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