

Behavioral HealthCare, Inc.
Clinical Practice Guidelines

Eating Disorder-Background Information	Effective Date: 3/12/08
Review Dates:	

Background Information and brief summary of treatment of Eating Disorders as it applies to community mental health:

Diagnosis: Anorexia nervosa
Bulimia nervosa
Eating disorder NOS (binge eating disorder, night eating syndrome)

Initial considerations:

Consider the client's overall physical condition, psychology, behaviors and social circumstances. It is not based on weight alone. This would be a medical decision.

Adults weighing less than approximately 85% of their individually estimated healthy weights have considerable difficulty gaining weight outside of a highly structured setting i.e., in the hospital.

Consider hospitalization if:

- Client is raped or has experienced additional stressors
- There is a persistent decline in oral intake
- Decrease in weight despite intensive outpatient or partial hospitalization services
- Co-occurring psychiatric problems
- Degree of client's denial and resistance to participation
- NOTE: Children may require hospitalization sooner

Treatment site:

Please refer to the BHI approved level of care guidelines to determine medical necessity authorization. BHI Director of Provider Relations and Contracting will maintain a list of providers who specialize in eating disorders.

General information:

Uncomplicated Bulimia nervosa: most do not require hospitalization. If there are signs of physical deterioration i.e., uncontrolled vomiting, etc., then, of course hospitalization would be considered. An admission to intensive level of care may be required if there are no less intensive services.

The decision to hospitalize on medical vs. psychiatric unit is made based on individual's status. Outcomes appear to be better if hospitalized on units that have staff w/ understanding of eating disorders.

Partial hospitalization programs that require the client's presence 8 hours for 5 days per week were most successful.

Treatment site and type specific to diagnosis:

- Anorexia nervosa:
 - If acute: Inpatient treatment using psycho-dynamically informed treatment.

When begin to gain weight: psychotherapy and psycho education about illness and cognitive distortions, maladaptive ways illness was used to cope with feelings and emotions to avoid or minimize relapse.

- Not acute: psycho education about illness and relapse prevention.

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Children/adolescents: Family therapy that involves having family present as part of the meal is most effective.

- Bulimia nervosa:
Generally not requiring hospitalization but benefit most from partial hospitalization i.e., eight hours per day five days per week.
Psycho education including nutrition counseling
 - Acute adults: Cognitive Behavioral Therapy
Psychodynamic interventions w/ Cognitive Behavioral Therapy are more effective for global outcomes. Also have found that Interpersonal Therapy, fluoxetine or group treatment effective.

In general: Self-help and professionally guided programs may be effective with some persons.

Overeaters Anonymous can be used as adjunct therapy but is not recommended as the sole therapy.

- Eating disorder NOS:
Treatment: Recommended treatments are Cognitive Behavioral Therapy, behavioral weight control programs, aspects of Dialectical Behavior Therapy, and nutritional counseling.

Consideration of using psychiatric medications and refer to psychiatrist for recommendations:

- Anorexia nervosa:
Second generation antipsychotics
Benzodiazepines
ECT
- Bulimia nervosa:
SSRIs
Tricyclic antidepressants
Topiramate
Valproic acid
Methylphenidate
Bright light therapy
- Eating disorders NOS:
Antidepressants
Topiramate
Appetite suppressants

Reference:

Yager, et al. (2006) Practice Guideline for the Treatment of Patients with Eating Disorders, Third Edition. American Psychiatric Association.