

The ABCDEs of identifying eating disorders

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This memory aide can help you spot often-overlooked signs and behaviors that suggest problematic eating

Although eating disorders can be life-threatening,¹ many patients remain undiagnosed until late in the disease course. Early identification and treatment may reduce the risk of chronic health consequences and mortality.

Based on the DSM-IV-TR categorical approach, many clinicians think of anorexia nervosa and bulimia nervosa as the primary eating disorders. However, eating disorder not otherwise specified tends to be the most common diagnosis.² Several authors have suggested that combining categorical and dimensional approaches may be useful in diagnosing these patients.²

It is easy to suspect an eating disorder in patients of very low weight, but patients who are of normal weight or obese also may have an eating disorder. In addition to measuring body mass index, inquire about patients' lowest and highest adult, nonpregnant weights and what they consider to be their "ideal" weight. The mnemonic ABCDE can help you remember key components of assessing patients who might have an eating disorder.

Associated health problems. Anorexia patients commonly present with emaciation, skin and hair dryness, cold intolerance, bradycardia, and orthostatic hypotension. Look for calluses on dorsum of the hands, parotid enlargement, mouth ulcers, dental caries, and edema, which may be found in bulimia patients.

Body image. Determine whether your patients' self esteem is correlated with body weight and shape, how often they weigh themselves, and if they are satisfied with the

way their body is proportioned. Ask if they fear weight gain or are driven to be thin.

Compensatory behaviors may include self-induced vomiting or excessive use of diet pills, diuretics, or laxatives. Other examples are restricting food, chewing and spitting out food, and over-exercising (especially lengthy cardiovascular workouts).

Diet. Inquire whether your patients have ever been on a diet, reduced the amount of food they consume, or used medications indicated for obesity. Patients may avoid entire categories of foods (lipids, carbohydrates), which may lead to malnutrition and vitamin deficiencies.

Eating behaviors. Patients may eat very small meals or excessive portions of certain foods. They might skip meals or eat only alone or at night. Finishing meals very slowly or very quickly, mixing food on their plate, eating with tiny bites, or drinking a lot of water with and between meals also may be clues to disordered eating. None of these behaviors by *itself* indicate an eating disorder if not accompanied by other symptoms.

References

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2. Levenson JL. *Textbook of psychosomatic medicine*. 2nd ed. Arlington, VA: American Psychiatric Publishing, Inc; 2011:305-320.

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Disclosure

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