

EARLY-ONSET EATING DISORDERS (EOED)

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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REPORTING INFORMATION

(To be completed by the CPSP Coordinator)

Report number: _____

Month of reporting: _____

Province: _____

Today's date: _____

**Please complete the following sections for the case identified above.
Confidentiality of information will be assured.**

CASE DEFINITION FOR EARLY-ONSET EATING DISORDERS

A broad definition for "eating disorders" is proposed for this study to include the full spectrum of children with disordered eating sufficient to cause a disruption to weight gain or actual loss of weight. Participants will report any child aged from 5 to 12 years of age inclusively, seen in the previous month, with newly diagnosed early-onset eating disorder,

where *eating disorder* is defined as:

- determined food avoidance
- and**
- weight loss or failure to gain weight during a period of expected growth, not due to any identifiable organic cause, such as celiac disease.

Exclusion criteria

Obese children in a supervised weight management program

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: ____ / ____ / ____
 DD MM YYYY

1.2 Sex: Male ___ Female ___

1.3 Ethnicity: Aboriginal ___ Asian ___ Black ___ Caucasian ___ Inuit ___ Latin American ___
Middle Eastern ___ Other (specify): _____

SECTION 2 – CLINICAL FEATURES

2.1 Date of diagnosis: ____ / ____ / ____
 DD MM YYYY

2.2 Please indicate symptoms or signs present at the time of presentation (respond to each item).

Food avoidance	Yes ___	No ___	Unknown ___
Excessive exercising	Yes ___	No ___	Unknown ___
Self-induced vomiting	Yes ___	No ___	Unknown ___
Fear of weight gain/fatness	Yes ___	No ___	Unknown ___
Perception that body shape/size is larger than it is	Yes ___	No ___	Unknown ___
Preoccupation with body weight	Yes ___	No ___	Unknown ___
Preoccupation with food/ food intake	Yes ___	No ___	Unknown ___
Laxative abuse	Yes ___	No ___	Unknown ___
Diuretic abuse	Yes ___	No ___	Unknown ___
Somatic complaints, e.g., abdominal pain without specific cause	Yes ___	No ___	Unknown ___
Denial of severity of illness	Yes ___	No ___	Unknown ___

- 2.3 Has the child reached menarche? Yes ___ No ___ N/A ___
 If yes, is there now secondary amenorrhoea? Yes ___ No ___ N/A ___
- 2.4 Current weight: _____ kg _____ centile
- 2.5 Current height: _____ cm _____ centile
- 2.6 Change in weight over previous 6 months: no change ___
 decreased ___ please specify: _____ kg
 increased ___ please specify: _____ kg
- 2.7 Change in height over previous 6 months: no change ___
 increased ___ please specify: _____ cm
- 2.8 Maximum weight ever recorded: _____ kg _____ centile
- 2.9 Date when maximum weight was recorded: ____ / ____
 MM YYYY
- 2.10 Pubertal status: *Tanner Stage*
- a. Breast development: Stage 1 ___ Stage 2 ___ Stage 3 ___ Stage 4 ___ Stage 5 ___ N/A ___
- b. Pubic hair: Stage 1 ___ Stage 2 ___ Stage 3 ___ Stage 4 ___ Stage 5 ___ N/A ___
- 2.11 What was the duration of symptoms prior to diagnosis? _____ weeks or _____ months Unknown ___

SECTION 3 – SOCIAL HISTORY

- 3.1 Has there been a change in social relationships; e.g., peers, family? Yes ___ No ___
- 3.2 Does the child smoke cigarettes? Yes ___ No ___
 If yes, how many per day? ≤5 ___ 5-10 ___ >10 ___

SECTION 4 – EXAMINATION FINDINGS

- 4.1 Please indicate if any of the following were detected:
- Temperature < 35.5 °C Yes ___ No ___
- Hypotension (systolic BP < 80) Yes ___ No ___
- Bradycardia (< 50 beats/min) Yes ___ No ___ If yes, lowest recorded rate: _____

SECTION 5 – INVESTIGATION RESULTS

- 5.1 Please provide results for the following:
- Blood count: Hb _____ WCC _____ Diff _____
- Platelets _____ ESR _____
- Anti-gliadin antibodies: negative ___ positive ___ not taken ___

SECTION 6 – PSYCHIATRIC ILLNESS

- 6.1 Did the child have a concurrent psychiatric illness?
- Depression: Yes ___ No ___
- Obsessive compulsive disorder: Yes ___ No ___
- Anxiety: Yes ___ No ___
- Any other psychiatric illness (please specify): _____
- 6.2 Is there a family history of psychiatric illness (including anorexia nervosa)? Yes ___ No ___
 If yes, please give diagnosis and relationship to child: _____

SECTION 7 – MANAGEMENT

7.1 Was the child admitted to hospital? Yes ___ No ___

If yes, please indicate the type of ward in which the child was admitted:

a. general paediatric ward Yes ___ No ___

b. child and adolescent psychiatry ward Yes ___ No ___

c. general psychiatry Yes ___ No ___

d. specialist eating disorder unit Yes ___ No ___

7.2 If the child has already been discharged, what was the total duration of hospital admission? _____ days

7.3 If the child has not been discharged, what was his hospital admission date? ____ / ____ / ____
DD MM YYYY

7.4 Did the child receive naso-gastric tube feeding? Yes ___ No ___

7.5 Were psychotropic medications prescribed for concurrent psychiatric illness? Yes ___ No ___

If yes, specify psychotropic medication(s): _____

7.6 At the time of your last contact with the family, was the child alive? Yes ___ No ___

SECTION 8 – PROFESSIONALS INVOLVED IN CARE

8.1 Please indicate which of the following health professionals have been required in the patient's care:

Paediatrician Yes ___ No ___

Psychiatrist Yes ___ No ___

Dietitian Yes ___ No ___

Psychologist Yes ___ No ___

Social worker Yes ___ No ___

Other (please specify): _____

SECTION 9 – REPORTING PHYSICIAN

First name _____ Surname _____

Address _____

City _____ Province _____ Postal code _____

Telephone number _____ Fax number _____

E-mail _____ Date completed _____

Thank you for completing this form.