

- sodium, potassium, chloride, bicarbonate, creatinine, magnesium, calcium, phosphorus, zinc, vitamin B<sub>12</sub>, ferritin; for anorexia nervosa, add ECG, hemoglobin, WBC count, urinalysis, RBC, folate and blood glucose (fasting and 2 hours after eating)
- For anorexia nervosa, a psychiatric and nutritional assessment if symptoms continue and weight does not normalize with 1–2 months of weekly follow-up and counselling<sup>3</sup>

## Anorexia Nervosa

### Therapeutic Choices

Figure 1 is an algorithm illustrating the management of anorexia nervosa.

### Nonpharmacologic Choices

- Develop and maintain a rapport and therapeutic alliance.
- Consider the need for and role of family intervention and treatment (especially for children and adolescents).
- Set step-wise nutritional goals.
- Use nutritional supplements (e.g., Ensure, Boost) to achieve weight gain if not possible with food. Supportive nursing care at mealtime may improve success.<sup>4</sup> Tube feeding may be necessary if oral feeding fails.
- Exercise should be limited. A supervised graded exercise plan (such as nonexercise yoga) can reduce anxiety while not interfering with the rate of weight gain.<sup>5</sup>
- Warming by means of a warm room or warming vest may reduce anxiety, hasten recovery and improve the chances of long-term recovery.<sup>6</sup>
- Monitor binge and purge behaviour and set goals for normalization, e.g., a gradual tapering of laxatives.

Figure 1: **Management of Anorexia Nervosa**

