CASE DEFINITION FOR BULIMIC EATING DISORDERS

Report any new patient presenting between the ages of 5 and 18 years (up to the 18th birthday) with binging and/or purging behaviour:

- Binging is characterized by eating, in a two-hour period or less, an amount larger than what most people would eat under similar circumstances and a sense of loss of control over eating during the episode.
- Purging can include self-induced vomiting, misuse of laxatives, diuretics and other medications, and/or inappropriate compensatory behaviours, such as fasting or excessive exercising.

Exclusion criteria
Children who have biological causes for either binging or purging or who suffer from a psychotic disorder, or significant developmental delay.

SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: _____ / _____ / ________ 1.2 Sex: Male ___ Female ___

1.3 Province/Territory of residence: ____________________

1.4 Ethnicity:  First Nations ____  Innu ____  Inuit ____  Métis ____  Asian ____  Black ____  Caucasian ____
Latin American ____  Middle Eastern ____  Other (specify): _____________________________  Unknown ___

SECTION 2 – CLINICAL PRESENTATION

2.1 Binging: No ___ Yes ___ If yes, specify:
- frequency: _____ per day or _____ per week or _____ per month
- presence of a sense of lack of control during binge?  No ___ Yes ___ Unknown ___

2.2 Self-induced vomiting: No ___ Yes ___
If yes, specify frequency: _____ per day or _____ per week or _____ per month

2.3 Purging

2.3.1 Laxatives: No ___ Yes ___ Unknown ___ If yes, specify:
- medications: _________________________ dosage: _________________________
- frequency: _____ per day or _____ per week or _____ per month
- if prescribed by a physician: No ___ Yes ___ Unknown ___

2.3.2 Diuretics: No ___ Yes ___ Unknown ___ If yes, specify:
- medications: _________________________ dosage: _________________________
- frequency: _____ per day or _____ per week or _____ per month
- if prescribed by a physician: No ___ Yes ___ Unknown ___

2.3.3 Other medications: No ___ Yes ___ Unknown ___ If yes, specify:
- products: _________________________ average dosage: _________________________
- frequency: _____ per day or _____ per week or _____ per month
- reason: ___________________________
2.4 Exercising: No ___ Yes ___  If yes, specify:
• frequency: _____ hours/day or _____ hours/week
• Common forms of exercise: ___________________________________________________________

2.5 Other behaviours
2.5.1 Fasting ___ ___ ___
2.5.2 Food avoidance ___ ___ ___
2.5.3 Fear of weight gain/becoming fat ___ ___ ___
2.5.4 Preoccupation with food/food intake ___ ___ ___
2.5.5 Preoccupation with body weight ___ ___ ___
2.5.6 Perception that body shape/size is larger than it is ___ ___ ___
2.5.7 Denial of severity of illness ___ ___ ___
2.5.8 Somatic complaints (e.g., headache) ___ ___ ___
2.5.9 Others, please describe: _______________________________________________________

2.6 Duration of bulimic symptoms before presentation: _____ weeks _____ months

2.7 Physical signs
2.7.1 Current weight: _____ kg  Current height: _____ cm
If weight has changed in last six months, please specify:
• Weight loss ____ amount: _______ kg,  weight gain ____ amount: _______ kg
• Maximum weight ever recorded: _______kg date recorded : ____ /_____ /_______
                        DD  MM  YYYY
If height has changed in last six months, please specify the amount increased: ______ cm

2.7.2 Pubertal status: Sexual Maturity Rating (SMR), also known as Tanner staging
• Breast development: SMR 1 ____ SMR 2 ____ SMR 3 ____ SMR 4 ____ SMR 5 ____ N/A __
• Pubic hair: SMR 1 ____ SMR 2 ____ SMR 3 ____ SMR 4 ____ SMR 5 ____

2.7.3 Medical consequences – check all that apply
• Bradycardia (<50 beats/min) ___ ___ ___
• Tachycardia (>100 beats/min) ___ ___ ___
• Other arrhythmias ___ ___ ___
• Hypotension (systolic BP<80) ___ ___ ___
• Hypokalemia ___ ___ ___
• Other electrolyte abnormalities ___ ___ ___
If yes, specify: __________________________________________________________
• Dehydration ___ ___ ___
• Muscle weakness ___ ___ ___
• Callous on dorsum of hands (Russell’s sign) ___ ___ ___
• Dizziness ___ ___ ___
• Syncope ___ ___ ___
• Decreased gastrointestinal mobility ___ ___ ___
• Gastro-esophageal reflux ___ ___ ___
• Gastric dilatation ___ ___ ___
• Esophageal irritation/bleeding ___ ___ ___
• Blood in vomitus ___ ___ ___
SECTION 3 – SOCIAL HISTORY

3.1 Was there any changes in social relationship (e.g.: peers, family)?
No ___   Yes ___   Unknown ___   If yes, specify: _______________________________________

3.2 Relevant history – check all that apply

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>3.2.1</td>
<td>Abuse</td>
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<td>3.2.2</td>
<td>Victim of bullying</td>
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<td>3.2.3</td>
<td>Self-harm behaviour</td>
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<td>3.2.4</td>
<td>Suicidal behaviour</td>
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<td>3.2.5</td>
<td>Impulsive/risk-taking behaviour</td>
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<td>3.2.6</td>
<td>Running away</td>
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<td>3.2.7</td>
<td>Truancy</td>
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<tr>
<td>3.2.8</td>
<td>Sexual activity</td>
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<tr>
<td>3.2.9</td>
<td>Multiple sexual partners</td>
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<tr>
<td>3.2.10</td>
<td>Cigarette use</td>
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<tr>
<td>3.2.11</td>
<td>Alcohol use</td>
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<tr>
<td>3.2.12</td>
<td>Street drug use</td>
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If yes, how many per day:  <5 ___   5-10 ___   >10 ___

If yes, how much? _______________________________
and frequency? _______________________________

SECTION 4 – PSYCHIATRIC ILLNESS

4.1 Current history

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<tr>
<td>4.1.1</td>
<td>Depression</td>
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<td>4.1.3</td>
<td>Obsessive-compulsive disorder</td>
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<td>4.1.4</td>
<td>Others, please specify: _______________________________</td>
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4.2 Past history

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<td>4.2.2</td>
<td>Anxiety disorder</td>
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<td>4.2.3</td>
<td>Obsessive-compulsive disorder</td>
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<td>4.2.4</td>
<td>Anorexia nervosa</td>
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<td>4.2.5</td>
<td>Alcohol / substance use/abuse</td>
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<td>4.2.6</td>
<td>Others, please specify: _______________________________</td>
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4.3 Family history

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<tbody>
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<td>4.3.2</td>
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<tr>
<td>4.3.4</td>
<td>Anorexia nervosa</td>
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<td>4.3.5</td>
<td>Bulimia nervosa</td>
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<td>4.3.6</td>
<td>Alcohol / substance use/abuse</td>
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<td>4.3.7</td>
<td>Attempted suicide</td>
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<td>4.3.8</td>
<td>Completed suicide</td>
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<tr>
<td>4.3.9</td>
<td>Others, please specify: _______________________________</td>
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SECTION 5 – MANAGEMENT

5.1 The management included:
- Regular medical monitoring
- Nutritional counseling
- Psychoeducation
- Individual psychotherapy
- Family therapy
- Day treatment/partial hospitalization
- Psychiatric medication, please specify: __________________________
- Other, please specify: __________________________

5.2 Hospital admission: No ___ Yes ___ Unknown ___
- If yes, please specify reason for admission: __________________________
- Date of admission: ____ / ____ / _______
  DD-MM-YYYY
- Date of discharge: ____ / ____ / _______
  DD-MM-YYYY
- NG tube feeding ___ Potassium supplementation ___ Cardiac monitoring ___

5.3 Previous psychiatric admissions: No ___ Yes ___ Unknown ___ If yes, how many ______

5.4 Previous medical admissions: No ___ Yes ___ Unknown ___ If yes, how many ______

SECTION 6 – REPORTING PHYSICIAN

First name __________________ Surname ________________________________
Address ____________________________________________________________
City __________________________ Province ______________ Postal code ______
Telephone number __________________ Fax number _______________________
E-mail __________________________ Date completed ______________________

SECTION 7 – FOLLOW-UP

7.1 What is the follow-up plan for this child?
- I will follow myself ___
- I will refer to medical/psychiatric specialist ___
- I will send back to primary care physician ___

7.2 Are you willing to be contacted for further information/cohort study? Yes ___ No ___

Thank you for completing this form.

(BED 2008-03)