Medical Management of Eating Disorders

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Second edition

C. Laird Birmingham

and

Janet Treasure

With invited contributions by Donald Barker, Rhonda Brown, Barbara Griffin, Carolina Lopez, Mark Lysyshyn, Sabine Woerwag-Mehta, Ted Slater and Patrick Vos

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Preface to the second edition

The Medical Management of Eating Disorders offers the reader a holistic approach to the management of eating disorders, in an easy-to-use handbook style. The reviews of the first edition were very positive – and made good suggestions for the book's improvement. To facilitate use of the information in the second edition, the format has been altered to that of a standard medical text: definitions and prevalence, cause, diagnosis and clinical features, complications, differential diagnosis, course and prognosis, and treatment. Obesity is discussed next, in Section 7. It is essential that health care professionals who treat eating disorders know the information presented about obesity, so they can understand and discuss these issues with their patients. Chapters therefore include subsections on 'Implications for health care professionals' and 'Patient information' where appropriate.

Janet Treasure has completely revised and updated all text dealing with the psychiatric management of eating disorders, for the second edition. There have been important advances in understanding causal mechanisms that are discussed. These include the importance to causation of social, emotional, perceptual and behavioural cognitive styles. The hope is that treatments can thereby be more closely tailored to the individual.

The second edition adds much new material, including: management of eating disorders with concurrent substance use; an approach to the differential diagnosis of eating disorders from the medical perspective; which laboratory tests to order and when to order them; when to perform and how to interpret the glucagon test; how to interpret the magnesium load test; how to diagnose the superior mesenteric artery syndrome; and how to decide whether the patient is at their physiologically normal weight.

The chapter on children and adolescents has been completely revised. The outline of history and physical examination has been improved. All major physical signs are now illustrated in colour photographs. The bibliography has been updated, and continues to be limited to only the most important references.

We would like to thank everyone who has adopted the first edition of *The Medical Management of Eating Disorders* as their handbook for the medical care of patients with eating disorders. We invite your feedback on the second edition!

Preface to the first edition

This book is rather different from most written on eating disorders. Its sole purpose is to provide assistance to health professionals in the understanding, treatment and management of patients with eating disorders, particularly that part of their treatment that is best described as medical. It is concerned primarily with anorexia nervosa, as it is the member of this group of illnesses that has the most serious medical manifestations, the greatest and longest lasting physical morbidity and the highest mortality rate. However, relevant issues relating to the other eating or dieting disorders are also discussed.

The intended audience is predominantly medical practitioners, psychiatrists, physicians, paediatricians and general practitioners – as one of them should always be responsible for the physical health of the eating disorder patient. It is envisaged that the book will also be helpful to other health professionals involved with these patients, particularly nurses, dietitians and also psychologists. The authors intend to produce another book on the same theme but aimed at patients, their families and carers as well as other stakeholders such as schoolteachers and counsellors.

It is written partly as a reference textbook, partly as a manual for consultation. The bibliography found at the conclusion of the book will lead the reader to those papers which the authors deem to be the most noteworthy on the various issues surrounding the medical management of eating disorders.

Despite the rather authoritarian and dogmatic format, the principal authors acknowledge the limitations of their expertise. They have, between them, more than 60 years of experience in treating eating disorder patients. Whatever success they may have had is because they have stood on the shoulders of those who went before them. They trust that discussion and feedback on the book will improve their clinical practice in future.

Eating disorders are orphan conditions: everyone has opinions about them, but no discipline is willing to assume overall responsibility for their care. At one extreme, severe anorexia nervosa with cachexia, multiple nutrient deficiencies, blood and electrolyte abnormalities and organ dysfunction is a serious physical disease with a chronic course and a high mortality rate. At the other, excessively restricted eating, obligatory exercise and the occasional use of purging and vomiting are so common in many developed societies, particularly among young women and adolescent girls, as to be almost the norm. In between these extremes are the psychiatric illnesses of moderate anorexia nervosa, BN, atypical or eating disorder not otherwise specified and perhaps binge eating disorder. These are mental illnesses rather than physical diseases, although they may have serious physical manifestations.

The dichotomy between mental 'illness' and physical 'disease' implies an acceptance of a dualistic view of body and mind, or soma and psyche. The authors do not wish to endorse nor refute this dualism. The opposition of dualism to physicalism had been a topic of philosophical debate long prior to Descartes' influential writings in the 14th century – and should remain so. Health care workers or clinicians are practical persons, and as such, they are concerned with the practical issues of maintaining health and combating ill health, not with esoteric issues of ultimate reality. From a clinical viewpoint both a unified and a dualistic approach has advantages. The unified view of body and mind is essential in that almost all of medicine is psychosomatic medicine; psychological factors influence physiological processes and may lead to somatic pathology; physical disease affects the mind both directly and

indirectly. Thus, from a psychological perspective, we support a unified concept of body and mind. But in the real world of practice we recognize that medicine and the health professions involve two complementary approaches: one is conceived with the anatomical structure and physiological processes of the body and their distortions. The other is concerned with the contents of mind, with emotion and with behaviour and its motivation. The diligent health care worker keeps both in mind, but is careful to distinguish in practice between that which requires physical treatment and that which requires psychological care. Perhaps nowhere else in medicine is the failure to make this distinction as disastrous as it is in respect to anorexia nervosa and its related illnesses. And, paradoxically, perhaps nowhere in medicine is it as important to run the two approaches in a complementary fashion. The therapist – or better, the team of therapists – must be physician, nurse and dietician, as well as psychiatrist, psychologist and mental health nurse.

The clinicians treating patients with eating disorders have a complex task. First they must identify and treat that physical disease that is caused by the dysfunctional behaviour and which is manifested in the pathology of malnutrition, chemical disturbance and organ dysfunction. Next, they must attend to the mental illness that may or may not have some physical basis (we don't know as yet). Third, they must provide help and support in respect to those aspects of these disorders that are best considered as reactions to the dilemma of controlling weight and shape in a society in which obesity has reached epidemic proportions and in which there are strong social pressures to be thinner than most people can achieve.

Good luck to those of you who chose to become involved in the management of these demanding patients. Please remember, eating disorders are legitimate illnesses. Those suffering from them deserve the same care and consideration as other sick people.

Abbreviations

AN	anorexia nervosa
APA	American Psychiatric Association
AST	aspartate transaminase
B12	vitamin B12, cyanocobalamin
BED	binge eating disorder
BMI	body mass index (weight in kilograms divided by height in metres squared)
BN	bulimia nervosa
cm	centimetre
CNS	central nervous system
Cu	copper
DEXA	dual x-ray absorptiometry
DSM	Diagnostic and Statistical Manual
EDNOS	eating disorder not otherwise specified
EEG	electroencephalogram
folate	folic acid
g	gram
HDL	high-density lipoprotein
ICD	International Classification of Diseases
IU	International Units
JVP	jugular venous pressure
K	potassium
kg	kilogram
l	litre
LDL	low-density lipoprotein
mEq	milliequivalent
Mg	magnesium
mg	milligram
ml	millilitre
mmol	millimole
P	phosphorus
PMN	polymorphonuclear leukocyte
QT interval	the time the ventricles (large chambers of the heart) take to recharge electrically
QTc	the QT interval corrected to the patient's heart rate
RBC	red blood cell