

Evidence Based Practice Treatment Options

There are many different treatments available for individuals with an eating disorder.

Treatment options may be recommended based on the person's age, the severity and type of eating disorder they are experiencing, and the length of time they have had the illness.

A treatment plan should generally involve a mix of medical, psychological and nutritional support. It should also recognise and address the different phases of the illness, target specific symptoms and provide ongoing support to reduce the risk of relapse.

It is helpful if a treatment plan is holistic – taking into consideration social, occupational and spiritual support. Support groups can be helpful to connect with others who are experiencing or have experienced an eating disorder.

Involving families and carers in treatment is important for maximising the effectiveness of any treatment plan. Wherever possible, every effort should be made to include family in the treatment of a child or adolescent.

Treatments for Anorexia Nervosa

Different treatments are likely to be beneficial at different stages of the illness.

For children and adolescents, the first line treatment recommended is Family Based Treatment, commonly referred to as FBT or Maudsley Family Therapy.

“We really battened down the hatches as a family and surrounded him with love and support. That was our main role while the psychologist and others treated the eating disorder” Parent

For adults, the best evidence for treatment is a combination of nutritional rehabilitation and psychological therapies.

These treatments can be delivered in the community and may involve regular consultations with health professionals (dietitians, psychologists, GPs). It may also involve a more intensive day program in which people attend group treatment for a number of hours on one or more days every week.

Hospital-based treatment may be required when a person needs medical stabilisation nutritional rehabilitation and intensive support to manage disordered eating behaviours. Hospitalisation is also a possibility if there is a risk of self-harm or suicide. Community-based treatment should follow hospitalisation in most cases.

Treatments for Bulimia Nervosa (BN) and Binge Eating Disorder (BED)

Community treatment is usually suitable for BN and BED. Research suggests that a range of psychological therapies such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Interpersonal Therapy (IPT) are most effective. Ongoing medical monitoring by a GP and nutrition support with a Dietitian is also important.

For adults, CBT has been shown to be the most effective for treatment of bulimia nervosa. See below for more information on CBT.

'Guided self-help' has also been shown to be effective for BN and BED. In guided self-help, the person works with a trained clinician to implement a CBT based self-help program.

For children and adolescents, both Family Based Treatment and CBT have research to support their use with bulimia nervosa.

Treatment may be provided individually, in groups or through guided self-help programs. Some people benefit from more intensive community-based day programs, which involve treatment for a number of hours a day, one or more days each week.

Hospital-based treatment may be required if the symptoms are very severe or if there are any medical complications that need immediate treatment. Hospitalisation is also a possibility if there is a risk of self-harm or suicide.

Treatments for Other Specified Feeding and Eating Disorders (OSFED)

The best treatment for people experiencing OSFED will depend on their symptoms. If the symptoms are similar to anorexia nervosa then the treatment should be the same as for someone with anorexia nervosa. Similarly, if the symptoms are more like bulimia nervosa or binge eating disorder, then treatment should follow those approaches.

Medical Treatment

When being treated in the community, it is important to always involve a general practitioner in the treating team due to the life threatening medical complications associated with eating disorders.

Where possible, it is important to find a GP with knowledge, skills and experience with mental health issues, or special expertise in eating disorders.

GP's can assess and monitor any medical risks, can prescribe appropriate medications if required and can provide appropriate referral options to ensure that a multidisciplinary team is established to provide evidence based treatment.

It is important to remember: eating disorders can be life threatening and have the highest mortality rate of all psychiatric illnesses.

Psychological Therapies

Psychological intervention is generally recommended for people who have an eating disorder or are experiencing symptoms of disordered eating. This can be provided by a psychologist, psychiatrist, mental health nurse, social worker, occupational therapist and counsellor given that they have knowledge and experience working with people who have an eating disorder.

Some of the more widely used types of psychological treatments include:

- Cognitive Behaviour Therapy (CBT) focuses on the links between thoughts, emotions and behaviours. It helps people to identify and change unhelpful thinking styles or beliefs that perpetuate the eating disorder and to learn healthier ways of coping and relating to issues of food, shape and weight.

- Interpersonal Therapy (IPT) is a treatment that focuses on the way in which the person interacts with others in their life, and who this may be related to the eating disorder symptoms. IPT helps people to change the problematic ways in which they may relate to others.
- Dialectical Behaviour Therapy (DBT) is often useful for people who find it difficult to manage their feelings in a healthy way, for example using self-harming behaviours. DBT helps people to learn skills to manage their emotions appropriately and focuses on building the skills of the person in mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness.
- Motivational Interviewing (MI) focuses on eliciting and strengthening the individuals own reason/s for change. In MI the practitioner trusts that the individual has the capacity to work through and resolve their ambivalence about change if they so choose. The practitioner is responsible for skilfully guiding a conversation towards change to assist this process.
- Family Based Treatment (FBT or Maudsley Family Therapy) is the first line treatment for children and adolescents with Anorexia Nervosa. FBT is an intensive outpatient treatment in which parents are actively involved in helping the young person restore their weight, then transferring the control and responsibility back to the young person and supporting normal adolescent development beyond the eating disorder.

Nutrition Support

An Accredited Practising Dietitian (registered with the Dietitians Association of Australia) can provide nutrition support and counselling to guide an individual with an eating disorder to address their relationship with food and actively renourish their body through learning how to eat well.

It is important to seek a Dietitian with experience in treating individuals with eating disorders. A Dietitian who has experience in working with people with eating disorders will have an understanding of the underlying psychological dynamics and underpinnings of the eating disorder and will be able to work in line with a range of psychological treatment models.