Pharmacotherapy in Eating Disorders

Medications and Anorexia Nervosa

Recent systematic reviews of RCTs and meta-analyses of the pharmacological treatment of AN suggest weak evidence for the use of any psychotropic agents with no evidence that the selective serotonin re-uptake inhibitors (SSRIs) treat the core feature of AN or prevent relapse. Low doses of antipsychotics such as olanzapine or quetiapine may be helpful when patients are severely anxious and demonstrate obsessive eating-related ruminations, but more trials are needed Caution is required for any psychotropic medication, as physical problems secondary to anorexia nervosa may place individuals at greater risk of adverse side effects.

In the acute stages of AN, comorbid conditions such as anxiety, depression or obsessive-compulsive features may resolve with weight gain alone without the need for consideration of medication.

SSRIs may be beneficial in the treatment of comorbid anxiety disorders, depression and obsessive-compulsive disorder in the non-acute stage of AN.

Medications and Bulimia Nervosa & Binge Eating Disorder

Selective serotonin re-uptake inhibitors (SSRIs) in combination with psychotherapy (such as CBT) has been shown to have the best outcome in the management of BN, though SSRIs on their own have been shown to reduce binge eating episodes and purging.

The majority of trials have been conducted with Fluoxetine. While pharmacotherapy may be effective in treating target symptoms of bingeing and purging, few patients achieve remission with pharmacotherapy alone.

Parmacotherapy as a adjunctive treament can be considered as additive benefit has been shower for combined psychological and pharmcological therpay.

Medications used in Eating Disorders

Medication	Dose	Used in which component of eating disorders	Monitoring (in addition to that outlined in drug monographs, e.g., MIMS)	Comments
SSRIs Fluoxetine Sertraline Escitalopram	Fluoxetine 20-60mg per day	In AN there is no evidence that the SSRIs treat core symptoms or prevent relapse. In BN there is strong evidence for reduction of frequency of binge eating and purging when given in high dose (40-60mg.	Common side-effects include head-aches and nausea though these generally resolve over a number of days to weeks. May increase anxiety particularly if started at too high a dose. In individuals with suicidal thoughts this may increase the frequency of such thoughts. In 1-2% of cases it may cause hypomania. This risk can be minimised by starting at a low dose and increasing dose judiciously.	Fluoxetine - preferred antidepressant. May not work in patients who are severely malnourished due to neurotransmitter depletion. SSRIs may confer extra benefit in patients with concomitant depressive, anxious and obsessive-compulsive symptoms.
Olanzapine	2.5 to 10mg per day	May reduce anxiety and ruminations about weight and shape, compulsive hyperactivity, delusional cognitions and mood lability.	QTc monitoring with baseline and serial ECGs. Low risk- but may be significant in patients with extremely compromised cardiac function.	Consult cardiologist if patient has compromised cardiac function.