cognitive impairment, gastrointestinal complaints and findings, osteopenia, anemia, amenorrhea and infertility, among others. • Patients with Bulimia Nervosa exhibit binge eating followed by compensatory weight losing behavior such as forced vomiting, over-exercise, laxative or diuretic overuse. They may present with electrolyte abnormalities, cardiovascular compromise, fluid disturbances, poor dentition,

	gastroesophageal reflux symptoms, or intestinal complaints from laxatives, among others. • The most common eating disorder in the United States is Binge Eating Disorder which is characterized episodes of out of control eating when not hungry or already full and is not followed by any compensatory weight losing behavior. Typically, these patients are markedly overweight and medical complications arise from their overweight/obese status.
Evaluation and Treatment Recommendations	During the initial evaluation, answers to the following important questions and physical findings should be determined: **History:** • How much weight has the patient lost and over what period of time? • Is the patient currently refusing to eat or drink? • Is the patient complaining of syncope, pre-syncope or palpitations? • Is the patient suicidal? • Does the patient have an outpatient eating disorder team in place (therapist, dietician, etc.)? **Physical Exam:** • Current height and weight • % median BMI (patient's BMI/50th centile BMI for age) • Blood pressure and heart rate after lying for 5 minutes and then standing after 2 minutes • Temperature **Labs/studies** (recommended): • CBC with differential: CPT 85205 • CMP: CPT 80053 • TSH with reflex to T4: CPT 84443 • ESR: CPT 85652 • EKG if HR <50: CPT 93005
Red Flags	**If at any time patient develops signs/symptoms that make more urgent evaluation important, please alert our clinic (512-324-6534) to this change in status.**

	Indications for *immediate* referral to DCMC ER or consideration of direct admit to DCMC: • Acute food and/or fluid refusal for 24 hours • <70% median BMI for age • Hypothermia <96F • HR < 45 (Bradycardia should NOT be considered normal in an athlete) • Symptomatic orthostasis • Syncope • Suicidailty • Electrolyte disturbances (ex. Hypokalemia, hyponatremia) •
Treatment Recommendations	**Indications for urgent evaluation (within 2 weeks, <u>unless above criteria develop</u>):** • <80% median BMI for age • HR 45-50 • Recurrent vomiting (>1 time per day) with normal electrolytes **Indications for timely evaluation (within 4-6 weeks, unless above criteria develop):** • >80% BMI for age • HR >50 **<u>Recommended monitoring by PCP prior to Adolescent Medicine Evaluation:</u>** • Patient should stop exercising • Prescribe additional snack or supplement (ex. 1 can Boost/Ensure/Ensure Plus per day) • Weekly weight check (in gown) • Weekly vital sign (including supine resting HR and orthostatics) and symptom check • Consider having family start finding outpatient treatment team (therapist, dietician)
Additional Information	• See Appendix I for common adolescent medicine ICD-10 Codes and definitions.

If at any time patient develops signs/symptoms that make more urgent evaluation important, please alert Adolescent Medicine clinic (512-324-6534) to this change in status.

These guidelines are designed to be used by primary care physicians wishing to refer children and adolescent patients with suspected eating disorders for additional evaluation and care. They are recommendations and are based on best evidence and expert consensus[1].

[1]Position Paper of the Society for Adolescent Health and Medicine: Medical Management of Restrictive Eating Disorders in Adolescents and Young Adults. Journal of Adolescent Health, 2015. Volume 56 , Issue 1, 121-125.