

Medical Support in Eating Disorders Treatment

ast to other psychiatric diagnoses, comorbid medical conditions and serious complications are a defining feature of eating disorders. Therefore, medical and psychiatric expertise are both necessary in the continuum of excellent care. Understanding how these comorbid conditions and medical complications are associated with an eating disorder and treating both the eating disorder and the inherent medical issues are critical to lasting recovery.

Problem of Medical Awareness

Physicians often lack training in diagnosing and treating patients with eating disorders. The disparity with the common medical complications found in eating disorders imperils the recovery process for patients and physicians alike: Patients who have experienced adverse events with their medical issues may lose trust in the medical system, become more resistant or less likely to seek care, and, despite becoming increasingly medically compromised. Medical physicians are often uncomfortable with patients’ emotional overlay, the complex medical issues and the fragile condition of these patients (all common in eating disorder pathology). This can lead physicians to refer these patients to other providers and inadvertently contribute to the “revolving door phenomenon” for patients with eating disorders in community medical systems.

Result:

Anorexia Nervosa has highest death rate of any psychiatric disorder. Bulimia Nervosa patients have twice the mortality rate of age-matched control patients. More than fifty percent of deaths in patients with eating disorders are due to medical complications. There is an impelling need for the general population of physicians to know more about the medical complications of eating disorders.

When to Refer

Earlier an eating disorder is diagnosed and the sooner treatment is initiated, the better the person’s chance of full recovery without residual medical complications. Therefore, if you have a patient you suspect may have an eating disorder, refer them for a free assessment. Or whenever you see the medical signs or behavioral cues of eating disorders, they suggest that treatment by specialized eating disorder programs provide better consistency of care and help prevent hospitalization. If you suspect that your patient has an eating disorder, would like a clinical consultation, or would like to discuss whether our programs are appropriate for your patient, please call us at 877-735-0252.

Basic Medical Knowledge About Eating Disorders:

- Protects patient safety and improves outcomes
- Helps patients feel heard and validated
- Reinforces trust in the patient/physician relationship
- Motivates recovery through objective clinical evidence of their tenuous physical health

Common Medical Complications of Eating Disorders:

Anorexia Nervosa

- Amenorrhea
- Hypoglycemia
- Skeletal muscle weakness
- Liver dysfunction
- Gastroparesis
- Edema
- Eye pain
- Swallowing difficulties
- Critical illness
- Osteoporosis
- Superior Mesenteric Artery Syndrome

Bulimia Nervosa

- Sialadenosis
- Cardial arrhythmia
- Detox from purging behaviors
- Edema
- Electrolyte abnormalities
- Need for excessive emergency room care

Binge Eating Disorder

- Hypertension
- Type 2 Diabetes
- Heart disease
- Sleep apnea
- Polycystic Ovary Syndrome
- Overweight/obese (66% of population with BED)

Common Medical Signs and Behavioral Cues of Eating Disorders

Anorexia Nervosa

Medical Signs and Symptoms

- Weight at/below 85% of ideal for age and gender
- Significant decrease in normal growth chart curve for weight
- Bradycardia and/or orthostatic vital sign changes
- Delayed onset of menses or secondary amenorrhea
- Fatigue, cold intolerance or dizziness
- Hair thinning or loss
- Fractures
- Upper and/or lower gastrointestinal dysfunction
- Early satiety and bloating

Behavioral Cues

- Excessive or compulsive exercise
- Sudden interest in “healthy eating, vegetarianism, veganism”

Bulimia Nervosa

Medical Signs and Symptoms

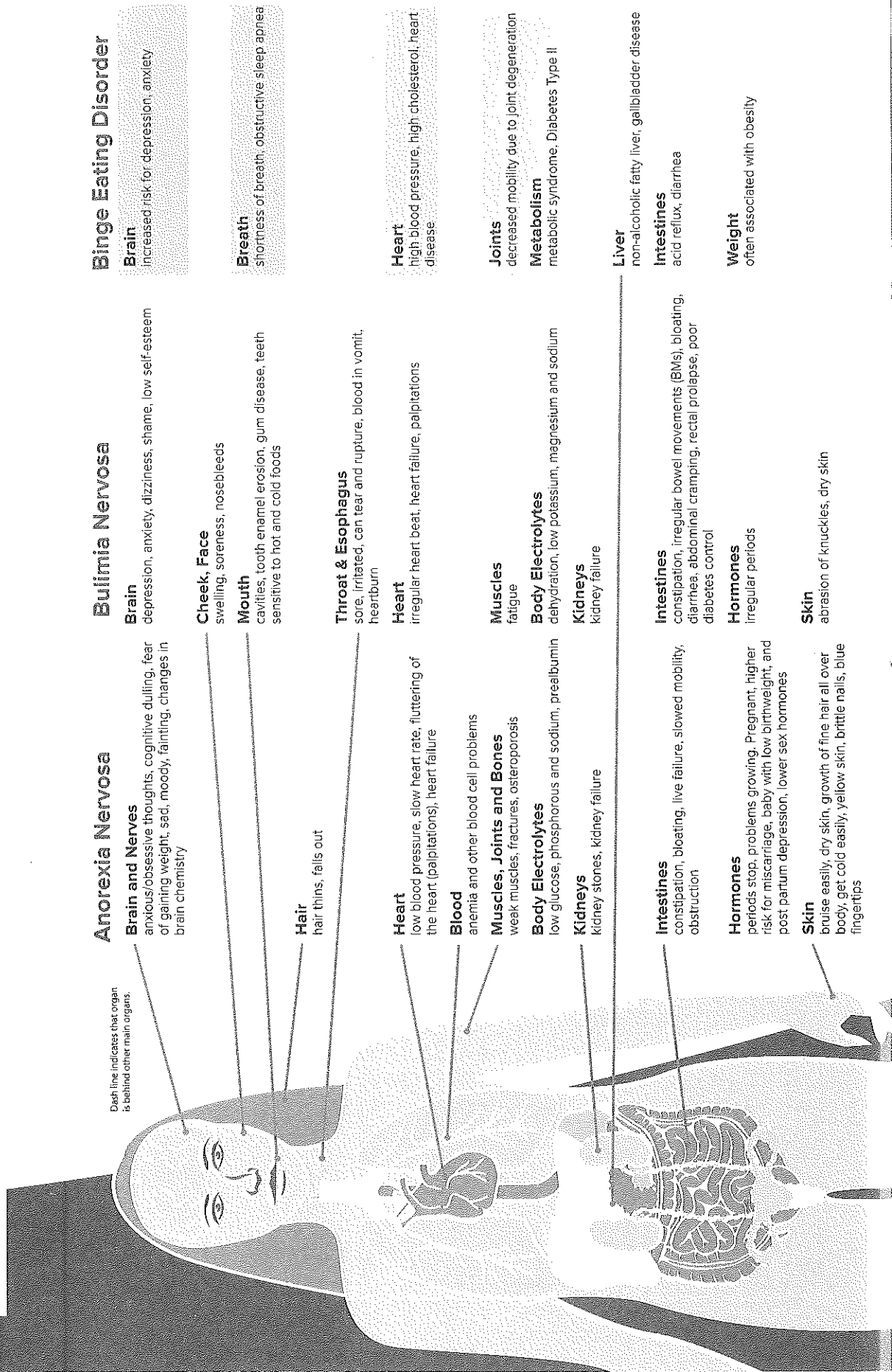
- Dizziness
- Electrolyte abnormalities (low potassium and sodium)
- Numbness/tingling
- Acid reflux
- Constipation with withdrawal from laxative abuse
- Legs swelling
- Erosion of dental enamel with or without dental decay

Behavioral Cues

- Bingeing
- Purging behaviors, including self-induced vomiting; laxative, diet pill and/or diuretic abuse; exercise; chewing and spitting of food; insulin misuse in diabetics

Binge Eating Disorder

- Recurring episodes of eating significantly more food in a short period of time than most people under similar circumstances
- Feelings of lack of control
- Behavior may occur, on average, at least once a week over 3 months
- Associated with marked distress



Initial Treatment at Eating Recovery Center

The frequency and severity of medical complications from eating disorders highlights the need for excellent medical and psychiatric care in the treatment process at Eating Recovery Center's treatment centers across the country. When serious and even life-threatening medical complications are present, the initial objective of treatment is medical stabilization, which must be achieved before patients can meaningfully engage in the therapeutic recovery process. Eating Recovery Center's treatment centers offer 24-hour/7-day medical and psychiatric monitoring and care from full-time physicians, including adult psychiatrists, child and adolescent psychiatrists, internal medicine physicians and pediatricians. In Denver alone, Eating Recovery Center has a team of physicians, with additional support from more than 40 Registered Nurses providing medical care to our patients in all levels of care.

Mehler, MD, FACP, FAED, CEDS

Medical Director, Chief Medical Officer
Eating Recovery Center



"The good news is that nearly all medical complications associated with anorexia Nervosa and Bulimia Nervosa can resolve with consistent nutrient and full weight restoration, regardless of how extensive they are. Patients are motivated when they get the right treatment with a team of medical and psychiatric care."

Bermudez, MD, FAAP, FSAHM, FAED, CEDS, Fiaedp

Medical Director of Child and Adolescent Services
Eating Recovery Center



"Regardless of their level of eating disorders training and experience, basic information about common comorbid conditions and basic medical care helps physicians to better advocate for their patients in accessing the medical and psychiatric treatment they need."



Contact Us Today

Eating Recovery Center's programs across the country offer:

- Free, confidential assessments
- Most major medical insurance accepted
- Authorizations provided

877-735-0252

info@EatingRecovery.com

www.EatingRecovery.com

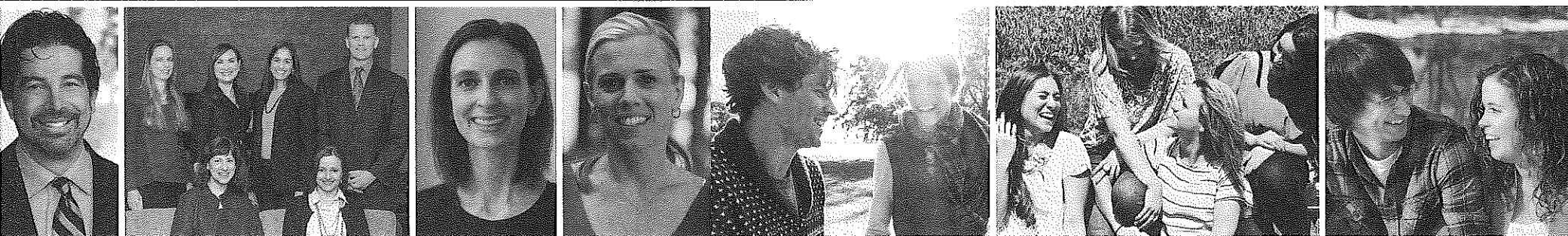
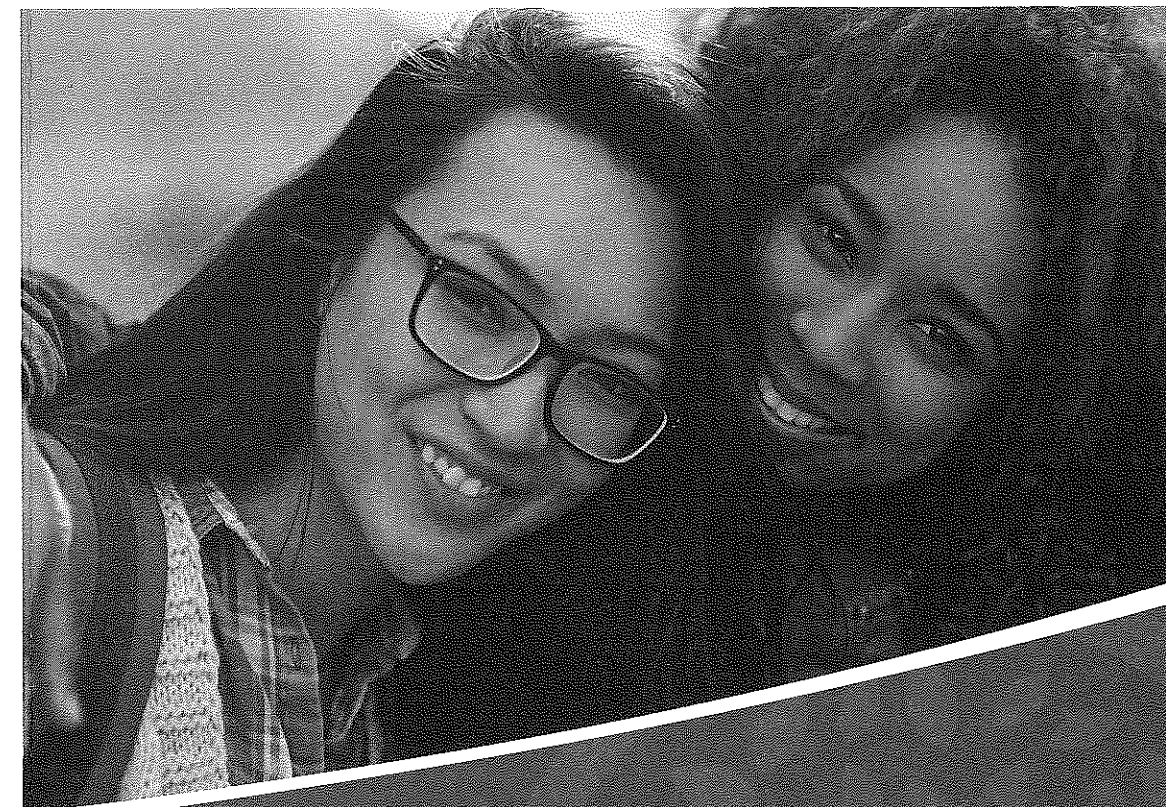


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Physicians' Quick Reference Guide for Eating Disorders



Members of Eating Recovery Center's medical teams across the country