

## Behavioral Health Clinical Practice Guidelines for: Eating Disorders

### OBJECTIVE

Eating disorders affect large numbers of people, the majority of whom are women. This guideline will provide a framework for the diagnosis and treatment of eating disorders.

### DIAGNOSIS & ASSESSMENT

#### MEETS DSM-5 DIAGNOSTIC CRITERIA FOR:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder

#### EVALUATION

- A psychiatric evaluation to assess for comorbid depression, anxiety disorders, chemical dependency, or personality disorders
- Assess for medical problems
- Include labs if indicated
- Complete a family assessment
- Complete a dental assessment
- Assess for suicidal ideation/intent
- Determine level of care: outpatient, acute inpatient, partial, residential, based upon overall physical condition, psychology, behaviors and social circumstances.
- All child and adolescent patients seen by behavioral health clinicians should be screened

### TREATMENT

#### MEDICATION MANAGEMENT

Medication should not be used as the sole or primary treatment. SSRIs/SNRIs have support in the literature as part of the treatment of anorexia nervosa but they have no effect on weight gain or weight maintenance.

For bulimia, fluoxetine is the only FDA approved medication for treatment.

For binge-eating disorder, sertraline and citalopram/escitalopram have the best evidence and risk benefit ratios. Vyvanse (lisdexamphetamine) is the only FDA approved medication for treatment before sertraline.

Need to monitor medical status: blood chemistry, bone health, toxicology, GI conditions.

The goals of the treatment are to:

1. Restore patients to a healthy weight
2. Restore healthy eating patterns
3. Treat or remediate physical complications
4. Address dysfunctional behavioral regulation
5. Improve associated psychological difficulties
6. Enlist family support
7. Prevent relapse

#### THERAPY

- Nutritional Counseling
- Family Therapy
- Cognitive Behavioral Therapy
- Group Therapy
- Outpatient psychosocial is the initial treatment of choice for children and adolescents.
- If a child or adolescent, a multi-disciplinary team that is skilled in the care of this population should be involved.
- If patient is discharged from inpatient hospitalization, patient needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

*Disclaimer: Recommendation of treatment does not guarantee coverage of services.*

### REFERENCES

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