

Eating Disorders

Definition/ cut-off value

Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:

- C self-induced vomiting
- C purgative abuse
- C alternating periods of starvation
- C use of drugs such as appetite suppressants, thyroid preparations or diuretics
- C self-induced marked weight loss

Presence of eating disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders or evidence of such disorders documented by the CA.

Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III

Justification

Anorexia nervosa and bulimia are serious eating disorders that affect women in the childbearing years. These disorders result in general malnutrition and may cause life-threatening fluid and electrolyte imbalances. Women with eating disorders may begin pregnancy in a poor nutritional state. They are at risk of developing chemical and nutritional imbalances, deficiencies, or weight gain abnormalities during pregnancy if aberrant eating behaviors are not controlled. These eating disorders can seriously complicate any pregnancy since the nutritional status of the pregnant woman is an important factor in perinatal outcome.

Maternal undernutrition is associated with increased perinatal mortality and an increased risk of congenital malformation. While the majority of pregnant women studied reported a significant reduction in their eating disorder symptoms during pregnancy, a high percentage of these women regressed in the postpartum period. This regression in postpartum women is a serious concern for breastfeeding and non-breastfeeding postpartum women who are extremely preoccupied with rapid weight loss after delivery.

**Clarifications/
Guidelines**

Before assigning this risk code, be sure the condition is documented on the health history form.

Self-reporting of a diagnosis by a medical professional should not be confused with self-diagnosis, where a person simply claims to have or to have had a medical condition without any reference to professional diagnosis. A self-reported medical diagnosis (“My doctor says that I have/my son or daughter has...”) should prompt the CA to validate the presence of the condition by asking more pointed questions related to that diagnosis.

References

1. Worthington-Roberts, B., and Williams, SR: Nutrition in Pregnancy and Lactation; 5th ed.; Mosby Pub; St. Louis; pp. 270-271.
 2. Strober, M: International Journal of Eating Disorders; Vol. 8, No. 3; 1986; pp. 285-295.
 3. Institute of Medicine: Nutrition Services in Perinatal Care; 1992; p. 20.
 4. Clinical Issues Perinatal Women’s Health Nursing; 1992; 3(4); pp. 695-700.
 5. Krummel DA, and Kris-Etherton, PM: Nutrition in Women’s Health, Aspen Pub; Gaithersburg, MD; pp. 58-102.
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