

# Eating Disorder Treatment in the Outpatient Setting

Behavioral Health ECHO

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# Objectives

- ▶ Gain a better understanding of outpatient treatment for anorexia nervosa and bulimia nervosa

# Treatment for Anorexia

- ▶ **Multi-modal Treatment Approach**
  - ▶ Nutritional rehabilitation and treatment of medical complications
  - ▶ Nutritional counseling to restore healthy eating behavior
  - ▶ Individual therapy
  - ▶ Group therapy
  - ▶ Family counseling or therapy
  - ▶ Treatment of co-morbid disorders
  - ▶ Ideally all providers are in frequent contact

# Anorexia Management

## ▶ Medical Management

### ▶ Monitor for refeeding syndrome

- ▶ Occurs when phosphate, mg, and k homeostasis is disrupted and serum levels decrease.
- ▶ Change from fat metabolism to carbohydrate metabolism
- ▶ Increased basal metabolic rate
- ▶ Disorder and confusion in electrochemical membrane potential, arrest of enzyme systems
- ▶ Can result in heart failure, seizures, rhabdomyolysis, respiratory failure, encephalopathy, etc

### ▶ Monitor ECG

- ▶ Watching for bradycardia, prolonged Q-T, changes in contractility

# Refeeding Syndrome

## ▶ Risk factors

- ▶ BMI <16
- ▶ Weight loss >15% in past 3-6 months
- ▶ Little to no intake for >10 days
- ▶ Reduced K, Mg, Phos prior to refeeding
- ▶ Recent problematic use of alcohol, drugs, insulin, antacids, diuretics
- ▶ Chemotherapy

# Treatment for Anorexia

## ▶ Nutritional Rehabilitation

### ▶ Restoration of normal body weight

- ▶ Start calories slowly with goal of 2200-2500kcal/d
- ▶ Goal weight gain 1000-2000g/wk
- ▶ Some role for NG tube feeding if oral intake insufficient
- ▶ Daily blinded weights in am, post-void in gown
- ▶ Laboratory monitoring 3x daily to weekly
  - ▶ Basic Metabolic Panel, magnesium, phosphate, ionized calcium, urinalysis

# Pharmacotherapy for Anorexia

- ▶ No FDA approved agents for anorexia
- ▶ Atypical Antipsychotics
  - ▶ Obsessions, anxiety, near delusional thinking
  - ▶ Short-term use
  - ▶ Should disclose risk of metabolic syndrome, wt gain and monitor for extrapyramidal symptoms
  - ▶ Non-compliance common
  - ▶ Olanzapine most studied with a few positive studies
  - ▶ No difference when risperidone added

# Pharmacotherapy in Anorexia

- ▶ Anxiolytics
  - ▶ Helpful before meals
  - ▶ Short-term use
  - ▶ Higher potential for side effects
- ▶ Antidepressants
  - ▶ SSRIs may help prevent relapse
    - ▶ Used after weight restoration
    - ▶ Use for anxiety/OCD symptoms
  - ▶ Mirtazapine used occasionally
    - ▶ Higher risk of neutropenia
  - ▶ Avoid bupropion, TCAs due to seizure risk and prolonged Q-T interval
- ▶ N-acetylcysteine
  - ▶ Helps with compulsive behaviors
  - ▶ OTC 1000-1200mg daily for 3 months



# Pharmacotherapy in Anorexia

## ▶ Adjunct Medications

### ▶ Anti-Nausea Medications

- ▶ Ondansetron

### ▶ Pro-motility agents decrease bloating and early satiety

- ▶ Metoclopramide
- ▶ Erythromycin

### ▶ Decrease constipation

- ▶ Colace
- ▶ Miralax
- ▶ Avoid abusable laxatives

### ▶ Treatment/Prevention of osteopenia/osteoporosis

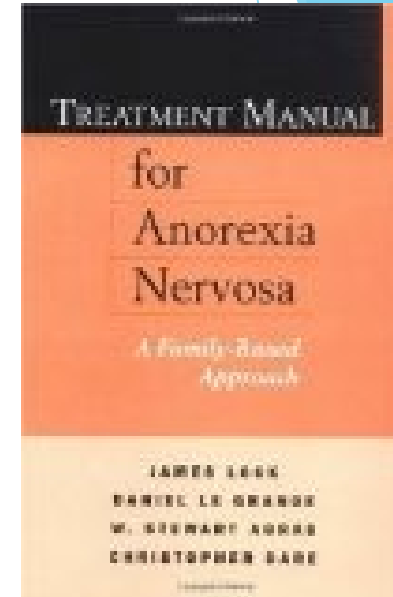
- ▶ Calcium and Vit D replacement
- ▶ Oral contraceptives not shown to improve osteopenia

### ▶ Multi-vitamin

- ▶ No need for zinc replacement or every single B vitamin unless at risk for B12 deficiency

# Anorexia Treatment

- ▶ Family Based Treatment
  - ▶ For children and adolescents living at home with parents
  - ▶ No fault approach
  - ▶ Manualized Therapy
    - ▶ Three stages, about 20 sessions, outpatient
    - ▶ Therapist supports parents in how best to refeed their child at home
  - ▶ Has best rates of long-term recovery in teens
    - ▶ Evidence Based for children and adolescents
    - ▶ 85% recovery vs. 35% recovery in 5 year study



# Other Therapeutic Treatments for Anorexia

## ▶ Therapies

### ▶ Cognitive Behavioral Therapy (CBT-E)

- ▶ Has good data for adults

### ▶ Group Therapy

### ▶ Dialectical Behavioral Therapy (DBT)

### ▶ Education About Eating Disorders

### ▶ Supportive Therapy

- ▶ Mentors: recovered ED patients

- ▶ [www.mentorconnect-ed.org](http://www.mentorconnect-ed.org)

# Anorexia Outcomes

- ▶ Chronic course in 20% of cases
  - ▶ All ages of onset
- ▶ Age at onset and early treatment matter
  - ▶ Onset in adolescence protective
  - ▶ Onset in prepubertal years and in adulthood = chronic
- ▶ Co-morbid psychiatric illness in 50% of cases
  - ▶ Depression most common psychiatric diagnosis
  - ▶ Anxiety disorders also common
  - ▶ Cluster C personality disorders
- ▶ 10-20% mortality rate over time
  - ▶ High rate of suicide
    - ▶ **\*\*Most common cause of death in long term follow up\*\***
  - ▶ Other causes of premature death including malnutrition and cardiac causes

# Bulimia Signs and Symptoms

- ▶ Dental enamel erosion
- ▶ Salivary gland enlargement
- ▶ Knuckle abrasions: Russell's sign
- ▶ Esophagitis
- ▶ Pancreatitis
- ▶ Poor GI motility
- ▶ Hypokalemia
- ▶ Hyponatremia
- ▶ Metabolic alkalosis
  - ▶ Severe purging



# Bulimia Comorbidity

- ▶ Depression
- ▶ Suicidal Ideation and Attempts
  - ▶ 25-35% of patients with bulimia reported a history of attempt
- ▶ Substance Abuse
- ▶ ADHD
  - ▶ Combined type most common
- ▶ Anxiety Disorders
  - ▶ OCD
  - ▶ Social Phobia
- ▶ Borderline Personality Disorder

# Pharmacotherapy in Bulimia

## ▶ SSRIs

- ▶ Reduce core symptoms and improve mood and anxiety
- ▶ Fluoxetine FDA approved for bulimia
- ▶ Need higher doses than for depression
- ▶ Relapse is common
  - ▶ Need long-term treatment: minimum one year

## ▶ Topiramate

- ▶ Reduces bingeing and purging
- ▶ Seems to help with impulse control
- ▶ Weight loss is common
  - ▶ Use cautiously in someone who is underweight or restricts more frequently than b/p
- ▶ Cognitive difficulties and sedation can reduce compliance

# Pharmacotherapy in Bulimia

- ▶ Ondansetron
  - ▶ Reduces binge-purge frequency
  - ▶ Decreases patient's ability to vomit
  - ▶ Using more routinely but more studies needed
- ▶ Naltrexone
  - ▶ Reduces binge-purge frequency
- ▶ Mood stabilizers/SGAs
  - ▶ Used for treating co-morbid symptoms that may be interfering with eating disorder recovery



# Therapeutic Models for Bulimia

- ▶ CBT
  - ▶ Treatment of choice
  - ▶ Several studies showing efficacy
- ▶ Family-based treatment
  - ▶ Some evidence
  - ▶ Requires even more family monitoring to ensure not only eating but no purging
- ▶ Motivational Interviewing
  - ▶ Good place to start to get a sense of motivation to stop b/p behaviors
  - ▶ Some research shows promise
- ▶ DBT
  - ▶ Effective method. Patients often have co-morbid self-harm behaviors or use b/p behaviors to cope with strong emotions
- ▶ Group Therapy
- ▶ Behavior Therapy

# Resources

## ▶ Books

- ▶ Life Without Ed Schaefer and Rutledge
- ▶ Goodbye Ed, Hello Me Jenni Schaefer
- ▶ Intuitive Eating Tribole and Resch
- ▶ Lock et al. (2001) Treatment Manual for Anorexia Nervosa: A Family-based Approach. NY: Guilford Press.
- ▶ Le Grange, D. and Lock, J. (2007) Treating Bulimia in Adolescents: A Family-Based Approach. NY: Guilford Press.
- ▶ Lock, James and Le Grange, Daniel (2005) Help Your Teenager Beat an Eating Disorder. NY: Guilford Press.
- ▶ Le Grange, D. and Lock, J. Eds. (2011) Eating Disorders in Children and Adolescents: A Clinical Handbook. NY: Guilford Press.
- ▶ Brown, H. (2010) Brave Girl Eating. Morrow.
- ▶ Alexander, J and Le Grange, Daniel (2010) My Kid is Back: Empowering Parents to Beat Anorexia. Routledge.
- ▶ Collins, L (2004) Eating with Your Anorexic. McGraw Hill.

# Resources

## ▶ Websites

▶ [www.aedweb.org](http://www.aedweb.org)

▶ Resource guide at [www.aedweb.org/Resources\\_for\\_professionals/2920.htm](http://www.aedweb.org/Resources_for_professionals/2920.htm)

▶ American Psychiatric Association Practice Guidelines

▶ <http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1671334>

▶ [www.maudsleyparents.org](http://www.maudsleyparents.org)

▶ [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

▶ [www.feast-ed.org](http://www.feast-ed.org)

▶ [www.something-fishy.org](http://www.something-fishy.org)

Questions...