

## WHATS UP DOC

This mnemonic written by Margo Maine, PhD may help providers think about screening for eating disorders, and considering the ways their office, and their interactions might trigger persons at risk for eating disorders.

**W**eight is more than a number on a scale; it represents self-worth, self-control, and status to people with disordered eating.

**H**eight is not the only factor to be considered when determining Ideal Body Weight. A person's frame, musculature, family history, health status, and weight and nutritional history also must be known.

**A**norexia is the disorder physicians study more, but bulimia is more frequent, harder to diagnose, more secretive, and often coexists with anorexia

**T**rauma is one of the precipitants for many with eating disorders. The eating disorder is a way to deal with the pain and other complicated emotions.

**S**ide effects of eating disorders intensify gradually. Laboratory values are not the whole story. Mood, concentration, thinking, energy, social interactions, and quality of life are affected much sooner. Physicians should discuss both the psychological and physiological consequences.

**U**niversal – unfortunately, eating disorders are universal now affecting females of all ages, even prepubescent children and males. They cut across socioeconomic, ethnic, and cultural groups in the U.S. and are now becoming a more global problem due to the impact of the media and the internet.

**P**urging is not just vomiting. Laxatives, enemas, diuretics, excessive exercise, supplements, diet pills, medications, or alcohol to make one nauseous are other methods. Ask what the patient does to maintain or try to lose weight.

**D**ieting is almost always a precursor to eating disorders. Take this subject seriously and educate your patients about the dangers of restricted intake (such as bingeing/hypometabolism).

**O**ffice – your office may be full of eating disorder messages. Magazines, dietary warnings, height and weight charts, comments about weight can all contribute to eating disorder attitudes.

**C**ompassion, consistency, and care are what a physician offers to patients with eating disorders. This role is very important, but, alone, is not enough: refer to mental health specialists in eating disorders so the care can be comprehensive.