A
norexia nervosa is a heritable psychiatric
disorder with warning signs that can be
identified decades before the onset of the
illness, the largest twin study on the disor-
der shows.

"Genes play a substantial role in the develop-
ment of this illness; there is a clear biological
component," said lead author Cynthia M. Bulik,
Ph.D., in a teleconference about the new research

The findings are good news for patients and
their families, said Dr. Bulik, the William R. and
Jeanne H. Jordan Distin-
guished Professor of Eating
Disorders at the University
of North Carolina, Chapel
Hill. "We have gone through
too much time where par-
ents have been blamed.
Now families and patients
can be liberated and em-
powered," Dr. Bulik said.
"This helps them under-
stand they are fighting their biology.

The study included 31,406 twins from the
Swedish Twin Registry. The twins, born during
1935-1958, were sent a questionnaire in 1973 that
disclosed demographics, physical illnesses, physical
activity level, personality, stress, and work expo-
sures. Seven potential predictors of the develop-
ment of anorexia nervosa (AN) were evaluated
in the questionnaire, including body mass index,
which has been shown to normalize with anorexia
nervosa, clinicians should consider consider-
rative evaluations should be per-
formed every 2 weeks, especially in
patients who are severely malnour-
ished at the start of treatment. Clin-
icians should be aware that during
refeeding, changes in body shape and
Clothing fit can trigger severe
anxiety or depression.
All patients with eating disorders
should take a multivitamin plus vi-
tim D and calcium. Because of the
risk of death secondary to car-
diac arrhythmias in patients with
anorexia, clinicians should consider
oral vitamin K supplementation,
which has been shown to normal-
ize the QT interval. "I'm not saying
you should put every anorexia on
potassium, but they should have an
EKG, and their potassium levels
should be followed by their prima-
ry care physician," she said.

Methylphenidate Reduces Fatigue Safely in Hospice Patients

The study included patients with a ter-
minal illness who had symptoms of fa-
tigue for at least 2 weeks and a fatigue
score of at least 4 on the Edmonton
Symptom Assessment Scale (ESAS). The
study excluded patients with a history of
seizures or cardiac arrhythmias, patients
with dementia, psychosis, cognitive im-
pairment, severe hepatic or renal dys-
function, and patients treated with anti-
psychotic medication.

Patients were randomized to treatment
with 5 mg of methylphenidate or
placebo for 2 weeks. The methylphenidate
dosage could be increased by 5 mg/day
every few days based on patient responses
and adverse effects. During study,
the dosage of methylphenidate used ranged
from 10 mg to 40 mg/day. Patients were as-
estered after 3, 7, and 14 days of treatment.

After 14 days, the average ESAS fatigue
score among the 15 patients treated
with methylphenidate fell from 7.4 at baseline
to 2.69, a statistically significant differ-
ence. Among the 15 patients treated with
placebo, the average score fell from 6.93 at
decision to baseline to 6.58, a nonsignificant differ-
ence, reported Dr. Kerr, medical director of
Hospice Buffalo (N.Y.) Home Care,
and his associates.

The patients showed a similar pattern of
changes in fatigue when assessed by two
Reductions in fatigue among patients get-
ting methylphenidate occurred in a dose-
dependent manner, and began to appear in
3 days after the start of treatment.

The drug also was effective at reducing
depression scores. Among the patients
treated with methylphenidate, the average
score on the Beck Depression Inventory
scale fell by 22% after 14 days of treat-
ment, compared with a decline of the aver-
gage score on the Center for Epidemiolog-
ics-Depression Scale fell by 33%, and the
average ESAS depression score fell by 35%.
Changes from baseline on the placebo
group were much smaller.

Improvements also were seen in addi-
tional scores measured with the ESAS,
including scores for well-being, anxiety, and
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