

What are the Treatment Options?

There are many different treatments available for eating disorders. Treatment options may be recommended based on age, the severity and type of the eating disorder and the length of illness.

Your treatment team will give you guidance around the best approach for you, and one that is in line with your specific goals for recovery.

A treatment plan will generally involve a mix of medical, psychological and nutritional support.

It is important to seek out experienced practitioners in all these areas when putting together your treatment team.

A treatment plan should also address the different phases of the illness, target specific symptoms and provide ongoing support to reduce the risk of relapse.

Support groups can be helpful to connect with others who are experiencing, or have experienced, an eating disorder.

Wherever possible, every effort should be made to include family and carers in the treatment of an individual, especially children and adolescents.

Involving families and carers in treatment is important for maximising the effectiveness of any treatment plan.

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. (More information about FBT below). FBT is not suitable for every family. Work with your treating team to decide if another therapy is more appropriate.

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.

Treatments for Bulimia Nervosa and Binge Eating Disorder

Community treatment is usually suitable 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. (See next page for more information about these therapies). Ongoing medical monitoring by a GP and nutrition support from a Dietitian is also vital.

For adults, CBT has been shown to be the most effective for treatment of BN. '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 FBT and CBT have research to support their use with BN. Treatment may be provided individually, in groups, or through guided self-help programs.

Some people benefit from more intensive day programs, which involve treatment for several hours a day, one or more days each week.

Hospital-based treatment may be needed if symptoms are severe, or if there are medical complications that need treatment. Hospitalisation is also a possibility if there is a risk of self-harm or suicide.

Treatments for Other Specified Feeding and Eating Disorders

The best treatment for people experiencing Other Specified Feeding and Eating Disorders (OSFED) will depend on their symptoms.

If 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

There are a range of physical and psychological complications associated with eating disorders, and as such, a medical doctor should always be involved in treatment.

It is important to find a GP with knowledge and experience with mental health issues or expertise in eating disorders.

GP's can assess and monitor any medical risks, prescribe appropriate medications (if required) and arrange admission to hospital, if necessary. GP's can also provide appropriate referral options so that a multidisciplinary team is set up to provide evidence-based treatment.

Remember: Eating disorders can be life threatening and have one of the highest mortality rates of all mental illnesses.

Nutrition Support

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

A Dietitian who has experience in working with eating disorders will have an understanding of the underlying psychological dynamics of the eating disorder, and will be able to work in line with a range of psychological treatments.

Psychological Therapies

Psychological intervention is always 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 they have knowledge and experience working with eating disorders.

Below is a description of some widely used psychological treatments:

Cognitive Behaviour Therapy (CBT) focuses on the links between thoughts, emotions and behaviours. It helps people 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.

Family Based Treatment (FBT or Maudsley Family Therapy) is an intensive outpatient treatment in which parents are actively involved in helping the young person restore their weight, then transferring the responsibility back to the young person, and supporting normal adolescent development beyond the eating disorder.

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 themes of mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness.

Interpersonal Therapy (IPT) focuses on the way in which the person interacts with others in their life, and how this may be related to the eating disorder. IPT helps people to change the problematic ways in which they may relate to others.

Check the registration of your mental health practitioner to ensure that they are appropriately trained.