DATE:

Dear Doctor

Re:

Referral to the Eating Disorder Unit at Royal Melbourne Hospital

Please provide current information and results as listed below

Please fax to NWMH Triage **Fax 9342 4147 or call 1300 874 243.** When calling, please listen to and follow the voice prompts to access the medical practitioner priority line.

Please be advised that the referral will proceed once the clinical information is received. As Eating Disorders are serious mental health problems with significant medical risks we ask you to continue to provide medical care and monitoring of the patient until patient is linked in with service. A summary of what is included within the Medical Management of Eating Disorders is attached.

**EATING DISORDERS ASSESSMENT**

- Current BMI: - Current Weight:

- Highest Weight: - Lowest Weight:

Recent pattern of weight loss and behavior

|  |  |
| --- | --- |
| Weight loss (how many Kgs and how quickly) |  |
| Binging (quantity and frequency) |  |
| Purging (frequency) |  |
| Restriction (daily intake) |  |
| Exercise |  |
| Laxative use |  |
| Weight loss drugs (amphetamines/thyroid hormone etc) |  |
| - Duration of Disorder: |  |
| - Other Mental Health Problems: |  |
| - Medical Complications: |  |
| - Current Medications: |  |
| Medical stability markers |  |
| BP – sitting and standing |  |
| - Pulse and Temperature |  |
| Attitude to treatment –  does the patient think there is an issue with their eating or weight? Do they want to receive treatment and what kind? |  |
| ECG: Yes / No |  |
| Private insurance: Yes / No |  |
| Blood Tests: |  |
| FBE, TFT, LFT |  |
| Electrolytes |  |
| Calcium, Magnesium |  |
| Phosphate , Folate, Iron |  |
| Vitamin D, Vitamin D12 |  |

**Medical management of eating disorders includes the following:**

1. Patients with moderate to severe eating disorders need to be seen by their GP weekly to monitor weight changes, vital signs and bloods
2. Regular bloods are required for patients with eating disorders.
3. Weekly: if frequently purging by vomiting (greater than three times per week) or laxative abuse. BMI below 16,
4. fortnightly for patients a BMI between 16 and 18
5. monthly if the BMI is between 18 and 20.
6. Blood tests required are:
7. Full blood examination (looking for bone marrow suppression)
8. Liver function test (refeeding hepatitis)
9. Urea, Electrolytes and Creatinine, Phosphate, Calcium and Magnesium (acid base disturbances and electrolyte changes from refeeding, laxative abuse or purging).
10. ECG (bradycardia and QTc)
11. Abnormalities to the electrolytes, phosphate, calcium or magnesium, indicate the patient is entering early re-feeding syndrome, or are compromised from purging/laxatives and are at risk of cardiac arrhythmias.
12. Potassium supplementation should be provided for all patients who are purging regularly. This may need to be titrated to the potassium results. Supplementary potassium in the form of Slow K for patients BMI greater than 18 or Chlorvescent for patients with BMI less than 18 due to the problems with absorption.
13. Bone marrow suppression is indicated by a low white cell count and/or low neutrophil count.
14. Starvation or re-feeding induced hepatitis is indicated by abnormal liver function tests, specifically the transaminases.
15. Bradycardia when awake means more severe bradycardia when asleep and is part of autonomic suppression. Patients with anorexia nervosa and significant weight loss are at risk of sudden cardiac death from arrhythmias. It is important to calculate their QTc manually. If the voltages are very small then it indicates the patient has a thinner heart wall.
16. All people with eating disorders being reviewed should have their temperature, heart rate, lying and standing blood pressure taken. If these become abnormal as indicated by hypotension asystolic less than 90mm mercury or hypothermia, or bradycardia, then this indicates going into semi-starvation syndrome.

**Resources:**

For health professionals:

• Eating Disorders Guidelines

• <https://www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/Eating->

Disorders-CPG.aspx

• http://ceed.org.au/clinical-resources/

For individuals and families

• Eating Disorders Victoria

• http://www.eatingdisorders.org.au/