

Pharmacotherapy¹³

Selective serotonin reuptake inhibitors in high doses reduce binge eating and improve other symptoms in bulimia nervosa and binge eating disorder. The best evidence is for fluoxetine 60 mg daily.¹⁶⁻¹⁸

Antidepressants are also used to treat comorbid major depression when present. However, unlike extended cognitive behavioural therapy, maintenance of change is unclear and they are mostly used as an adjunct to psychotherapy. Effects on weight loss in binge eating disorder are mixed. In contrast topiramate may reduce binge eating and weight, but in randomised controlled trials the rate of adverse effects and discontinuation was high.¹⁹

eating disorder present late (if at all) for treatment. Early identification is associated with good outcomes, particularly for anorexia nervosa in children and adolescents and for bulimia nervosa and binge eating. Evidence-based treatments include family-based therapy for young people with anorexia nervosa, and a specific form of cognitive behavioural therapy with or without a selective serotonin reuptake inhibitor in bulimia nervosa and binge eating disorder. Optimal management should include coordinated care between primary and specialist care. ◀

Professor Hay is deputy chair of the National Eating Disorders Collaboration. The views expressed in this article are entirely her own. There are no funding sources relevant to this article to declare.

Conclusion

Eating disorders have moderate to high morbidity and increased mortality. However, many people with an

See also Eating disorders: the patient's perspective. www.australianprescriber.com/magazine/21/4/artid/277

REFERENCES

- Hay PJ, Mond J, Buttner P, Darby A. Eating disorder behaviors are increasing: findings from two sequential community surveys in South Australia. *PLoS One* 2008;3:e1541.
- Madden S, Morris A, Zurynski YA, Kohn M, Elliot EJ. Burden of eating disorders in 5-13-year-old children in Australia. *Med J Aust* 2009;190:410-4.
- Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biol Psychiatry* 2007;61:348-58.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Publishing; 2013.
- Steinhausen HC. The outcome of anorexia nervosa in the 20th century. *Am J Psychiatry* 2002;159:1284-93.
- Steinhausen HC, Weber S. The outcome of bulimia nervosa: findings from one-quarter century of research. *Am J Psychiatry* 2009;166:1331-41.
- Ward VB. Eating disorders in pregnancy. *Br Med J* 2008;336:93-6.
- Hill LS, Reid F, Morgan JF, Lacey JH. SCOFF, the development of an eating disorder screening questionnaire. *Int J Eat Disord* 2010;43:344-51.
- Wilson GT, Zandberg LJ. Cognitive-behavioral guided self-help for eating disorders: effectiveness and scalability. *Clin Psychol Rev* 2012;32:343-57.
- Lock J, Le Grange D. *Treatment manual for anorexia nervosa: A family-based approach*. 2nd ed. New York: Guilford Press; 2001.
- Fairburn CG. *Cognitive behavior therapy and eating disorders*. New York: Guilford Press; 2008.
- Hay PJ, Touyz S, Sud R. Treatment for severe and enduring anorexia nervosa: a review. *Aust N Z J Psychiatry* 2012;46:1136-44.
- Hay PJ, Claudino AM. Clinical psychopharmacology of eating disorders: a research update. *Int J Neuropsychopharmacol* 2012;15:209-22.
- Kishi T, Kafantaris V, Sunday S, Sheridan EM, Correll CU. Are antipsychotics effective for the treatment of anorexia nervosa? Results from a systematic review and meta-analysis. *J Clin Psychiatry* 2012;73:e757-66.
- Fairburn CG, Cooper Z, Doll HA, O'Connor ME, Bohn K, Hawker DM, et al. Transdiagnostic cognitive-behavioral therapy for patients with eating disorders: a two-site trial with 60-week follow-up. *Am J Psychiatry* 2009;166:311-9.
- Fluoxetine in the treatment of bulimia nervosa. A multicenter, placebo-controlled, double-blind trial. *Fluoxetine Bulimia Nervosa Collaborative Study Group. Arch Gen Psychiatry* 1992;49:139-47.
- Goldstein DJ, Wilson MG, Ascroft RC, al-Banna M. Effectiveness of fluoxetine therapy in bulimia nervosa regardless of comorbid depression. *Int J Eat Disord* 1999;25:19-27.
- Arnold LM, McElroy SL, Hudson JI, Welge JA, Bennett AJ, Keck PE. A placebo-controlled, randomized trial of fluoxetine in the treatment of binge-eating disorder. *J Clin Psychiatry* 2002;63:1028-33.
- Arbaizar B, Gómez-Acebo I, Llorca J. Efficacy of topiramate in bulimia nervosa and binge-eating disorder: a systematic review. *Gen Hospital Psychiatry* 2008;30:471-5.



SELF-TEST QUESTIONS

True or false?

- Family-based therapy for adolescents with anorexia nervosa is the first-line treatment.
- Fluoxetine can improve symptoms in bulimia nervosa.

Answers on page 179

The Butterfly Foundation

The Butterfly Foundation is a national organisation providing information and support for people with eating disorders. A phone line offers confidential counselling, as well as information on local support organisations across the country. Support is also available by email and one-on-one web chats.

The website contains useful factsheets about body image, anorexia and bulimia, and tips for recovery. The Butterfly Foundation's Twitter (@BFoundation) and Facebook sites are popular sources of information. Some financial relief is offered for those unable to afford treatment.

Contact

National Support Line 1800 334 673 (Mon-Fri 9am-5pm AEST)
 Website www.thebutterflyfoundation.org.au
 Email support@thebutterflyfoundation.org.au

See also

Eating Disorders Victoria www.eatingdisorders.org.au
 Eating Disorders Association Queensland <http://eda.org.au>