

Treatment Summary for Eating Disorders

There are many different treatments available for eating disorders. 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 illness.

A treatment plan will 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.

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 and carers in the treatment of an individual with an eating disorder and especially children and adolescents.

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 recommendation is Family Based Treatment, commonly referred to as FBT or Maudsley Family Therapy. If FBT is not appropriate or ineffective then a combination of nutritional rehabilitation and psychological therapies is recommended.

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

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. Hospitalisation is usually always followed by community-based treatment.

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

Research suggests that a range of psychological therapies such as Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Interpersonal Therapy (IPT) are 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.

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 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 and DSM-5 specific designation.

For example, if the specific designation is 'atypical anorexia nervosa' then 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.