

Eating Disorders Symptoms

When Should a Patient be Referred to a Higher Level of Care?

If your patient presents with any of the following symptoms, please consider referring them to a higher level of care.

Common Symptoms of Anorexia Nervosa

- Significant decrease in normal growth or changes on growth chart curve for weight and height
- Sudden weight loss not explained by a medical condition
- Absence of, delayed onset of, or sporadic/light menses
- Fatigue, cold intolerance, dizziness
- Excessive or compulsive exercise
- Orthostatic hypotension and/or bradycardia
- Hair thinning or hair loss
- Sudden interest in “healthy” eating, vegetarianism, veganism
- At or below 85% of ideal weight for patient’s age
- Distorted body image and drive for thinness

Important Note: Patients with anorexia nervosa will often present with normal vitals and labs.

Common Symptoms of Bulimia Nervosa

- Bingeing more than once a week for three months
- Purging at least once a week for three months
- Orthostatic hypotension and/or bradycardia
- Tooth enamel erosion
- Low normal to abnormal labs; could also include electrolyte abnormalities
- Purging behaviors, such as self-induced vomiting; laxative, diet pill, and/or diuretic abuse; compulsive or obsessive exercise; chewing and spitting of food; or insulin misuse

Important Note: Patients with bulimia nervosa are often of average weight and will often deny physical symptoms.

Common Symptoms of Binge Eating Disorder (BED)

- Bingeing at least once a week for three months
- Eating large amounts of food even when not feeling physically hungry
- Feeling a loss of control and intense feelings of distress while or immediately following eating
- Feeling disgusted with oneself, depressed, or guilty after eating and/or between binges
- Eating more rapidly than normal
- Eating past the point of feeling uncomfortably full
- Eating alone due to feeling embarrassed by amount one is eating

Common Symptoms of Avoidant/Restrictive Food Intake Disorder (ARFID)

- An eating or feeding disturbance accompanied by dramatic weight loss or faltering growth
- Significant nutritional deficiencies
- Dressing in layers to stay warm or hide weight loss
- Digestive issues, such as constipation
- Restricting types or amounts of food
- Only eating foods with certain textures
- Feeling sick or full around mealtimes
- Feeling cold
- Weakness or excessive energy
- Fear of choking or vomiting
- A restricted range of preferred foods that becomes more limited over time
- Abdominal pain
- A history or fear of vomiting or choking
- Gastroesophageal reflux disease (GERD), also known as acid reflux

Other Reasons to Refer to a Higher Level of Care


- When the next best step in an individual's recovery journey is unclear
- When additional support and supervision are needed
- When medically stable individuals discharge from a higher level of care
- When an individual needs a structured, supportive, and therapeutic environment to develop or continue developing coping skills
- When loved ones need additional opportunities to engage in treatment, education, and mealtimes

Clinical Information


- Eating disorders are a broad group of psychological disorders characterized by abnormal eating behaviors that frequently lead to medical consequences from overeating or malnutrition.
- Psychological classification of disorders related to relationship with food and body.
- Eating disorders are serious psychiatric illnesses, which include:
 - Anorexia Nervosa is often characterized by weight loss, distorted body image, and significant medical consequences
 - Bulimia Nervosa involves periods of overeating followed by purging, sometimes through self-induced vomiting or using laxatives.
 - Binge Eating Disorder is characterized as out-of-control eating.
- Eating Disorders can affect anyone regardless of age, gender, race, ethnicity, sexual orientation, weight or body size, or socioeconomic status.
- Although they can begin at any age, eating disorders usually start in the teenage years.
- Common co-occurring disorders include: depression, anxiety disorders, and substance abuse disorder.
- Eating disorders can cause heart and kidney problems and even death. Getting help early is important. Treatment involves monitoring, mental health therapy, nutritional counseling, and sometimes medications.

How to Refer

Our Intake & Admissions Team, consisting of master's-level clinicians, is available seven days a week to provide an assessment and answer your questions to ensure that your patient receives the right level of care at the right time.

 855-875-5812

 Admissions@VeritasCollaborative.com

 [VeritasCollaborative.com](https://www.VeritasCollaborative.com)

Veritas Collaborative is a specialty healthcare system for the treatment of eating disorders. Providing a full continuum of care for children, adolescents, and adults, Veritas offers Inpatient, Residential, Partial Hospitalization, Intensive Outpatient, and Outpatient levels of care.

Our multidisciplinary treatment teams in North Carolina, Virginia, and Georgia share a passion and a mission inspired by a collaborative community of care and are committed to providing individualized, evidence-based treatment in a gender-diverse and inclusive environment.



Together we are stronger. Contact us today.

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