Use a ‘Multidisciplinary Stance’

Eating Disorders from page 1

help parents become part of a unified team in assisting their child to change her behavior,” she explained.

“The important point to make to both patients and families is that, unless you change your behavior, you won’t be able in the long run to correct your eating disordered thoughts and feelings,” Dr. Guarda said. “This is a process of conversion—from seeing dieting as the answer to recognizing it as the problem.”

Discussions with patients indicate that realize that it is normal to have ambivalent feelings toward change, to relapse on the road to recovery, and to be initially dissatisfied with the changes to their bodies. Body dissatisfaction typically lags behind behavioral change by several months, Dr. Guarda said.

Despite the reluctance of some therapists to weigh patients for fear of encouraging food binging, it is critical to weigh patients at weekly office visits, because it is very difficult to know how things are going without doing so. “We are very explicit at the outset that we require [weigh-ins] in order to treat them,” she said. “You don’t treat hypertension without checking a patient’s blood pressure; why would we treat anorexia nervosa without checking weight?”

Many patients with eating disorders have problems with preparing meals and eating in social settings, which can be isolating and result in occupational and educational limitations. Social skills training may be a major factor in which patients do participate may be maladaptive, such as exercising excessively. Eating disorders can ‘freeze’ a person’s nitrogen intake, impairing formation of identity and intimate relationships, and difficulty in separating from parents, according to Dr. Guarda.

“It’s very important to educate parents about grocery shopping,” because eating disorder patients “often want to be intimately involved in planning family meals, the grocery shopping list, and anything that has to do with food,” said Sandra Kirkhoff, a nurse on the inpatient unit in the eating disorders program. Adolescent patients can request some nondiet foods, such as chocolate chip cookies, done up the shopping or making menus or lists.

Families should try to eat balanced meals together at a table, with no one eating alone, and encourage only a light salad for dinner, or excessively discussing how foods are prepared. After-meal activities can help to prevent purging, strenuous exercise, or guilt from feeling full. At various points in a patient’s treatment, clinicians may have to assess the family’s mealtime behavior and parenting skills and assist in setting firm but supportive limits on disordered behavior and in carrying out the roles assigned to them by the treatment team. This may involve having the family practice designing menus, going to the grocery store, and eating together. In the group, patients and family members must show a united front in setting limits on the patient’s behavior and in following through with consequences, Ms. Bodenstein said.

“When lines get blurred, roles become unclear, and progress stalls or regression; it can be helpful to use a behavior contract to reset the treatment frame and to delineate and make explicit what everybody’s role is,” said Dr. Graham Redgrave, assistant director of the eating disorder program at Johns Hopkins.

During hospitalization, clinicians at Johns Hopkins consistently try to “save the emotion out of the meals” and do not allow any arguments over whether something should be in the menu. Ms. Kirkhoff keeps up the shopping or making menus or lists.

The APA guidelines stress the assessment of physical complications and lab tests that may be relevant in patients with anorexia nervosa or bulimia nervosa, those particular problems—etiology by themselves, or [by] concurrent illness.” Dr. Powers advised.

Bulimia nervosa patients may have many of the same symptoms as anorexia nervosa patients because they have a past history of anorexia. According to the guidelines, bulimia nervosa patients should be screened for alcohol and other drug use, which is a trigger for eating disorder behaviors, urges, and exercising. Ms. Scott said. She instructs patients to get rid of all of their old clothes, especially ones that were associated with the illness. New clothes should include overly large sweaters, or overly small child sizes. New clothes should be appropriate for their age and size, and reasonably tailored, neither baggy nor excessively tight fitting.

Sparce Data on Eating Disorders Call for Research

By JEFF EVANS
Senior Writer

BETHESDA, MD — The release this year of American Psychiatric Association guidelines on treating eating disorders and two analyses of the available evidence to support such treatments have highlighted the dearth of effective, evidence-based interventions for patients.

The lack of such data and the funding to support eating disorders research show that much remains to be accomplished before the disorders get the recognition and treatment they deserve from the medical community and insurers, said speakers and attendees at the annual conference of the National Eating Disorders Association. At least 5 million Americans have the disorders, and anorexia nervosa has the highest premature mortality of any mental illness.

The National Institute of Mental Health is funding 10 extramural studies on eating disorders at outside locations (seven of which are in New York), but none of the institutes within the National Institutes of Health are conducting extramural studies on the disorders. In comparison, the NIMH and other NIH institutes are funding 12 intramural studies on schizophrenia and 14 on bipolar disorder, in addition to many more extramural studies, said Dr. Pauline S. Powers of the department of psychiatry at the University of South Florida, Tampa. The total NIH/NIMH funding for schizophrenia, which affects 3 million Americans, is estimated to be $291 million, while about $30 million is spent on eating disorders research, Dr. Powers said.

Efforts aimed at spreading the word about the high prevalence, morbidity, and mortality of eating disorders to legislators may be the best bet for greater funding of eating disorders, which in turn may attract greater interest from researchers to submit research grant proposals, said Dr. Thomas R. Insel, director of the NIMH.

While the lack of research funding has made it difficult to discern which treatments are best for particular eating disorders, the APA’s new guidelines still will be helpful for clinicians who “are not real familiar with the kinds of things that you see as complications in patients with eating disorders,” said Dr. Powers, who was a member of the APA work group on eating disorders that wrote the guidelines.

For providers to make the best judgment of care for the specific type of treatment that a patient needs, the APA guidelines stress the assessment of physical complications and lab tests that may be relevant in patients with anorexia nervosa or bulimia nervosa. (Am. J. Psychiatry 2006;163[ suppl.]:1-54).

Other tests may be necessary in certain circumstances, such as looking for dual-energy x-ray absorptiometry in anorexic patients who haven’t had a menstrual period for more than 6 months, Dr. Powers said. At her center, clinicians also routinely use an electrocardiogram, a 24-hour urine creatinine clearance test, and a test for level of complement 3, which is an important protein that often drops to low levels early in anorexic patients.

It also may be easier to make a case for insurance coverage with reviewers if you have baseline values for laboratory tests, she noted.

The guidelines recommend placing patients at different levels of care (outpatient, intensive outpatient, partial hospitalization, residential treatment center, inpatient treatment center, inpatient hospitalization) according to severity of illness as well as eating disorder behaviors, urges, and exercising. Drs. Bodenstein and Ms. Scott are asked to keep a record of what they are asked to do, especially after they’ve gotten up the courage to eat outside the hospital, bingeing/purging behaviors, urges, and exercising.

Patients initially go on outings to restaurants in the partial hospital setting with staff so that they can practice and prepare for real life social eating.

Because many patients have lost or not developed skills appropriate for their age, Ms. Scott, an occupational therapist with the eating disorders program, works with patients on money management, coping strategies, work study skills, and body image.

Daily and weekly schedules are important for planning social activities, meals, and filling in free time to stave off boredom, which is a trigger for eating disorder behavior, Ms. Scott said. Clothes shopping “is probably one of the most important things that a patient has to do in order to get back to normal weight,” Ms. Scott said. She instructs patients to get rid of all of their old clothes, especially ones that were associated with the illness. New clothes should include overly large sweaters, or overly small child sizes. New clothes should be appropriate for their age and size, and reasonably tailored, neither baggy nor excessively tight fitting.