

Practising Well Community of Practice April 26, 2023: Helpful approaches to eating disorders

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Moderator: Dr. Stephanie Zhou

Curated answers from CoP guests and panelists to in-session questions posed by participants.

- **I have a patient that has difficulty with her eating disorder, anxiety, depression around her period. Any tips to help her?**

It depends on if there is clinical anxiety and depression; this is not unusual. comorbidities are certainly possible. If a medication is indicated, I would start this. If not, finding out if there are triggers around her menses specifically may help. Reiterating that *food* is not a coping mechanism for *mood* is essential.

Some patients might have Premenstrual dysphoric disorder and they may improve on an OCP to defer having a period (or an IUD to cause amenorrhea).

- **Can you please comment on “metrorexia”? Why would the lipid profile increase?**

Lipid profiles increase because the liver breaks down glycogen to make glucose for the brain. then fat metabolism happens to fuel the body.

- **I often find it hard to know how often to see patients back. If it is too often (like once a week), they may fixate on their weight and become dependent on the check-ins. Also, is there a recommended frequency for weight checks in office (if patient is stable of course).**

If stable, q2-4 weeks. early on, q1-2 weeks. The focus is *not* the weight; you weigh the patient, then move on.

- **Wondering if you can talk about when to think about eating disorders in children? When should the physician be worried about this? What assessment tools would be helpful to do?**

This is happening more often now sadly! The key is involving the family and intervening early!!

The PBSG module on eating disorder is helpful and can help a clinician identify "presentations" that may clue a doctor in to disordered eating.

- **What to do if pt denies/refuses care and you are concerned about medical stability? Is this ever a formable condition.**

Yes.

- **I've heard a couple different things; when is it appropriate to allow patients to see their weight vs do "blind weights" to monitor? Or should we not be monitoring?**

It is patient dependent; I would discourage self-weighing. Weighing should take place with their healthcare team - whether or not a patient sees their depends. Open weighing is helpful to help them break down the fear of the number. That is all it is. But sometimes seeing the number too early can trigger new habits. This is a provider-patient discussion.

I usually ask the staff not to show the patient the number. I don't comment on the number but rather I mention I'm worried about the vitals (i.e., bp or pulse).

- **How do you bring up the topic of eating disorder, if you recognize it but patient is too embarrassed to admit it or doesn't recognize she has a disorder? I only recognized someone with Bulimia when I checked her for a sore throat and noticed teeth changes.**

Communication is everything! plant the seed!

I would mention "I noticed these changes; these can be seen in patients who have "x".... this is concerning, let's talk about it..."

- **I've had a number of patients with an Alcohol Use Disorder in early remission who turn to binge eating. What suggestions can I offer these patients?**

Comorbidities are common. the underlying issue is the need to find a coping mechanism and impulsivity. they are switching one addiction for another; helping them see that and manage each is essential. a lot of therapy is critical here; meds may or may not be helpful (e.g., Wellbutrin).

- **What are some red flags?**

Going on a diet...dropping a bunch of courses...being depressed and irritable ...socially isolated...

- **On a personal level, I have a friend post-bariatric surgery who is very much fixated on the pounds she is losing and is restricting food under the guise of what she is and isn't allowed to eat post-surgery. Any recommendations as to how to approach this kind of situation?**

This is common...the idea is 'allowed' to eat vs not. it is a *choice* to maintain her health what she eats and what not to eat.

- **Any comments on medications to use?**

If they need meds, antidepressants are indicated *only* for clinical depression or anxiety, remembering that sometimes treating malnutrition actually solves the mood issue! I don't push meds right away because of this issue, although at times they are indicated.