

Eating Disorders

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September, 2011

Abstract

This paper is on eating disorders and the use of medications in the inpatient and outpatient setting. It will discuss, briefly, the types of eating disorders and other treatments used as well.

EATING DISORDERS

Introduction

There are three types of eating disorders according to the American Psychiatric Association (APA, 2005) Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, text-revised (DSM-IV-TR). These include Anorexia Nervosa, Bulimia Type and Binge-Eating Type. Each of these types can be severe and potentially life-threatening. They are often accompanied by other psychiatric conditions, e.g., personality disorders, depression and/or anxiety disorders (e.g., social phobia).

Medications

According to Sinicola & Peters-Strickland (2006), Anorexia Nervosa and Bulimia have showed some response to the tricyclic antidepressants and most recently to the selective Serotonin reuptake inhibitors (SSRI). Although it is unclear exactly why these medications have been effective, it is believed that they react on neurotransmitters and help the patient resist the urge to eat, or to purge after overeating. For patients with anorexia, the antidepressants may increase their appetite.

The SSRIs which have been most effective include Prozac, Paxil and Effexor.

Other research from the Mayo Clinic indicates that those with binge-eating disorders also respond to the tricyclic antidepressants as well as to SSRI antidepressants. The anticonvulsant Topamax has also been helpful in controlling the binge-eating type. Again, it is unclear why Topamax is effective or how, exactly, it works.

There can be side effects with the use of any of these medications. The SSRIs can cause cholinergic symptoms including dry mouth, nausea, diarrhea, constipation, headache, etc. and sexual dysfunction. Tricyclics have more severe side effects including drowsiness. Topamax may cause tingling or numbness and difficulty with concentration.

These medications are used either in the inpatient or outpatient setting and prescribed by a psychiatrist or medical physician.

The medications may also address co morbid mental health conditions (e.g. depression, social phobia, anxiety).

Other Treatment Options

Eating disorder is a severe condition and can be debilitating and life-threatening. Sinicola & Peters-Strickland (2006), and information from the Mayo Clinic recognize that psychotherapy in conjunction with medications, either in the inpatient or outpatient setting, is the best option for treatment. Psychotherapy modalities may include cognitive-behavioral therapy (CBT), dialectical behavioral therapy (DBT), interpersonal therapy (IT).

Weight loss programs which are medically supervised may be necessary for the patients who truly need to lose or control weight; however, it is not recommended that the binge-eater begins a weight loss program until the symptoms of the eating disorder are under some control because the low calorie diet and restrictions could trigger the symptoms of the eating disorder.

Self-help books, videos, and support groups may be helpful to some people.

Yoga has been proved to be helpful through minimal research, according to the Mayo Clinic, in teaching patients to relax and gain a sense of control and wellbeing.

Conclusion

Eating Disorders are conditions which impact many people of all ages in severe and adverse ways. It may lead to difficulties maintaining an average weight. Patients are often either underweight or overweight, or, may be of average weight but believe they are not and so continue to harm themselves by not eating properly or nutritiously, or by purging their food or using laxatives in an effort to control weight that does not need to be controlled. It can be a dangerous and vicious cycle.

Medications including SSRI and tricyclic antidepressants, and Topamax can be helpful in controlling this disorder.

Psychotherapy is helpful in learning what are the underlying causes (the eating disorder). It is often associated with low self-esteem, need for control in one's life, need for control of oneself and an inappropriate means of gaining that control with food and/or the control of the food.

Eating disorders are often difficult to diagnose and to treat because they frequently accompany other mental health problems, (e.g., depression, anxiety, bipolar disorder and personality disorders), and are often not reported or talked about by the professional. Patients may not even bring to the therapist's attention that eating is an issue and may not wish to discuss it.

Research indicates that the use of medication and psychotherapy combined has the best outcome in the treatment of an eating disorder regardless of the type.

If you believe you, or someone you know, is suffering from an eating disorder, please seek help now! Food is the substance for energy and health, not comfort and control.

References

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