

Critical Complications in Eating Disorder Treatment: Refeeding Syndrome, Pseudo-Bartter Syndrome, and More

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Credit: One and a half (1.5) Continuing Education Credits Awarded

Posttest (For reference only. You must take and pass the test online for CE credit.)

1. How long after restarting nutrition are symptoms and lab findings indicative of refeeding syndrome most likely to be seen?
 - a. 2 weeks
 - b. After 3-5 days
 - c. Immediately
 - d. There are no significant lab findings in refeeding syndrome
2. Which of the following can happen with pseudo-Bartter syndrome during rehydration?
 - a. Low potassium
 - b. Low thyroid levels
 - c. Increased energy
 - d. High potassium
3. Which of the following DOES NOT necessitate a higher level of care?
 - a. Risk for refeeding syndrome
 - b. Risk for pseudo-Bartter syndrome
 - c. Very low body weight
 - d. A history of osteoarthritis
4. Which of the following labs is important to check in individuals with eating disorders?
 - a. Phosphorus
 - b. Rheumatoid factor
 - c. Arterial Blood Gas
 - d. BRCA 1 & 2
5. Which of the following is not a potential outcome of refeeding syndrome?
 - a. Cardiac arrhythmias
 - b. Heart failure
 - c. Compression fractures
 - d. Respiratory Failure
6. Refeeding syndrome related to an eating disorder is NOT found among individuals who:
 - a. Have a normal or high body weight
 - b. Are male
 - c. Drink alcohol
 - d. Are less than 12 months old
7. To prevent complication of pseudo-Bartter syndrome, clinicians should help their patients by:
 - a. Rehydrating very quickly with rapid IV fluids
 - b. Rehydrating relatively slowly
 - c. Increasing salt in the diet by three times
 - d. Postponing therapy and dietary interventions

8. Which of the following is NOT a sign or symptom of refeeding syndrome?
 - a. Increased heart rate
 - b. Headache
 - c. Weakness
 - d. Sore throat
9. If a higher level of care is not possible, which is true for patients with risk for refeeding or pseudo-Bartter syndrome:
 - a. Labs should be done frequently
 - b. The interdisciplinary treatment team should meet twice per year
 - c. The risk to the patient must not be very high
 - d. No assessment or interventions are needed
10. Superior mesenteric artery syndrome (SMA):
 - a. Is the only complication of low body weight
 - b. Is a bowel obstruction caused by the loss of the mesenteric fat pad
 - c. Is accompanied by only mild symptoms
 - d. Occurs when patients stop eating
11. When a patient experiences a severe complication of an eating disorder, such as refeeding syndrome, pseudo-Bartter syndrome, SMA, or pancreatitis, which of the following should occur:
 - a. Therapists should contact a local hospice team
 - b. Treatment of the eating disorder should continue
 - c. Treatment of the eating disorder should be put on hold until symptoms resolve.
 - d. Symptoms should be ignored, as none of these are life threatening
12. Which of the following factors would NOT put someone at risk for refeeding syndrome:
 - a. Rapid high weight loss related to GLP-1 Agonist use
 - b. Rapid high weight loss related to anorexia nervosa
 - c. A 1% weight loss related to a three day gastroenteritis (stomach flu)
 - d. Sustained low body weight over time related to ARFID
13. Which of the following is a risk factor for pseudo-Bartter syndrome:
 - a. Purging 3 times/day (without replacing fluids)
 - b. Chronic history of drinking 80 ounces/day
 - c. Avoiding diuretic and laxative use
 - d. Drinking Powerade instead of water
14. Which of the following DOES NOT indicate a patient may need a higher level of care?
 - a. Cavities
 - b. Low heart rate
 - c. Low blood pressure
 - d. No progress at current level of care
15. How long can the effects of pseudo-Bartter syndrome persist (when avoiding fluid restricting behaviors)?
 - a. Up to 3 days
 - b. Up to 3 weeks
 - c. Up to 3 months
 - d. Up to 3 years