

Physical Risk Screening and Management in Eating Disorders

Information for MHCC patients and their carers

Key Medical Risk factors for patients with eating disorders:

1. BMI
2. Rate of weight loss
3. Vomiting
4. Laxative abuse
5. Drug or alcohol misuse
6. Diabetes
7. Pregnancy (including physical risk to unborn child)
8. Pre-existing medical diagnoses relating to cardiac conditions, gastro-intestinal conditions
9. Other serious medical conditions that may deteriorate at lower weight
10. Complex psychiatric presentation
11. Medication which may increase the risk of cardiac, renal, hepatic or electrolyte problems
12. Denial of illness or risk, or avoidance of medical monitoring

Levels of risk

We use the key factors above to make as objective a judgement as we can about the level of risk you are at. Below is the terminology we will use with you to explain our assessment of your risks.

When you are at significant risk, therapy and any other treatment you are receiving will have to focus more on how to reduce these risks to a moderate level. If we assess the risk as significant we will tell you which risk zone you are in, green-red. We may need to refer your care on to the local NHS service who have access to inpatient care, at any point once you enter the significant risk range.

The framework for the risk levels are:

- **Low risk range**
- **Moderate risk range**
- **Significant risk range**

Those in the significant risk range **may be in need of admission** for medical stabilisation. This is categorised according to a traffic light system and in relation to objective acute risk parameters:

- **Green:** significant risk, but stable enough that acute risk markers do not currently indicate need for admission
- **Amber:** significant risk and deteriorating with evidence of worsening acute risk markers and the need for urgent change in eating-related behaviour to stabilise risks or admission
- **Red:** High risk of developing medical complications with deteriorating acute risk markers and the need for admission now.

Acute Physical Risk Parameters

Below are listed guideline physical risk parameters for people with eating disorders, to indicate the likely need for admission to a specialist eating disorders inpatient unit for stabilisation of risks:

- Hypokalaemia <2.5mmol/L or Hypokalaemia with ECG changes or bicarbonate >38mmol/L
- Hyponatraemia <120mmol/L or <125 mmol/L and symptomatic
- Hypophosphataemia <0.45mmol/L, or higher and symptomatic
- Hypoglycaemia <2.2 mmol/L or <2.8mmol/L and symptomatic
- Hypocalcaemia <2.0mmol/L
- Hypoproteinaemia and marked oedema
- Urea >15mmol/L
- Creatinine >120mmol/L or >50% rise from baseline
- Any raised LFT 3x normal range
- Neutropenia <0.5 x 10⁹/L
- Anaemia Hb <6g/dL
- Prolonged QTc > 450ms and symptomatic
- Arrhythmia on ECG
- Core body temperature <34 °C (**note:** calibration of thermometers varies)
- Pulse <40 bpm or systolic BP <80 with significant postural drop

Please note:

1. These parameters have been developed in the context of services with resources for daily medical monitoring if required. A more cautious approach and different thresholds *will* be necessary in services without capacity for such close medical monitoring.
2. Other clinical presentations, aside from these specific objective parameters, may suggest inpatient admission is necessary. For example: collapse, severe abdominal pain, seizure, pneumonia etc.
3. Objective outcomes from the use of these risk parameters to provide safe care have been assessed in a research study:
 - Davies, J.E., Cockfield, A., Brown, A., Corr, J., Smith, D. & Munro, C. (2017). The medical risks of severe anorexia nervosa during initial re-feeding and medical stabilisation. *Clinical Nutrition ESPEN*, 17, 92-99.
 - This study can be accessed on our website: <https://www.mentalhealthcarecollective.org.uk/resources/>