

Psychopharmacology of AN and BN

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Evidence Based Treatment

- UK's National Institute for Clinical Evidence - NICE
Grades of Evidence:
 - A – strong empirical support from well conducted randomized trials
 - B – in between
 - C – expert opinion without strong empirical data
- Systematic review of RCT by the Evidence-based Practice Center of UNC at Chapel Hill (contracted for by the Agency for Healthcare Research and Policy)

Anorexia Nervosa Treatment Guidelines - NICE

- “Drugs should not be offered as the sole or primary treatment for AN (C)”
- “Children and adolescents should be offered family interventions that directly address the eating disorder (B)”

Anorexia Nervosa Treatment Guidelines - UNC

- “Literature on medication treatments and behavioral treatments for adults with AN is sparse and inconclusive”
- “CBT may reduce relapse risk for adults with AN after weight restoration...”
- “Variants of family therapy are efficacious in adolescents, but not in adults”

Anorexia Nervosa Treatment

Weight Restoration

- Eat and gain to a healthy weight range (usually 90-95% of ideal body weight for adults and 95-100% for teens)
- 0.5 to 4 pounds a week
- Safe refeeding (watch phosphorus levels)
- Normalize eating (stop restricting, food rules and avoidance)
- Stop compensatory behaviors

Anorexia Nervosa – Psychopharmacology

- Olanzapine (Bissada et al, 2008) 10 week RCT → olanzapine group had decreased obsessional symptoms and increased rate of weight gain
- Fluoxetine (Walsh et al, 2006) one year RCT of weight recovered patients treated with fluoxetine vs placebo plus manualized CBT → no difference in time to relapse
- Other small RCT include zinc and cyproheptadine (Bulik et al, 2007)

Principles of Psychopharmacology for Anorexia Nervosa

- Food is your medicine
- Treat comorbid conditions (often once weight is restored)
- Watch for medication side effects which can be dangerous or problematic (prolonged QTC, hypotension, appetite suppression, nausea, weight loss or gain)

Treatment Guidelines Bulimia Nervosa - NICE

- “Patients should be informed that antidepressant drugs can reduce frequency of binge eating and purging, but long-term effects are unknown; any beneficial effects will be rapidly apparent (B)”
- “For bulimia nervosa, effective dose of fluoxetine is higher than for depression (60 mg daily)”
- “No drugs, other than antidepressants, are recommended for bulimia nervosa (B)”
- “The strongest recommendation (A) is to offer cognitive behavior therapy for 16-20 sessions over 4-5 months”

Treatment Guidelines for Bulimia Nervosa - UNC

- “Fluoxetine (60 mg/day) decreases the core symptoms of bingeing and purging and associated psychological features in the short term”
- “Fluoxetine 60 mg/day appears more helpful than 20 mg/day”
- “Cognitive behavioral therapy reduces the core behavioral and psychological features in the short and long term”



Psychopharmacology – Preliminary Evidence

- Topirimate 100 mg/day
 - Desipramine 200-300 mg/day
 - Fluvoxamine 182 mg/day
 - Trazodone 400 mg/day
 - Ondasetron
 - Brofamine 175 mg/day
- Shapiro et al, 2007
- Note multiple open label and case reports

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