NHS
South West London and
St George's Mental Health
NHS Trust

Children and Young Persons Community Eating Disorders Service
South West London and St George's MH NHS Trust
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Dear Dr

RE

We have received a referral for the above young person, with concern that they may have an eating disorder.

As a mental health team, our role is to assess and manage the core eating disorder difficulties. We will measure the patient's height and weight when they attend, but we do not have facilities for other physical assessment. Hence we would request **we work alongside you and ask you to continue to medically assess and monitor the patient**. This is consistent with current commissioning arrangements.

As a baseline, please would you assess the following:

1. Medical examination:
    i) Hydration status – for dehydration and haemodynamic stability
        - Ask about dizziness or faintness standing up from sitting
        - Look at mucous membranes and skin turgor
        - Measure lying & standing BP and Pulse for orthostatic hypotension or tachycardia
    ii) Temperature – for hypothermia
    iii) A full physical looking for signs of nutritional deficiency eg infection, angular cheilitis, muscle wasting

    iv) Other physical signs: skin changes, tooth erosion
    v) Tests for Muscle Strength
        - The standup/squat test: The patient is asked to squat down on her haunches and is asked to stand up without using her arms as levers if at all possible.
        - The sit up test: The patient lies flat on a firm surface such as the floor and has to sit up without, if possible, using her hands.

2. Baseline routine blood tests:

i) Urea and electrolytes and bicarbonate (particularly in vomiting/abusing laxatives) – looking for hypokalaemia and alkalosis
ii) Calcium, Magnesium and Phosphate, Iron studies, B12/folate, Vitamin D – looking for deficiencies
iii) Liver Function tests – looking for hypoalbuminaemia or high ALT secondary to starvation
iv) Thyroid Function Tests, prolactin, serum FSH and LH - can differentiate anorexia from other causes of primary amenorrhoea
v) Random Glucose – hypoglycaemia (<2.6 mmol/L) is unusual and <u>serious</u> in anorexia
vi) Full Blood Count - looking for leukopaenia, anaemia/raised HB, thrombocytopenia
vii) CRP / ESR – to consider other causes of low weight
viii) Coeliac screen – to consider other causes of low weight

3. Baseline routine ECG – note any arrhythmias and whether there is prolonged QTc (normal range <440ms boys and <460ms girls)

Please would you kindly let us know the results by fax (020 3513 4469) or letter as soon as possible?

Please see attached guidance on interpreting the level of physical risk.

Yours sincerely,

CYP Community Eating Disorders Service