

ONLINE SUPPLEMENT

Appendix DS1



Guideline parameters of acute risk in severe Anorexia Nervosa

Below are listed guideline physical risk parameters to indicate the *likely* need for admission to a specialist eating disorders inpatient unit.

Please note: these have been developed largely from clinical experience, as there is little research literature for guidance, and in the context of an intensive community treatment service (A.N.I.T.T.) with resources for daily medical monitoring if required. A more cautious approach may be necessary in services without capacity for close medical monitoring.

- Hypokalaemia < 2.5 mmol/L or hypokalaemia, with ECG changes or bicarbonate > 38 mmol/L
- Hyponatraemia < 120 mmol/L or < 125 mmol/L and symptomatic
- Hypophosphataemia < 0.45 mmol/L, or higher and symptomatic
- Hypoglycaemia < 2.2 mmol/L or < 2.8 mmol/L and symptomatic
- Hypocalcaemia < 2.0 mmol/L
- Hypoproteinaemia and marked oedema
- Urea > 15 mmol/L
- Creatinine > 120 mmol/L or $> 50\%$ rise from baseline
- Any raised LFT $3 \times$ normal range
- Neutropenia $< 0.5 \times 10^9/L$
- Anaemia Hb < 6 g/dL
- Prolonged QTc > 450 ms and symptomatic
- Arrhythmia on ECG
- Core body temperature $< 34^\circ\text{C}$ (*note:* calibration of thermometers varies)
- Pulse < 40 bpm or systolic BP < 80 mmHg with significant postural drop
- Severe emaciation with BMI < 11.5

Please note: Many other clinical presentations, aside from these specific objective parameters, may suggest inpatient admission is necessary. For example: collapse, severe abdominal pain, seizure, pneumonia etc.