Anorexia Nervosa

Cincinnati Children's®
changing the outcome together

FAST FACTS

1 in 200

Teen girls in the U.S. with anorexia nervosa

10%

Males comprise about 10% of patients with an eating disorder

WHEN TO REFER

- Diagnosis is unclear.
- Patient requires hospitalization for malnutrition.
- Oral intake is less than 1,000 kcal/day for more than seven consecutive days, with documented weight loss during that time frame.
- Weight loss in past 6 months is > 10% of prior weight.
- Failure to progress within three months of treatment by community provider.
- Complex, co-morbid mental health diagnosis.
- Complex family dynamics.
- Patient is amenorrheic despite weight restoration.

If red flags are present, refer to a dedicated eating disorders program or local emergency department.

To refer to Cincinnati Children's, contact the Eating Disorders Program through the Physician Priority Link® at 1-866-636-7997.

Anorexia nervosa usually begins during the teen or young adult years. Despite its low incidence, it has the highest mortality of all mental health diagnoses. Assess patients who present with weight loss, rigid or irrational food rules or socially impairing body image concerns.

ASSESSMENT

Review daily food intake, exercise history, growth chart and velocity of weight changes (speed of weight loss is more important than current BMI). Inquire about purging and use of weight loss medication. Perform a body image assessment. Screen for other potential causes of weight loss and/or vomiting including organic and mental health etiologies.

Order labs including CBC with differential, TSH and T4. Check liver function and electrolyte, phosphorous and magnesium levels. Consider EKG if orthostatic vitals indicate a heart rate lower than 60 bpm.

HISTORY AND PHYSICAL EXAM RED FLAGS

Patients with known or suspected anorexia nervosa may need hospitalization if they have at least one of the following:

- Bradycardia with daytime HR <50 bpm or nighttime HR <45 bpm
- Orthostatic changes with HR >40 bpm (teen) or >30 bpm (adult); or systolic blood pressure with >20 mmHg drop or diastolic drop >10 mmHg
- Blood pressure <90/45 mmHg (teen) or <90/60 mmHg (adult)
- Oral temperature <96° F (35.6° C)
- Electrolyte disturbances such as hypokalemia, hyponatremia or hypophosphatemia
- Weight <75% of median BMI for age and gender (teen) or BMI <15 (adult)
- Acute food refusal
- Cardiac arrhythmia or QTc >450 ms
- Complications like syncope, hematemesis, pancreatitis, seizures or intractable vomiting

MANAGEMENT/TREATMENT

For mildly disordered eating, thoughts and behaviors, or a small degree of weight loss:

- Encourage parent to provide 3 meals and 2 snacks daily.
- Limit exercise to ensure exercise/energy balance.
- Arrange close follow-up to ensure weight loss has halted.
- If necessary, refer to community level therapy for mental health treatment.
- For patients who also have mood changes, refrain from starting psychotropic medication if it's unclear whether symptoms predate weight loss. Consider treating disordered eating first, then reassess mood.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Anorexia Nervosa

Patient Presents with Weight Loss

Standard Workup

- Review typical daily food intake.
- Review growth chart and calculate speed of weight loss
- Perform a body image assessment.
- Order CBC with differential, TSH and T4.
- Check phosphorous and magnesium levels.
- Review exercise history.
- Inquire about purging and use of weight loss medication.
- Screen for other causes of weight loss and/or vomiting.
- Check liver function.
- Consider EKG if orthostatic vitals indicate heart rate <60 bpm.

HISTORY AND PHYSICAL EXAM RED FLAGS

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- Weight <75% of median BMI for age and gender (teen) or BMI <15 (adult)
- Acute food refusal
- Cardiac arrhythmia or QTc >450 ms on EKG
- Complications such as syncope, hematemesis, pancreatitis, seizures or intractable vomiting

Any Red Flags?

Yes

Patients with known or suspected anorexia nervosa with at least one red flag may need hospitalization to treat medical complications associated with severe malnutrition.

Refer patients with any red flags directly to a local hospital. Consider consultation/transfer to a facility with expertise in treating eating disorders.

To make an emergent referral to Cincinnati Children's, contact the Admissions and Transfer Center at 513-636-7997.

No

For mildly disordered eating, thoughts or behaviors, or a small degree of weight loss:

- Encourage parent to provide 3 meals and 2 snacks daily.
- Limit exercise to ensure exercise/energy balance.
- Arrange close follow-up to ensure weight loss has halted.
- If necessary, refer to community level therapy for mental health treatment.

For patients who also have mood changes, refrain from starting psychotropic medication if it's unclear whether symptoms predate weight loss. Consider treating mildly disordered eating first, then reassess mood.

Refer patients meeting any of the following criteria to a comprehensive eating disorders program:

- Diagnosis is unclear.
- Patient requires hospitalization for complications of malnutrition.
- Oral intake is less than 1,000 kcal/day for more than seven consecutive days, with documented frame.
- Weight loss in past 6 months is >10% of prior weight.
- Failure to progress within three months of treatment by community provider.
- Complex, co-morbid mental health diagnosis.
- Complex family dynamics
- Patient is amenorrheic despite weight restoration.

To refer to the Cincinnati Children's Outpatient Eating Disorders Program fax referral to 513-803-1111. For non-urgent questions, contact us at 513-636-9657.

References: 1) AED Medical Care Standards Committee. Eating Disorders: A Guide to Medical Care; AED Report, 4th edition; Academy for Eating Disorders, 2021. Download available at https://www.aedweb.org/resources/publications 2) Hornberger LL, Lane MA, AAP THE COMMITTEE ON ADOLESCENCE. Identification and Management of Eating Disorders in Children and Adolescents. Pediatrics. 2021; 147(1):e2020040279. Download available at https://publications.aap.org/pediatrics/article/147/1/e2020040279/33504/Identification-and-Management-of-Eating-Disorders?autologincheck=redirected

For urgent issues call the Physician Priority Link® at 1-888-987-7997.