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Treatment of Patients With Eating Disorders, Third Edition

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Table 7. Laboratory Assessments for Patients With Eating Disorders

[a]Some experts recommend the routine use of complement component 3 as a sensitive marker that may indicate nutritional deficiencies even when other laboratory test results are apparently in the normal range (71, 72). [b]During hospital refeeding, it is recommended that serum potassium, magnesium, and phosphorus levels be determined daily for 5 days and thereafter at least three times/week for 3 weeks (73, 74). [c]Boag et al. (75). Creatinine clearance should be calculated using equations that involve body surface using assessments of height and weight. [d]Duncan and Phillips (76); Turner et al. (77).

Assessment	Patient Indication
Basic analyses	All patients with eating disorders
Blood chemistry studies	
Serum electrolytes	
Blood urea nitrogen	
Serum creatinine (interpretations must incorporate assessments of weight)	
Thyroid-stimulating hormone test; if indicated, free T_4, T_3	
Complete blood count including differential	
Erythrocyte sedimentation rate	
Aspartate aminotransferase, alanine aminotransferase, alkaline phosphatase	
Urinalysis	
Additional analyses	Malnourished and severely symptomatic patients (serum magnesium should be obtained prior to administering certain medications if QTc is prolonged)[b]
Complement component 3[a]	
Blood chemistry studies	
Serum calcium	
Serum magnesium	
Serum phosphorus	
Serum ferritin	
Electrocardiogram	
24-hour urine for creatinine clearance[c]	
Osteopenia and osteoporosis assessments	Patients amenorrheic for >6 months
Dual-energy X-ray absorptiometry	
Serum estradiol in female patients	
Serum testosterone in male patients	
Nonroutine assessments	
Toxicology screen	Patients with suspected substance use, particularly those with anorexia nervosa, binge/purge subtype, or patients with bulimia nervosa
Serum amylase (fractionated for salivary gland isoenzyme if available to rule out pancreatic involvement)	Patients with suspected surreptitious vomiting
Serum luteinizing hormone, follicle-stimulating hormone, β-human chorionic gonadotropin, prolactin	Patients with persistent amenorrhea but who are normal weight

Brain magnetic resonance imaging, computed tomography	Patients with significant cognitive deficits, other neurological soft signs, unremitting course, or other atypical features
Stool for guaiac	Patients with suspected GI bleeding
Stool or urine for bisacodyl, emodin, aloe-emodin, rhein	Patients with suspected laxative abuse[d]