

SUMMARY OF PRACTICE GUIDELINES

Anorexia nervosa: management

2 - Initial specialist care and management pathways

June 2010

LEVELS OF CARE

Depending on the circumstances and the seriousness of the condition, patients can be managed as outpatients (with variable intensity of care), and/or as inpatients.

Patients should initially be managed as outpatients, unless there is a physical or psychiatric emergency.

Attention should be given to the consistency and continuity of care throughout the stages of management and between the various people involved. In particular, if the patient is admitted to hospital:

- inpatient care should be followed on immediately by outpatient care, either sequentially or transitionally in a day unit, or at the very least in the form of outpatient appointments, because patients do not leave the hospital fully cured;
- the care team responsible for the admission should ensure that previous outpatient care continues, or they should organise new multidisciplinary follow-up. In order to do this, telephone contact should be made during the hospitalisation, and information meetings between current and future care teams are essential. It is also necessary that the discharge summary be distributed rapidly. The patient and his/her family must be included in the organisation of care.

MULTIDISCIPLINARY OUTPATIENT MANAGEMENT

People involved

The primary care physician organises multidisciplinary outpatient care once the diagnosis is confirmed, while respecting the therapeutic alliance¹.

Care should be provided by a team of at least two healthcare professionals, which would usually include the following:

- a psychiatrist or paediatric psychiatrist or psychologist, because of the psychological effects and common psychiatric comorbidities of this disease;
- a physician, who can be the primary care physician (general practitioner or paediatrician), if he/she is prepared to take on the responsibility.

¹ A therapeutic alliance is something that is created gradually over time together with the patient and his/her family, and involves an empathetic, genuine, warm and professional attitude.

Organisation of multidisciplinary management

Care is co-ordinated by a co-ordinating physician, who is selected from the care team according to:

- the patient's situation (age; progression and severity of disease; care pathway; patient's choice);
- the person in the multidisciplinary team who has the most experience and the greatest levels of availability.

EVALUATION OF SERIOUSNESS

An overall evaluation of the patient is recommended, and this should include physical, nutritional and psychological evaluation, along with family and social dynamics. Such an evaluation can reveal signs of serious disease, particularly those that would require hospital admission. It should be repeated over time: at least once per month when there is confirmed disease, and more frequently if the patient's condition is changing or progressive.

THERAPEUTIC MANAGEMENT

Target weight

A target weight (to be reached gradually) should be discussed with the patient, in order to reassure him/her. This target weight should be determined according to age, past weight and a weight for women that will restore menstruation and ovulation. For most patients, halting weight loss is the primary objective before weight gain can be considered. When gaining weight, an increase of 1 kg per month for an outpatient seems to be a measured and acceptable target.

When starting refeeding, electrolyte balance, including serum phosphorus, should be monitored (because of potential cardiovascular complications).

Objectives of psychological intervention

The objectives of psychological care relate to the individual and to the family. The choice of a type of psychotherapy will depend on the patient, his/her friends and family, the patient's age, motivation and the stage of the disease.

The most common forms of psychotherapy (individual, family or group) are supportive therapies, psychodynamic or analytical psychotherapy, behavioural and cognitive behavioural therapies (CBT) and systemic and strategic therapies. Family therapy is recommended for children and adolescents (grade B). Motivational approaches have been shown to be of benefit in the early stages of management.

The chosen psychotherapy should continue for at least one year after significant clinical improvement is seen. Because of the chronic nature of anorexia nervosa, such management often lasts several years.

