standing, and temperature). Hypotension, bradycardia, and hypothermia are often seen in association with extremely low weight. Prolongation of the QT interval may be detected in some patients. Dry skin, lanugo, acrocyanosis, and breast atrophy are findings that have been associated with AN. Distinctive hand lesions (Russell sign) have been observed; the backs of the hands are often scarred and cut from repeated abrasion of the skin against the maxillary incisors during self-induced vomiting.

The diagnosis of eating disorder is made clinically, but additional laboratory diagnostic tests may be obtained to identify malnutrition or other associated complications. Laboratory assessment may include a complete blood count to evaluate for anemia and other hematologic abnormalities; erythrocyte sedimentation rate or C-reactive protein to detect evidence of inflammation; electrolytes as well as calcium, magnesium, phosphorus, blood urea nitrogen, and creatinine; and urinalysis, including specific gravity to detect water loading. In patients with prolonged amenorrhea, human chorionic gonadotropin is assessed to determine the presence of pregnancy. Other tests for patients with amenorrhea include thyroid function tests and measurement of serum prolactin and follicle-stimulating hormone to help rule out prolactinoma (hormone-secreting pituitary tumor), hyperthyroidism, hypothyroidism, or ovarian failure. A bone density study may be ordered to detect bone loss, which is a complication of AN. In addition, a comprehensive cardiac evaluation is often recommended in those with AN. Further diagnostic tests may be required based on the history and findings from these diagnostic tests.

Screening tools.

All patients in high-risk categories for eating disorders should be screened during routine office visits. The medical history is most important for diagnosing eating disorders because the physical examination findings may be normal, especially early in the illness. A number of screening questionnaires are available to assist with the interview. For example, with the SCOFF Questionnaire, 1 point is scored for every "yes." A score of 2 or more indicates a likely case of AN or BN. The questions related to the mnemonic **SCOFF** are (Trent, Moreira, Colwell, et al, 2013):