

## Eating Disorders: APA Guideline for the Treatment of Patients with Eating Disorders (2023)

### About the Guideline

- This clinical practice guideline was created to assist clinicians in caring for patients with eating disorders by increasing knowledge, improving assessment skills, and optimizing treatment.
- This guideline was developed by 20 medical professionals using a process consistent with the recommendations of the Institute of Medicine and the Principles for the Development of Specialty Society Clinical Guidelines of the Council of Medical Specialty Societies.

### Key Clinical Considerations

Become familiar with the recommendations and best-practice statements provided in this guideline, especially if you work in an acute care setting or care for individuals with eating disorders.

### Assessment and Determination of Treatment Plan

- Screening for an eating disorder is recommended as part of an initial psychiatric evaluation.
- The initial evaluation of patients with a possible eating disorder should include the following assessments:
  - Height and weight history, such as maximum and minimum weight and recent weight changes
  - Any patterns, changes, or current restrictive eating, food avoidance, binge eating, or eating-related behaviors, such as rumination, chewing and spitting, and regurgitation
  - Changes or patterns in food routine, such as eliminating food groups or narrowing food variety
  - Any patterns, changes, or current counterbalancing weight control behaviors, such as dietary restriction, compulsive exercise, utilizing medication to control weight, or purging behaviors (self-induced vomiting, using laxatives)
  - The percentage of time spent focused on food, weight, and body shape
  - Any prior treatment (and response) for an eating disorder
  - Psychosocial impairment due to body image or eating concerns and behaviors
  - Family history of eating disorders, other medical conditions (obesity, inflammatory bowel disease, diabetes mellitus), other psychiatric illnesses
- The initial psychiatric evaluation of a patient with a possible eating disorder should include the following:
  - Obtaining the patient's weight and measuring the patient's eating and weight control behaviors, such as intensity, frequency, and time spent on dietary restriction, purging, binge eating, exercising, and any other compensatory measures
  - Identifying concomitant medical conditions and psychiatric disorders
  - Conducting a comprehensive review of systems
- The initial physical examination of a patient with a possible eating disorder should include the following:
  - Vital signs (temperature, resting heart rate, blood pressure, orthostatic pulse, orthostatic blood pressure)
  - Height, weight, and body mass index (BMI)
  - Assessment of physical appearance, including purging behaviors or malnutrition

- Laboratory studies, including comprehensive metabolic panel
- An electrocardiogram should be performed for patients with a restrictive eating disorder, severe purging behavior, and those taking medications that may prolong QTc intervals.
- Patients with eating disorders should have treatment plans that are culturally appropriate, comprehensive, and individualized and that include psychiatric, psychological, medical, and nutritional professionals.

### **Anorexia Nervosa**

- Individualized goals set for weekly weight gain and target weight are recommended for patients with anorexia who also require nutritional rehabilitation and weight restoration.
- Treatment with eating disorder-focused psychotherapy is recommended and should address the following:
  - Normalizing eating and weight control behaviors
  - Restoring weight
  - Psychological aspects of the disorder, such as body image disturbance, fear of weight gain
- Eating disorder-focused family-based treatment is recommended for adolescents and young adults who also have an involved caregiver. This family-based treatment should include caregiver education focused on normalizing eating as well as on weight control behaviors and restoring weight.

### **Bulimia Nervosa**

- Treatment with eating disorder-focused cognitive-behavioral therapy **and** a serotonin reuptake inhibitor is recommended.
  - Initiate the serotonin reuptake inhibitor at the start of cognitive-behavioral therapy or if there is minimal to no response to psychotherapy alone after six weeks of treatment.
- Treatment with an eating disorder-focused family-based treatment is recommended for adolescents or young adults who also have an involved caregiver.

### **Binge-Eating Disorder**

- Treatment with eating disorder-focused cognitive-behavioral therapy or interpersonal therapy (either individual or group) is recommended.
- Treatment with an antidepressant medication or lisdexamfetamine is recommended for adults who prefer medication or have not responded to psychotherapy alone.

### **Reference**

Crone, C., Fochtman, L. J., Attia, E., Boland, R., Escobar, J., Fornari, V., Golden, N., Guarda, A., Jackson-Triche, M., Manzo, L., Mascolo, M., Pierce, K., Riddle, M., Seritan, A., Uniacke, B., Zucker, N., Yager, J., Craig, T. J., Hong, S. H., & Medicus, J. (2023). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders. *The American journal of psychiatry*, 180(2), 167–171. <https://doi.org/10.1176/appi.ajp.23180001>