



Tips for Health Care Providers

Screening for Eating Disorders

*This reference sheet is a tool for primary care providers to use during routine screening of adolescent and pre-adolescent patients for eating disorders. It includes basic information on what to look for during an exam, questions to ask the patient and his or her parents, and steps to take if an eating disorder is suspected. It also offers tips on how to avoid inadvertently reinforcing messages that promote disordered eating. For more information on eating disorders and resources for health care providers see the information sheets “**Health Care Providers**” and “**Resources**” included in this packet.*



Things To Look For¹

The following physical and behavioral/emotional characteristics should be used for screening only, and not for diagnostic purposes.

Physical

- ◆ Primary or secondary amenorrhea
- ◆ Weight loss greater than 10%
- ◆ Failure to gain the expected weight during the adolescent growth spurt
- ◆ Lanugo hair
- ◆ Hypothermia
- ◆ Dry hair or skin, dehydration
- ◆ Weight fluctuation in a short period of time
- ◆ Bloating and abdominal discomfort
- ◆ Damaged teeth
- ◆ Enlargement of lymph or salivary glands
- ◆ Overweight

Behavioral/Emotional

- ◆ Recurrent or excessive dieting when not overweight
- ◆ Use of self-induced vomiting, laxatives, starvation, diuretics, or other extreme measures to lose weight
- ◆ Eating in secret
- ◆ Eating large quantities of food in a short period of time
- ◆ Excessive concerns about perceived body image that are incongruous with actual weight
- ◆ Compulsive or overly rigid exercising
- ◆ Depression



Questions to Ask the Patient

Weight History

- ◆ Has there been any change in your weight?
- ◆ What's the most you ever weighed and when? The least and when?

History of Dieting

- ◆ Have you ever tried to lose weight?
- ◆ What kinds of diets have you tried?
- ◆ Have you ever tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or excessive dieting?
- ◆ Are you currently dieting or trying to lose weight?

Current Eating/Exercise Habits

- ◆ Are you satisfied with the way you eat?
- ◆ What did you eat yesterday?
- ◆ Have you gone on eating binges where you feel you could not stop?
- ◆ How much do you exercise in a typical week?
- ◆ Have you ever fainted?

Attitudes About Weight and Shape

- ◆ How do you feel about the shape and size of your body?
- ◆ What do you think your ideal weight would be?



Menstrual History

- ◆ Are your menstrual periods regular?
- ◆ When was your last menstrual period?²

Questions to Ask Parents

- ◆ Does your child make negative remarks about his or her body?
- ◆ Have you noticed any changes in his or her food-related habits? If so, what?
- ◆ Are you concerned about your child's weight? Eating habits? Exercise habits?
- ◆ Does your child eat regular meals with the family?
- ◆ Does your child seem depressed or withdrawn? How is he or she doing in school?
- ◆ Do you have any other special concerns about your child?³

Steps to Take

- ◆ Establish trust by showing the patient respect and concern.
- ◆ Educate patients and parents about nutrition, healthy eating and exercise habits, and normal adolescent growth patterns.
- ◆ Assure confidentiality.
- ◆ Maintain a weight sensitive office by, for example, avoiding fashion magazines in the waiting room or comments about body size during the physical exam.
- ◆ Refer the patient to appropriate resources for further assessment or treatment.⁴

Things to Do

- ◆ Be a strong role model by exuding self-esteem and exhibiting signs of body satisfaction.
- ◆ Encourage acceptance of all body shapes and sizes and discourage negative feelings toward those who are overweight.
- ◆ Work collaboratively with other providers to reinforce treatment goals.
- ◆ Be vigilant about harmful weight control methods.
- ◆ Ensure that all comments to patients are appropriate, particularly when addressing girls' weight, body size, shape, growth, or maturation.
- ◆ Do not use negative body statements when talking about being overweight or needing to lose weight.

End Notes

¹ American Medical Association. *Guidelines for adolescent preventive services (GAPS): Clinical evaluation and management handbook*, 1995, p. 80; and Tonkin, R.S. Practical approaches to eating disorders in adolescence: Primer for family physicians. *Canadian Family Physician* 1994, vol. 40, pp. 299-304

² *Food for thought*. PENED newsletter Spring 1999, vol. 15, no. 1 ; Maradiegue et al. Do primary care providers screen for eating disorders? *Gastroenterology Nursing* 1996, vol. 19, no. 2; Powers, P. Initial assessment and early treatment options for anorexia nervosa and bulimia nervosa. *Eating Disorders* December 1996, vol. 19, no. 4, ; and Rome, E. Eating disorders in

adolescents and young adults: What's a primary care clinician to do? *Cleveland Clinic Journal of Medicine* Dec. 1996, vol. 63, no. 7.

³ Children's Hospital at Strong. *Parent intake questionnaire*. Strong Eating Disorders Program, 1992.

⁴ Pennsylvania Educational Network for Eating Disorders. *Food for thought* Spring 1999, vol. 15, no. 1; Something Fishy Web site on Eating Disorders. Tips for doctors. <http://www.something-fishy.org/drtips.htm>, 1999; and Muscari, M.E. Walking a thin line: Managing care for adolescents with anorexia and bulimia. *The American Journal of Maternal/Child Nursing* May/June 1998, vol. 23, no. 3, pp. 130-141.