

Anorexia nervosa

Understanding Treatment Options



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generation

What is an eating disorder?

We all have different eating habits. There are a large number of 'eating styles' which can allow us to stay healthy. However, there are some which are driven by an intense fear of becoming fat and which actually damage our health. These are called 'eating disorders' and involve:

- eating too much
- eating too little
- using harmful ways to get rid of calories

'Eating disorders' usually involve a lot more than eating behaviour, so you might constantly worry about how to avoid calories or how to 'burn off' calories you've eaten. You might also find yourself checking your weight and appearance all the time or avoiding seeing yourself in mirrors or photographs.

Eating disorders usually begin in the teenage years, although they can develop in adult life or in childhood. Eating disorders are more common among girls and women, but are also experienced by boys and men. Eating disorders among boys and men are more likely to involve over-exercise to develop a muscular build rather than a motivation to be thin.

Anorexia nervosa and bulimia nervosa are the two most common eating disorders. However, you might experience an eating disorder that includes a mix of symptoms related to both anorexia and bulimia. Some people also move between symptoms of bulimia and anorexia, so you might start with symptoms of anorexia and later develop symptoms of bulimia (or vice versa).

Binge-eating disorder is different to anorexia and bulimia because you wouldn't usually have symptoms such as purging (e.g. deliberate vomiting or misuse of laxatives), restricted eating over a long time or fearing weight gain. Binge eating disorder usually involves repeated episodes of binge eating and feeling that your eating is out of control.

Anorexia nervosa

People who have anorexia nervosa typically try to keep their weight as low as possible by restricting how much they eat, avoiding foods that are seen as high calorie or exercising too much. This can have very serious consequences for your health.

Often young people with anorexia have a fear of gaining weight. This can be driven by a distorted body image, so you might see yourself as overweight even when you are very underweight.

For children and young people, not eating enough will affect your growth and development. If you have started puberty, anorexia could mean that you stop growing and going through the normal changes that puberty brings. Unless you

manage to maintain a healthy diet (that gives your body the energy it needs), this can be irreversible.

A key goal of treatment for anorexia is to help you to restore your physical health. This means reaching a healthy body weight and helping you with any worries you might have. If you live with your parents or carers then another aim of treatment will be to help your parents or carers to support you.

How can I get help?

Sometimes it is someone's family, friends or school who first raise concerns, and sometimes people try to hide their eating disorder from their family. People can also avoid treatment because of worries that they will be asked to eat more and start restoring their weight. Often children and young people experience anorexia as a way of coping and some children and young people talk about it as similar to a friend (although one who bosses them around), so letting go can be hard.

Anorexia is a serious illness and it is important that you start treatment as soon as possible. This can make recovery easier and could help you to avoid becoming seriously ill.

Your GP will be able to give you advice and can refer you to a Community Eating Disorders Team specifically for children and young people, which are usually part of Child and Adolescent Mental Health Services (CAMHS). Your school might also be able to refer you to these services and in some areas you or your parents or carers might be able to make a 'self-referral'.

Even if you are referred in another way, your GP might still get in touch with you if they need to arrange an appointment with you to check your physical health. If you're referred to a Community Eating Disorders Team then they should see you within two weeks, or within five days if your eating disorder is more severe.

Planning treatment

Treatment for anorexia usually involves a combination of supervised weight restoration and psychological therapy. It's important that you start treatment as early as possible. This can help you to avoid serious physical health problems, especially if you are very underweight.

The psychological therapies that you might be offered are:

- **Anorexia focused family therapy (FT-AN)** which is usually the first treatment you'll be offered

- **Eating disorder focused cognitive behaviour therapy (CBT-ED)**, which you may be offered if FT-AN has not helped, or you can't have FT-AN for some reason
- **Adolescent-focused psychotherapy for anorexia nervosa (AFP-AN)**, which is another option if FT-AN has not helped, or you can't have FT-AN for some reason

Your professional might recommend combining one of the individual therapy options (CBT-ED) or AFP-AN) with the family therapy option (FT-AN) if they feel that would be more helpful for you. Your professional will also usually arrange for you to have a physical health check, which could include blood tests and an electrocardiogram (ECG).

At your first appointment with the eating disorder team, your professional will talk with you about:

- your eating disorder symptoms and how long you've had them
- things in your life that could be keeping the eating disorder going and things that might be helpful during treatment (e.g. if you have a good relationship with your parents or carers)
- how your eating disorder is affecting your physical health, social life, education and family life
- whether you have any other physical or mental health problems
- whether you might need to stay in hospital to manage risks to your physical health or risks related to self-harm or suicide
- any treatments for eating disorders that you've already tried
- how you and your family are coping and any support you might need to take part in treatment while you're living at home

Based on your first appointment, your professional could suggest that you have:

- **Care from your GP**, who will be supervised by the eating disorders team. This would only be suggested if you have a mild eating problem that hasn't developed into an eating disorder and if you don't need supervised weight restoration or other treatments.
- **Treatment in the community**, which means living at home with support from your parents or carers while you have treatment. Your professional will suggest this option unless there's a good reason not to because it's generally more helpful for people to have treatment at home than in hospital.
- **Intensive community treatment** where your eating disorder team visit you at home to support you and your parents or carers to start treatment. In some areas you might be referred to a day programme which you go to during the day. Day programmes can also offer more intensive support to you and your family.
- **A stay in hospital**, which your professional might suggest if they have concerns about your physical or mental health, or if it isn't possible for you

to have treatment while you live at home. Your professional would only suggest this if they are worried about your safety or if you need treatment in hospital for another mental health problem. This could involve staying at a children and young people's medical ward or a CAMHS inpatient unit. If you stay at a CAMHS inpatient unit then you might stay at a unit that specialises in treating young people with eating disorders or a unit that treats young people with eating disorders alongside young people with other mental health problems. Your eating disorders team will keep supporting you while you are in hospital and make a plan for your treatment once you are back at home.

You might have heard of some other types of help for anorexia which currently don't have much evidence to show that they are effective for children and adolescents with an eating disorder. These types of help include:

- video feedback therapy
- Chinese chiropractic therapy
- transcranial magnetic stimulation
- acupuncture
- weight training
- yoga
- warming therapies
- aerobic exercise
- relaxation training
- graded body image therapy
- acceptance-based mirror exposure therapy
- psychomotor therapy

Just because there isn't much evidence doesn't mean that you won't find these things helpful, but your professional will be unlikely to recommend these options when there are other types of support that have more evidence behind them.

What about my parents or carers?

The most helpful treatments for anorexia often involve parents and carers. Professionals usually also offer parents or carers information to help them support you during treatment. This doesn't mean that your professional will share everything you tell them privately and your professional should talk with you about what you are happy for your parents or carers to know.

If you're able to make treatment decisions for yourself, then you will be able to decide how much you would like your parents or carers to be involved in your treatment. Even if you are not able to make these decisions for yourself, your professional should talk to you about this and listen to your preferences.

The wellbeing of your parents or carers is important, and they might be distressed themselves about your eating disorder and might feel guilty or responsible. Your professional should help them to access any support they need, including an assessment of their needs that addresses the impact the eating disorder has had on them and their mental health, and what support they need (e.g. practical support, emergency plans or emotional support).

Transitions between services

Transitioning from CAMHS to adult services can be a worrying time. To help it go smoothly, your professional should leave plenty of time to work with you on planning the change. You should be given clear information about what to expect from adult services and during your transition, a professional from the adult service should join your CAMHS meetings to get to know you and your family. You should be able to talk to them about any concerns you have.

You may also transition to another CAMHS service (e.g. if you move house). If this happens, your professional should work with you to make sure that your care can continue smoothly, and that your new service has all the information they need.

Anorexia-nervosa-focused family therapy



Strong evidence

Anorexia-nervosa-focused family therapy (FT-AN) involves working with you and your parents or carers to help you understand how the anorexia is affecting you. FT-AN will also help your parents or carers to support you with managing eating and weight restoration at home. Unlike other types of family therapy, the focus is on managing the effects of anorexia rather than on more general relationship issues or problems.

FT-AN usually involves 18-20 sessions over 1 year, with reviews after the first month and then every three months. This will help your professional to figure out how regular your sessions should be and how long your treatment should last. Sessions are usually about 60-90 minutes and tend to be weekly in the beginning, but can then be more spaced out.

Your professional might also offer you additional sessions on your own and offer support to your other family members to help them cope with any distress related to your eating disorder. If you are having therapy on your own, your professional should offer your parents or carers their own support if they need it.

FT-AN has different stages. How long each one lasts will be different depending on what you need:

- at the beginning your professional will focus on helping your parents or carers to support you with eating and managing your weight restoration
- in the second stage your professional will help you to manage your eating more independently
- the third stage will then focus on supporting you to become more independent and knowing how to stay well

FT-AN would usually involve just your family, but in some areas you might be offered FT-AN in a group with other families. These groups are made up of 4-8 families who meet together with a team of therapists for 'workshop days'. These are usually held in blocks of three days and include some of the same techniques as single family FT-AN, but are usually more intensive.

If you have been admitted to a day centre or to hospital then family therapy will usually be part of your treatment.

Dietary advice (as part of other treatments)



Strong evidence

Although advice on eating and meal planning are a core part of treatment for anorexia, dietary advice by itself is not an effective treatment.

Your professional will probably suggest that you take multi-vitamins and other nutritional supplements until your diet meets your needs to avoid nutritional deficiencies.

Supervised weight restoration



Strong evidence

The first step in supervised weight restoration will be for your professional to figure out what is likely to be a healthy weight for you. This is a weight that allows your body to function normally. To figure this out they'll think about:

- your age
- whether you have gone through puberty and finished growing
- your pattern of weight and growth before you developed anorexia

Your professional will then put together a plan with you on how to get to a healthy weight. This plan will usually involve your parents or carers too. During this

process your professional will monitor your weight. This usually happens once a week if you are at home and sometimes twice a week if you are staying in hospital.

Your professional will work with you and your parents or carers to draw up a meal plan. When putting together the meal plan, your professional will know that you might be fearful of eating more and that there might be foods that you have been avoiding. They will take these things into account, as well as any foods you generally don't like. Your professional will also give you advice on a healthy level of exercise.

Your professional will know that this process can be very hard. Sometimes children and young people feel that the anorexia is like part of them or that they are letting the anorexia down by eating more. Your professional will work with you and your parents or carers to make sure that you are supported to manage these feelings.

It is likely that in the early stages of treatment your parents or carers might need to supervise your meals. This will be to offer you emotional support if you find meals difficult or if your anorexia might tempt you to miss out food. If you are admitted to hospital then your nurse will supervise your meals. As you progress with treatment and are more able to resist the temptation to skip food, then the need for someone to supervise your meals will decrease, although many young people still often want the emotional support.

Once you reach a healthy weight, your professional should work with you and your family on plans to maintain your weight and stay healthy.

Refeeding syndrome

If you have been eating very little food then you might be at risk of refeeding syndrome. This can happen in the early days of starting to restore weight if you have more food than your body can handle.

If your professional thinks you might be at risk of refeeding syndrome then they will usually suggest that you start with a low calorie meal plan and increase this slowly. At the same time they will keep checking your physical health, which might include monitoring your blood pressure, electrocardiogram (ECG) and blood test results. Your professional should give you and your parents or carers advice about possible signs of refeeding syndrome. Sometimes professionals suggest that young people have a stay in hospital for weight restoration, but this would only happen if there were risks for you doing this process at home.

Day treatment programmes



Strong evidence

Your professional might suggest that you try a ‘day treatment programme’, which are sometimes also called ‘intensive treatment programmes’ or ‘partial hospitalisation programmes’. You would still live at home during a day treatment programme, but you would have more intensive support than other types of therapy. Often, participating in these programmes involves attending for most of the day for five or six days each week. You would be offered a range of types of support in this time, including support around mealtimes, psychotherapy (such as types of family therapy or cognitive behavioural therapy) and possibly medication.

There is good evidence that this type of support can be helpful for young people with eating disorders. It is often used to try to avoid a young person needing to stay in hospital for their treatment.

Eating-disorder-focused cognitive behavioural therapy



Some evidence

You could be offered eating-disorder-focused cognitive behavioural therapy (CBT-ED) if anorexia-nervosa-focused family therapy (FT-AN) is not possible or hasn’t worked for you. CBT-ED aims to:

- reduce your eating disorder symptoms
- reduce the risks to your physical health
- support you to reach a healthy body weight
- help you to maintain healthy eating

CBT-ED should also support you to feel more confident in managing your eating disorder related behaviours, promote healthy eating and help you to avoid doing things like purging or excessively exercising after eating. CBT-ED should be adapted for your age and any other specific needs, but generally includes support with:

- nutrition
- preventing relapses
- changing how you think about certain things
- managing your mood
- improving your social skills
- addressing concerns you might have about your body image
- improving your self-esteem

CBT-ED is an individual therapy that usually involves up to 40 sessions over 40 weeks, with two sessions each week for the first 2-3 weeks and 8-12 additional brief family sessions with you and your parents or carers.

Both family and individual sessions should include information about nutrition and the effects of not eating enough. In the family sessions you should also discuss meal plans and anything in your home life that could make it difficult for you to change your behaviour. The sessions should also give you and your parents or carers the opportunity to discuss ways of coping with any problems in your recovery.

As part of the therapy you might be asked to record the things that you eat and drink each day and your thoughts and feelings. You might also be given homework to help you to practice what you have learned in the sessions.

If you are attending a day centre or are admitted to hospital for treatment then you might be offered CBT-ED as part of your care.

Adolescent-focused psychotherapy



Some evidence

You could be offered adolescent-focused psychotherapy for anorexia nervosa (AFP-AN) if anorexia-nervosa-focused family therapy is not possible or hasn't been helpful for you.

AFP-AN involves family and individual sessions and should include information about nutrition and the effects of not eating enough. The therapy should also focus on how you feel about yourself and your relationships with other people.

AFP-AN usually involves 32-40 individual sessions over 12-18 months, with more frequent sessions at the beginning of treatment. This helps to build the relationship between you and your professional, and can help you to maintain your motivation to make positive changes. You might also have 8-12 additional family sessions, which include support for your parents or carers to help them support you in overcoming your eating disorder.

Your needs should be reviewed a month into the treatment and then every 3 months afterwards. This can help your professional to figure out how regular your sessions should be, and how long your treatment should last.

During treatment, your professional should try to figure out whether your eating disorder is a coping strategy and how you might be using it to help you cope. They should help you to find different ways of coping and try to help with any fears you might have about recovery.

Hormonal treatment for low bone mineral density (ages 13-17 years)

Some evidence

During childhood and the teenage years our bones develop and become strong. Being underweight and not eating enough as a child or young person can cause poorer bone growth and can even lead to your bones becoming weaker (often called low bone mineral density). Low bone mineral density can in turn lead to an increased risk of fractures. Children and young people who have anorexia are at risk of low bone mineral density. The most effective way of reversing this is to reach a healthy weight for your age and height. If your low weight persists, then low bone mineral density can become irreversible.

Your professional might offer you a bone mineral density scan if you've been underweight for a year or if you have had bone pain, recurrent fractures or faltering growth. If you need treatment for low bone mineral density, then you should be referred to a specialist paediatric or metabolic bone clinic for treatment.

If you are a girl aged between 13 and 17 years old and you have long term low body weight, you could be offered a hormone treatment called Transdermal 17- β -estradiol with cyclic progesterone. Your doctor could also suggest oestrogen therapy as a treatment for low bone mineral density, but this is not routine and they should seek specialist advice.

If you are a boy and have had long term low body weight then you might also be at risk for low bone mineral density. The treatment your professional suggests will be different to that offered to girls and you should be referred to a specialist paediatric or metabolic bone clinic for treatment.

Medication

Insufficient evidence

You should not be offered medication as your only treatment for anorexia, although you might be prescribed medication for other health problems.

Occasionally if people are very anxious about gaining weight the eating disorder team might prescribe medication (often an antipsychotic medication called olanzapine) to help. This is not a treatment for anorexia by itself, but could help you to manage other types of treatment.