

PEDIATRIC SCREENING TOOL FOR

EARLY INTERVENTION

Anorexia Nervosa

DSM-5 Diagnostic Criteria

- Restriction of energy intake leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
- Intense fear of gaining weight, even though underweight.
- Body image disturbance, denial of the seriousness of the current low body weight.

Signs & Symptoms to note:

- Amenorrhea
- Reflux/regurgitation
- Chronic constipation
- Elevated Creatinine
- Metabolic disturbance
- Lanugo
- Elevated Amylase
- Bradycardia
- Syncope
- Dehydration
- Hypoglycemia
- Acrocyanosis

Bulimia Nervosa

DSM-5 Diagnostic Criteria

- Eating large amounts of food within a 2-hour period and sense of lack of control.
- Recurring inappropriate compensatory behavior (vomiting, laxatives, exercise, diet pills).
- Binge eating and compensatory behaviors occur, on average, at least once a week for three months.
- Self-evaluation is influenced by body shape and weight.

Admission Data to note:

Lab Values

- Metabolic Panel
- Complete Blood Count
- Amylase
- Magnesium
- Phosphorus
- TSH
- Urinalysis

Physical Exam

- Height
- Weight
- Postural vital signs
- Growth curves

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Binge Eating Disorder (BED)

DSM-5 Diagnostic Criteria

- Recurring episodes of eating large amounts of food, more than most people would eat in similar circumstances, in a short period of time.
- Eating rapidly, eating beyond fullness, and eating in secret marked with distress around binges.
- Sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or cannot control what or how much one is eating).
- Binge episodes average at least once a week for three months.

Signs & Symptoms to note:

- Amenorrhea
- Reflux/regurgitation
- Chronic constipation
- Elevated Creatinine
- Metabolic disturbance
- Lanugo
- Elevated Amylase
- Bradycardia
- Syncope
- Dehydration
- Hypoglycemia
- Acrocyanosis

Admission Data to note:

Lab Values

- Metabolic Panel
- Complete Blood Count
- Amylase
- Magnesium
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Helpful Questions to Ask your Patient

Do you find yourself preoccupied with food?

Do you often feel guilty after eating?

Are there changes in your eating habits? Examples can include: veganism, gluten-free dieting without a medical need, elimination of food groups, etc.

Are there sudden changes in your exercise patterns?

Other Factors to Investigate

Unexplained changes in the patient's growth curve, or a stagnation in the growth curve.

Indications of compensatory behaviors (i.e., purging, exercise, laxatives, diuretics) to manage or lose weight.

Patient presents with bradycardia.

Help Us Ditch the Dieting Mindset in Kids and Adolescents

DID YOU KNOW?

In 2016, the AAP recommended not talking about weight with young people including kids and teens. Children look up to you as their doctor, and when told to lose weight, they are hit with immediate guilt and shame and often the start of disordered eating.

Our culture rewards thinness, but at a significant cost.

If concerned about a child's weight and/or eating habits, please speak to the parents about it privately. The family may benefit from nutrition education from a non-diet, weight- inclusive, dietitian.

All kids were born intuitive eaters and come in all shapes and sizes. A Higher Weight Doesn't Mean Higher Risk of Death!

BIG statement, we know!