HAUTE AUTORITÉ DE SANTÉ

FFAB
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(anciennement AFDAS-TCA)

BULIMIA NERVOSA AND BINGE EATING DISORDER

Coordinated multidisciplinary care

June 2019

- Bulimia nervosa is characterized by episodes of binge eating (consumption of a large amount of food in a short period of time, accompanied by a feeling of being out of control) followed by inappropriate compensatory behaviours, such as: self-induced vomiting, misuse of laxatives, diuretics or other medicines; fasting; excessive exercise. In addition, self-esteem is unduly influenced by physical appearance in these individuals. Bulimia sufferers usually have a normal body mass index (BMI) due to their compensatory behaviours.

- Binge eating disorder is characterised by recurrent episodes of binge eating, but without the inappropriate compensatory behaviour seen in bulimia nervosa. For this reason, binge eating disorder generally leads to high BMI (overweight or obesity). Binge eating causes significant distress.

Organisation of treatment plan

The therapeutic strategy for eating disorders must be multidisciplinary, including psychological, nutritional, somatic, social and family-related aspects. The treatment plan is based on coordination of the various parties involved as part of a long-term programme given the durable nature of the disorder.
Since care is shared between several professionals, it is recommended that a clear agreement be established between the various healthcare professionals with respect to the division of individual roles.
It is recommended that one of the parties involved – preferably the most experienced – should coordinate the multidisciplinary, multi-professional care programme, taking into consideration the patient's views.
This coordinator must be clearly identified by the patient and all those involved.
Outpatient care is recommended as first-line treatment, in the absence of an emergency situation or complications.
Referral to a specialised team is preferable for advice and/or management.

GENERAL OBJECTIVES AND PRINCIPLES OF COORDINATED CARE

Management should combine coordinated psychiatric, nutritional and somatic follow-up designed to:

- establish a therapeutic alliance: create a good quality relationship between practitioners, the patient and the family, including for follow-up of adults. Motivational interviews are recommended in the event of difficulties committing to treatment;
- treat emotional disturbances and psychological dimensions, psychiatric comorbidities and social aspects related to the disorders;
- restore appropriate, balanced eating behaviour;
- treat somatic complications (see toolkit guide on "Somatic complications and their management");
- identify precipitating and/or maintenance factors to prevent relapses;
- combine the treatments with the measures required to maintain social inclusion.

Treatments will be more effective if they are given early on and if they are tailored to individual patients, their age and the severity of the disorders.

It is preferable to involve the family in the patient's treatment. For adolescents and young adults, care will involve their parents or their legal guardian.

Care should be organised in a context best suited to the patient's needs and preferences.

► ***For more information, see the toolkit guide on "How to talk about the issue" aimed at patients, their families and healthcare professionals.***

PSYCHOTHERAPEUTIC APPROACHES

The objectives are individual and family-related.

It is recommended that the overall management of patients with eating disorders should include a psychological component, with the aim of helping to:

- boost their motivation to engage with their multi-professional care;
- restore balanced and appropriate eating habits;
- re-assess and encourage patients to evolve their dysfunctional thinking, self-image and self-esteem, attitudes, motivations, conflicts and feelings related to the eating disorder;
- treat emotional disturbances and the associated dimensions;
- improve interpersonal and social skills; treat psychiatric comorbidities;
- obtain the support of family and friends;
- support the family and offer family guidance and therapy as part of the care put in place.

It is important to specify to patients that the objectives of psychotherapy programmes are not to directly treat weight issues themselves (no weight loss objective) but that they could have a secondary impact on weight issues[1].

Recommended approaches incorporated in the multi-professional approach

Self-help tools: these may be offered before the initiation of treatment or at the start of treatment.
Self-help guided by a health professional is more effective than the unaccompanied version.
Individual **cognitive behavioural therapies (CBT)** tailored to the eating disorders as first-line treatment; dialectical behaviour therapies may be offered to patients with comorbid borderline personality disorder.
If CBT is impossible or refused, the following methods may be used:

- Interpersonal therapies;
- Psychoanalytical therapies;
- Family therapies: for adolescents and young adults suffering from bulimia, and their families.

The initiation of psychotherapy in addition to somatic and psychiatric care should be considered:

- once the multi-professional assessment has been performed and a diagnosis of bulimia or binge eating disorder has been confirmed;
- after informing the patient about the arrangements for implementing his/her tailored care programme.

[1] Recommendations concerning the management of weight loss can be found in HAS guidelines on the management of overweight and obesity.

Other approaches that may be proposed in addition to the recommended multi-professional support

As knowledge currently stands, the efficacy of the following approaches has not been established: therapies based on mindfulness, art therapy, physical exercise, massages, relaxation, yoga, light therapy.

However, there is no contraindication to their use as long as the recommended multi-professional support is maintained. It is necessary to inform patients about the treatments for which the benefits have been established at the outset.

Approaches that are not recommended

Repetitive transcranial magnetic stimulation techniques (rTMS) and other non-invasive neuromodulation techniques are not recommended in eating disorders, outside research protocols.

MEDICINAL APPROACHES: PSYCHOTROPIC DRUGS

General recommendations concerning the prescription of psychotropic drugs

To improve compliance with treatment in the event of prescription of psychotropic drugs, an initial information and preparation step is useful: non-specific supportive care, self-help tools, motivational interviewing.
Clearly explain to patients that this prescribed drug is not, in itself, the only treatment for their disorder.
Check the contraindications and precautions for use, particularly those related to the consequences of eating disorders.
In the event of vomiting, recommend that medicinal products be taken well away from purging episodes.

The psychotropic drugs that can be used

- **SSRIs** (selective serotonin reuptake inhibitors) may be proposed as second-line treatment in adult patients (if access to structured psychotherapy is impossible and in the absence of contraindications), always in combination with psychological and multi-professional management.
- Given the benefit-risk balance and the risk of misuse, **topiramate** should only be prescribed following the advice of a specialist eating disorder treatment centre.
- **Other psychotropic** drugs may be used in their conventional indications in the event of psychiatric comorbidities, paying particular attention to side effects that could be exacerbated by the frequent metabolic disturbances.

Psychotropic drugs that are not recommended

- **Tricyclic antidepressants** are not recommended in the treatment of bulimia episodes due to their unfavourable benefit-risk profiles.
- As knowledge currently stands, other medicinal products should not be prescribed to treat bulimia or binge eating disorder.

CLINICAL AND LABORATORY MONITORING OF SOMATIC DISTURBANCES DURING TREATMENT

Perform regular complete somatic and psychiatric clinical assessments (see toolkit guide on “Initial assessment and initiation of treatment”) with the aim of detecting any complications (see toolkit guide on “Somatic complications and their management”) or emergency situations (see toolkit guide on “Emergency situations and eating disorders”) early on and preventing them.
Include a systematic dental check-up at least every 6 months with the aim of detecting any complications early on and preventing them (see toolkit guide on “Detection and management of dental problems by dentists”).
Regularly monitor blood electrolytes (potassium, alkaline reserve, sodium, creatinine) in patients who vomit or use laxatives or diuretics, in order to detect and treat any metabolic disturbances.
In overweight or obese patients, provide appropriate follow-up and screen for associated complications, including type 2 diabetes.

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This document presents the main points of the best practice guidelines on "Bulimia nervosa and binge eating disorder – Detection and general management information"
Clinical practice guidelines method – June 2019.
These recommendations and the scientific rationale can be consulted in full on www.has-sante.fr