

**Specialist Eating Disorders Service (SEDS)  
and  
Infant, Child & Adolescent Mental Health Services (ICAMHS)**

## **GP Information**

### **INITIAL PHYSICAL ASSESSMENT of Eating Disorders**

#### **History:**

Physical symptoms suggesting potentially life threatening complications:

- Faintness, faints or blackouts (*dehydration, arrhythmias or hypoglycaemia*)
- Chest pain (exercise induced? ) or palpitations or shortness of breath (*cardiac arrhythmias, ischemia or failure or oesophageal problems*)
- Function of bladder and bowels (*electrolyte disturbances or dehydration*)
- Fatigue, muscle weakness or cramps (*electrolyte disturbance*)
- Headaches or confusion (*electrolyte disturbance*)

#### **Examination:**

- Weight and height (*measure weight with one light layer of clothing no shoes*)
- BMI ( Body Mass Index = weight kg /height m 2)
- Check hydration - JVP, BP and HR lying and standing.
- Temperature
- CVS exam – oedema, evidence of heart failure, cardiac murmur, dysrhythmia
- Teeth and parotids
- Abdominal examination

#### **ECG looking for:**

- Dysrhythmias
- Prolonged QT interval (QTc > 440 msec)
- Cardiac ischemia

#### **Bloods:**

- Renal function: urea, creatinine, eGFR
- Electrolytes: Sodium, potassium, magnesium, phosphate, calcium, bicarb,
- Iron Studies: ferritin, serum iron
- Fasting blood glucose: (HBA1c if diabetic)
- CBC
- Liver function, protein & albumin
- B12 / folate
- LH, FSH, oestradiol (or testosterone if male), thyroid
  
- Any anomalies indicated

If you are uncertain about the implications of these with regard to eating disorders please call the SEDS team.