Randall Children's Hospital

Co-Management and Referral Guidelines

Evaluating a Child with Anorexia Nervosa

Pediatric Eating Disorders

Phone: **503-249-8852**
Fax: **503-282-3409**

Introduction

Anorexia nervosa is a highly heritable brain disorder and psychiatric illness with the highest rate of morbidity and mortality in children 6–18 years of age. There is a very high rate of comorbid psychiatric diseases, especially depression. A proper diagnosis is essential in order to ensure that the child gets the appropriate treatment for their specific eating disorder symptoms and behaviors.

The incidence of eating disorders has been increasing since the 1950s, and it is currently estimated that 13 percent of American girls 9–14 years of age display disordered eating behaviors, and **0.5 percent of adolescent girls meet strict criterion** for anorexia nervosa. It is estimated that 10 percent of those suffering from eating disorders are male. *See links below for diagnostic criterion references*.

There are two distinct subtypes of anorexia nervosa (AN): 1) Restricting AN, and 2) Binging and purging AN

Evaluation and Management

History to elicit regarding the child and any *affected* family members

- Intentional or unintentional weight loss or continued weight loss for **more than four weeks**
- Crossing weight and/or height percentiles in a downward direction on growth charts
- Weight stabilization at **abnormal/unhealthy low levels** despite active interventions
- Daytime heart rate of ≤ 50 BPM in a setting of weight loss regardless of athletic training
- **Unusual behaviors around food** and eating, e.g., caloric restriction, sudden veganism (with attendant weight loss), refusal to eat in public
- A history of syncope in the setting of a child who has or may have eating issues
- Failure to thrive or unwanted severe weight gain

Labs/studies to consider

- Complete blood count, comprehensive metabolic panel, thyroid function tests and phosphorous level
- Baseline 12-lead ECG to evaluate the patient's resting heart rate and QTc interval
- **Check phosphorus levels daily when "refeeding"** a child who has had very little intake (regardless of age, diagnosis or consultation with an eating disorder specialist).

Management while awaiting appointment/consult

- If your screening history makes you concerned that a child may have an eating disorder **and the child is medically stable**:
  - — Take a detailed diet history, including types of foods, volume of foods and exercise pattern.
  - — Call an eating disorder specialist and describe the history, physical and lab findings (if any). The specialist will make a plan with you regarding next steps. **Do not start a refeeding program without at least a phone consultation with an eating disorder specialist**.
  - — Schedule the patient for early follow-up in your office (1–2 weeks).
- Children managed as outpatients should have at least weekly medical appointments to monitor vital signs and any signs or symptoms of refeeding syndrome.
- **If the child is medically unstable**:
  - — Contact the Kartini Clinic pediatric eating disorder specialists immediately for further management advice and/or inpatient consultation. *Contact info below*.

RANDALL CHILDREN'S HOSPITAL
LEGACY EMANUEL

over ➔

— Arrange for inpatient admission at Randall Children's Hospital at Legacy Emanuel. The nursing staff at Randall Children's Hospital has been trained by pediatric eating disorder specialists and has years of expertise in following the specific eating disorder protocol. *See below for admission criterion.*

When to refer

- An eating disorder specialist should be consulted for any patient with features of an eating disorder.
- The very young child (6–12 years old) with a suspected eating disorder is a high priority.
- Refer the patient if there is any concern about an atypical presentation or diagnostic dilemma.
- Refer any patient who is medically unstable or requires a higher level of care (hospital or partial hospitalization).

According to the American Academy of Pediatrics (AAP), patients who meet any one of the following criteria should be refed in hospital rather than an outpatient setting. Other criteria may pertain; clinical judgment required.

AAP admission criteria: Anorexia nervosa

- < 75 percent ideal body weight or ongoing weight loss despite intensive management
- Refusal to eat
- Body fat < 10 percent
- Heart rate < 50 BPM daytime, < 45 BPM nighttime
- Systolic pressure < 90 mm Hg
- Orthostatic changes in pulse increase > 35 BPM (AAP suggests 20 BPM; we find this low threshold impractical) or blood pressure decrease > 10 mm Hg (AAP suggests 20 mm Hg)
- Temperature < 96° F
- Arrhythmia

Source — AAP: Identifying and Treating Eating Disorders. Pediatrics 2003; 111(1): 204–211. **http://pediatrics.aappublications.org/content/pediatrics/111/1/204.full.pdf**

Referral process

Kartini Clinic

Dedicated intake phone: **971-319-6800** • Fax: **503-282-3409**
Julie O'Toole, M.D., MPH • Naghmeh Moshtael, M.D.

For urgent referrals, call 503-249-8851 to speak with the on-call pediatric eating disorder specialist. *With all referrals, please fax pertinent lab results, unless visible via Epic Care Everywhere.*

For possible admission, or to reach a different sub-specialist at Randall Children's Hospital, **call Legacy One Call Consult & Transfer: 1-800-500-9111**.

Additional Resources

Campbell K., Peebles R. Eating Disorders in Children and Adolescents: State of Art Review. *Pediatrics* 2014; 134 (3): 582–592. **http://pediatrics.aappublications.org/content/134/3/582**

Rosen D. and the AAP Committee on Adolescence. Identification and Management of Eating Disorders in Children and Adolescents. *Pediatrics* 2010; 126 (6): 1240–53. **http://pediatrics.aappublications.org/content/pediatrics/early/2010/11/29/peds.2010-2821.full.pdf**

Diagnostic and Statistical Manual of Mental Disorders (DSM-5): Feeding and Eating Disorders **http://www.dsm5.org/documents/eating%20disorders%20fact%20sheet.pdf**

November 2016

Find this and other co-management/referral guidelines online at **www.legacyhealth.org/randallguidelines**

RANDALL CHILDREN'S HOSPITAL
LEGACY EMANUEL