

Maudsley Parents Newsletter



maudsleyparents.org
family-based treatment for eating disorders

JULY 2010

What's new at Maudsley Parents? Conference plans, news about a study of FBT for young adults with anorexia, links to resources in other languages, and the role of medication in eating disorder treatment. As always, we'd love to hear from you. Write us at contact@maudsleyparents.org.

Conference Update

We had a full house for our April conference in Chicago. Many thanks to our wonderful presenters Walter Kaye, MD, Daniel le Grange, PhD, Angela Doyle, PhD, Harriet Brown and our terrific parent panelists. Slides from talks by Dr. Kaye and Dr. Celio Doyle are online [here](#). Thanks also to Kristen Anderson, Zandr  Labuschagne, Colleen Stiles-Shields of the University of Chicago Eating Disorders Program for all their help.

Save the date! We're planning our next conference for **January 21st** in sunny San Diego. Stay tuned for more information—details coming soon!

Family-Based Treatment in the News:

Eating with an Anorexic Child
Chicago Tribune, June 21, 2010

New on the Maudsley Parents site:

Family-Based Treatment for Adolescent Eating Disorders: Current Status, New Applications and Future Directions
Katharine L Loeb, PhD and Daniel le Grange, PhD

Research Study Recruitment: Family-Based Treatment for Young Adults

The University Of Chicago is conducting a National Institute of Health funded research study designed to develop and refine a family-based treatment manual for young adults with Anorexia Nervosa as well as assess the feasibility of this out-patient psychotherapy. Treatment involves up to 6 months of individual and family therapy sessions.

This study is a good match for you if you are:

- 18 to 25 years of age
- Meet criteria for Anorexia Nervosa
- Are prepared to participate in assessments
- Interested in talk therapy treatment with a family member of choice.

For more information, please contact our Participant Coordinator at 773-834-9120 or visit eatingdisorders.uchicago.edu

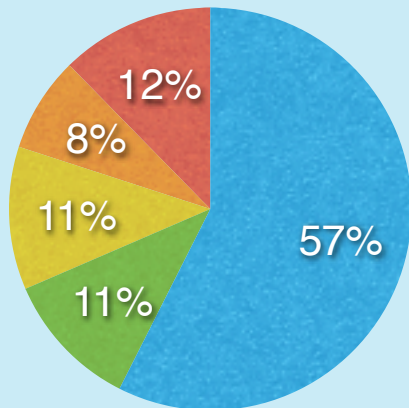
Interested in other studies? Check out our research page and clinicaltrials.gov.



World snapshot: Who's watching our videos?

Here's a look at our viewership last month

- US
- Canada
- UK
- Australia
- Other



Who's in the "Other" category? Korea, Brazil, Dominican Republic, Netherlands, Cyprus, Germany, Greece, Finland, Ireland, Switzerland, NZ, France, South Africa

Medication in the Treatment of Child and Adolescent Eating Disorders: An Interview with Dr. James Lock

Dr. Lock is Professor of Child Psychiatry and Pediatrics in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine where he also serves as Director of the Eating Disorder Program for Children and Adolescents. He is the co-author of *Treatment Manual for Anorexia Nervosa: A Family-Based Approach*, *Help Your Teenager Beat an Eating Disorder* and *Treating Bulimia in Adolescents: A Family-Based Approach*. He has lectured widely in the US, Canada, South America, Europe, and Australia. He has been funded by the NIH to conduct treatment research in eating disorders continuously since 1997. He also serves as Clinical Advisor to Maudsley Parents. We talked with Dr. Lock about the role of medication in treating eating disorders.

Dr. Lock, thank you so much for talking with us. Can you give us an overview of what the research tells us about medication in the treatment of children and adolescents with eating disorders?

The research is very limited in medication treatments for eating disorders in general and in children and adolescents even less has been done. No medication has been shown to be effective for the core symptoms of anorexia nervosa in adults or children. There are conflicting studies about the effectiveness of SSRIs (like Prozac) to prevent weight loss after hospitalization (Kaye et al., 2001; Walsh et al., 2006). However, the largest and better controlled study did not find benefit of adding Prozac even with psychotherapy (cognitive-behavioral therapy)(Walsh et al., 2006).

The newer atypical antipsychotics (risperidone, olanzapine) have been used in one RCT in adults, but patients tended to refuse to take the medication, so

Links to International Resources

Spanish

- [Our Spanish-language page](#)

Greek

- [Treatment Manual for Anorexia Nervosa: A Family-Based Approach](#)

Portuguese

- [Help Your Teenager Beat an Eating Disorder](#)
- [Treating Bulimia in Adolescents](#)
- [One Spoonful at a Time](#)

Japanese

- [Help Your Teenager Beat an Eating Disorder](#)

Polish

- [Help Your Teenager Beat an Eating Disorder](#)

although some patients gained weight, results of the study were inconclusive. In children and adolescents, a number of small studies suggest these are helpful for anxiety and perhaps obsessive features, but do not appear as useful for weight gain or the thought processes associated with anorexia (Barbarich et al., 2004; Bissada, Tasca, Barber, & Bradwejn, 2008; Boachie, Goldfield, & Spettigue, 2003; Brambilla et al., 2007; Mehler et al., 2001) At this point, the use of these medications should be considered only in highly refractory cases and for short term treatment addressing severe behavioral or psychological resistance to weight restoration.

We often hear from parents of teens with anorexia nervosa who are very concerned about signs of depression and obsessive behavior they see. What advice would you give them?

As both depressed feelings and obsessive behaviors are associated with AN itself, unless there is a definite history of depression or OCD PRIOR to the onset of AN, I would suggest waiting until weight is restored to about 90% of expected before starting a medication for these co-morbid condition. I would also suggest that a child and adolescent psychiatrist with expertise in eating disorders be involved in prescribing and monitoring any medications for this population and age group as they would have the necessary expertise to make sure that the medication was prescribed and monitored safely and appropriately.

What about bulimia nervosa? Is there are role for medication in treatment?

For bulimia nervosa, all classes of antidepressants seem to be useful in adults, though the SSRIs are considered the safest and likely the best tolerated (Walsh et al., 2000; Walsh et al., 1997). However, psychological therapies, particularly cognitive-behavioral therapy and interpersonal therapy (IPT) appear to be more useful. In some cases, adding an SSRI to psychotherapy may help boost the effects. (Fichter et al., 1991; Walsh et al., 2000). In adolescents, there is only one small study of a case series of adolescents treated with fluoxetine (Prozac). This study suggested fluoxetine was well tolerated and possibly beneficial in the context of a range of other psychotherapies. At this point, the recommendation for use of fluoxetine would be similar to that for adults with bulimia nervosa: use when psychotherapy cannot be used and as an adjunct to therapy when needed.

Can you give parents some advice about how to find appropriate help and how they can best work with their child's psychiatrist?

This can be a challenge. I would suggest contacting the nearest treatment center for eating disorders and ask them for referrals. One can also review the child psychiatrists that are member of the Academy of Eating Disorders to identify possible local providers.

Barbarich, N., McConaha, C., Gaskill, J., LaVia, M., Frank, G., Brooks, S., et al. (2004). An open trial of olanzapine in anorexia nervosa. *Journal of Clinical Psychiatry, 65*, 1480-1482.

Bissada, H., Tasca, G., Barber, A., & Bradwejn, J. (2008). Olanzapine in the treatment of low body weight and obsessive thinking in women with anorexia nervosa: a randomized, double-blind, placebo controlled trial. *Am J Psychiatry, 165*, 1281-1288.

Boachie, A., Goldfield, G., & Spettigue, W. (2003). Olanzapine use as an adjuvative treatment for hospitalized children with anorexia nervosa: case reports. *Int J Eat Disord, 33*, 98-103.

Brambilla, F., Garcia, C., Fassino, S., Daga, G., Favaro, A., Santonastaso, P., et al. (2007). Olanzapine therapy in anorexia nervosa: psychobiological effects. *Int Clin Psychopharmacol, 22*, 197-204.

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- Kaye, W. H., Nagata, T., Weltzin, T., Hsu, B., Sokol, M., McConaha, C., et al. (2001). Double-blind placebo controlled administration of fluoxetine in restricting and restricting-purging type anorexia nervosa. *Biological Psychiatry*, 49, 644-652.
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- Walsh, B. T., Agras, W. S., Devlin, M. J., Fairburn, C. G., Wilson, G. T., Kahn, C., et al. (2000). Fluoxetine for bulimia nervosa following poor response to psychotherapy. *Am J Psychiatry*, 157(8), 1332-1334.
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- Walsh, B. T., Wilson, G. T., Loeb, K. L., Devlin, M. J., Pike, K. M., Roose, S. P., et al. (1997). Medication and psychotherapy in the treatment of bulimia nervosa. *American Journal of Psychiatry*, 154(4), 523-531.

What's New at NEDA



NEDA's 2010 conference, *Building Bridges to Recovery*, is scheduled for October 8-10 in New York City. Find program and registration information [here](#). This year's conference features some terrific speakers, including our own Harriet Brown. If you'll be attending, please stop by the "Take One" table for some Maudsley Parents info. Let us know if you'll be there—we'd love to meet you!

Are you a member of NEDA's Parent, Family, and Friend Network? It's a great way to stay up to date on all NEDA has to offer families. Membership is free: [Join here!](#)

Are you a therapist looking for family-based treatment training?

A workshop will be offered September 13-14 in Chicago by the **Training Institute for Child and Adolescent Eating Disorders**. Visit the Institute website to learn more [here](#). Trainees/students pay half price for the workshop.

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If you know other parents who are interested, please feel free to forward this newsletter and invite them to join our mailing list at contact@maudsleyparents.org. We respect your privacy and your contact information will not be shared.

RESEARCH RECRUITMENT

RESEARCH PARTICIPANTS WANTED

In conjunction with Dr. Walter Kaye and his research team, Dr Amanda Bischoff-Grethe is seeking female participants between 12 and 18 years of age who have a recent (within the last six months) diagnosis of anorexia nervosa. Qualified participants will be asked to answer questions regarding their personality and cognitive abilities and will also undergo a 1.5 hour brain imaging study. By participating in this research study you may assist physicians and researchers in developing treatments for these complex and serious disorders. You may be compensated up to \$175 dollars plus mileage. For more information, please contact the UCSD Eating Disorder Treatment and Research Program at edresearch@ucsd.edu or Research Coordinator, Zoë Irvine, at 858-246-0699.

PARENTS ACT NOW: AN ANOREXIA PREVENTION PROGRAM FOR PARENTS

Stanford University Eating Disorders Program
James Lock, MD, Ph.D. & C. Barr Taylor, MD

Stanford University is conducting a research study examining the effectiveness and acceptability of an online parent-training program to help prevent and/or overcome anorexia nervosa.

Who Can Participate?

Parents of girls aged 11-16 years who have the following warning signs:

- Undereating or overexercising
- Failed to gain expected weight or have stopped growing
- Excessively concerned about body shape and weight
- Family history of an eating disorder
- Perfectionistic
- Diagnosed with an eating disorder within the past six months

The Program: Parents Act Now

- 6-week online program
- Family-Based Treatment approach
- Includes education about eating disorders, coaching on how to take action to address disordered eating and exercise behaviors, and skills training Incorporates online quizzes, feedback, and tools to track progress
- Features video clips of eating disorder experts, parents, and teens

How Can I Participate?

If you are interested in participating, or would like further information, contact Megan Jones, Psy.D., at (650) 723-9696 or meganjones@stanford.edu or visit the [study website](#).