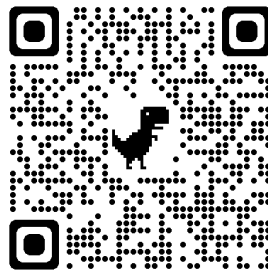


The E's in Eating Disorders: Effective Evaluation, Education and Empowerment in Primary Care

Key Points

- Eating disorders transcend identities including race, ethnicity, gender, sexual orientation, age, socioeconomic status, body shape and size
- Psychological eating disorder symptoms are heavily influenced by malnutrition; food is the medicine
- Treatment outcomes are best when caregivers are included

Resources for Primary Care Providers



QR Link to Provider Guide (brief and comprehensive versions) & Caregiver Guide

<https://capp.ucsf.edu/provider-resources#Eating-Disorders>

UCSF Health Inpatient Medical Stabilization Criteria

- **Bradycardia:** HR <50 daytime, <45 at night
- **Hypotension:** BP <90/45 mmHg
- **Hypothermia:** Temp <96° F
- **Orthostasis:** Increase in pulse (>40 bpm) or decrease in BP (>20 mmHg systolic, >10 mmHg diastolic)
- **Weight:** <75% **expected body weight** or ongoing weight loss despite intensive management
- **Acute food refusal:** severe and/or prolonged food refusal (48 hours)
- **EKG abnormalities:** e.g., prolonged QTc, arrhythmia
- **Electrolyte abnormalities:** low potassium, phosphorus, magnesium, sodium, glucose
- **Other acute symptoms:** syncope, esophageal tears, intractable vomiting, hematemesis