Assessment of Eating Disorders

The aim of assessment is to determine if an eating disorder is present and identify a specific diagnosis. Evaluation of current physical and psychological risks is also key.

SCREENING:

A variety of validated tools can be used for the purposes of screening for eating disorders e.g.

- Eating Disorder Examination Questionnaire (EDE-Q 6.0)
- Clinical Impairment Assessment (CIA)

Assessment of anxiety and depression are also commonly undertaken:

- Generalised Anxiety Disorder -7 Questionnaire (GAD-7)
- Patient Health Questionnaire -9 (PHQ-9)

ASSESSMENT:

If screening indicates an eating disorder may be present, then further assessment will be needed to obtain a full history. This might include:

- Weight history and or growth trajectory.
- Current eating patterns.
- Perception of food, weight and shape.
- Engagement in compensatory behaviours.
- Personal and social history.
- Medical history and medication.
- Functional impact e.g. school / work performance, relationships.
- Assessment of current psychological risks.
- Assessment of current physical risks.

The information gathered from the patient (and carer) during assessment, alongside information from a range of healthcare professionals will be used to determine if an eating disorder is present and make a diagnosis.

RISK ASSESSMENT:

Medical Emergencies in Eating Disorders (MEED). Guidance on Recognition and Management. Royal College of Psychiatrists. May 2022. This report provides a comprehensive risk assessment framework and checklist based on a range of physical and psychological parameters including weight, BMI, rate of weight loss, heart rate, blood pressure, biochemical parameters, engagement in treatment and suicidality.

https://meed.org.uk/meed-risk-assessment/

Table 1: Risk assessment framework for assessing impending risk to life

	Red: High impending risk to life	Amber: Alert to high concern for impending risk to life	Green: Low impending risk to life
Medical history and examination			
Weight loss	Recent loss of weight of ≥1kg/week for 2 weeks (consecutive) in an undernourished patient[32] Rapid weight loss at any weight, e.g. in obesity or ARFID	Recent loss of weight of 500–999g/week for 2 consecutive weeks in an undernourished patient[126]	Recent weight loss of <500g/week or fluctuating weight
BMI and weight	• Under 18 years: %mBMI[33] <70% • Over 18: BMI <13	• Under 18: %m BMI 70–80% • Over 18: BMI 13–14.9	• Under 18: %mBMI >80%[34] • Over 18: BMI >15
HR (awake)	<40	40–50	>50

How does this relate to T1DE?

Screening:

- **There is currently no validated screening tool for T1DE however work is underway.**

Risk assessment:

- **Annexe 3 of MEED, outlines specific physical and psychological risks relating to T1DE**