13.3: Treatment for Eating Disorders

Early treatment is important for individuals with eating disorders because of increased risk for suicide, self-injury behaviors, and medical complications. People with eating disorders may also have other mental health disorders (such as depression or anxiety) or problems with substance use. There are a variety of treatments that have been shown to be effective in treating eating disorders. Generally, treatment is more effective before the disorder becomes chronic, but even people with long-standing eating disorders can recover.¹

Treatment plans are tailored to individual needs and may include one or more of the following:

- Individual, group, and/or family psychotherapy
- Medications
- Nutritional counseling
- Medical care and monitoring

Psychotherapy

Cognitive behavioral therapy (CBT) is used to reduce or eliminate binge eating and purging behaviors. Individuals learn how to identify distorted or unhelpful thinking patterns and recognize and change inaccurate beliefs.²

Read more about CBT in the “Treatments for Depression” section of the “Depressive Disorders chapter.

Family-based therapy is a type of psychotherapy where parents of adolescents with anorexia nervosa assume responsibility for feeding their child. This therapy has been found to be very effective in helping adolescents gain weight and improve eating habits and moods.³
Medications

Evidence also suggests that medications such as antidepressants, antipsychotics, or mood stabilizers may also be helpful for treating eating disorders and other co-occurring mental illnesses such as anxiety or depression. [4]

Anorexia Nervosa

Standard treatment for clients with anorexia nervosa includes nutritional rehabilitation and psychotherapy. Acutely ill clients who do not gain weight despite this standard treatment may be prescribed olanzapine, a second-generation antipsychotic, or antidepressants for concurrent depressive disorders. Nurses should keep in mind that low weight clients are at increased risk for side effects. Additionally, medications such as antidepressants and antipsychotics can impact cardiac function. Bupropion is contraindicated in clients with eating disorders because of increased risk for seizures, and tricyclic antidepressants should not be used because of their cardiotoxicity. [5]

Bulimia Nervosa

Fluoxetine, an SSRI antidepressant, may be prescribed for adults with bulimia nervosa even in the absence of depressive symptoms. If fluoxetine is not tolerated, other selective serotonin reuptake inhibitors (SSRIs) may be used. However, bupropion is contraindicated in clients with bulimia because of increased risk of seizures. [6]

Binge Eating Disorder

Obese clients with binge eating disorder who do not respond to psychotherapy are encouraged to participate in behavioral weight loss therapy. SSRIs, anticonvulsants, or stimulants may be prescribed for clients with binge eating disorder. [7]

Nutritional Counseling

Nutritional counseling by a dietician with specialized training is necessary for individuals with eating disorders. The counseling should incorporate education about nutritional needs, as well as planning and monitoring healthy food choices. [8]

Medical Care and Monitoring

Medical treatments for eating disorders can be delivered in a variety of settings. The following characteristics apply to the setting selected for an individual’s treatment: [9]:

- **Intensive Outpatient**: The client is medically and psychiatrically stable and does not need daily medical monitoring. Symptoms are under sufficient control for the individual to be able to function in normal social, educational, or vocational situations and continue to make progress in recovery.
• **Partial Hospitalization:**
  ◦ The client is medically stable. The eating disorder impairs functioning but is without immediate risk. The client requires daily assessment of physiologic and mental status.
  ◦ The client is psychiatrically stable but is unable to function in normal social, educational, or vocational situations. They engage in daily binge eating, purging, fasting, restricted food intake, or other pathogenic weight control techniques.

• **Residential:** The client is medically stable and requires no intensive medical intervention. They are psychiatrically impaired and unable to respond to partial hospital or outpatient treatment.

• **Inpatient:**
  ◦ The client is medically unstable as determined by:
    ▪ Unstable or depressed vital signs
    ▪ Laboratory findings presenting acute health risk
    ▪ Complications due to coexisting medical problems such as diabetes
  ◦ The client is psychiatrically unstable as determined by:
    ▪ Rapidly worsening symptoms
    ▪ Suicidal ideation with a plan and unable to contract for safety