Eating disorders: A serious problem of mental health seeks solution

Eating Disorders are a group of mental disorders with considerable peculiarities and present a challenge for both the scientific community and the general public. More specific in our country a great attention and concern has being observed recently, caused to some extend by the role of public media, as they turned to "inform" about these disorders. Popular television programs are frequently focusing on famous individuals suffering from the disorder. Or they deal with dramatic presentation of Anorexia Nervosa (AN) cases, as they describe their wander around from inpatient services of general hospitals to private practices either of psychiatrists who only prescribed psychopharmaceutics drugs or gynecologists who recommended oral contraceptives.

The challenge for the scientists is of different nature and relates with the special characteristics of these disorders. Many persons suffering with eating disorder (ED) are reluctant to admit to their disorder, thus complicating the diagnosis and creating problems or great delay in seeking treatment.

As it is well known ED are chronic, difficult to treat disorders but they may be transient or recurrent and in many cases even a temporal movement between diagnostic categories has been observed during their long subsequent course.

Eating Disorders are also characterized by accompanied physical morbidity due to medical complications either from chronic starvation or malnutrition and/or purgative behaviours. They present high morbidity rate, especially AN (according to some reports Bulimia Nervosa too, mainly due to suicide).

As a consequence great difficulties are imposed in conducting studies on prevalence, incidence or mortality rates, as well as in comparing the efficacy among different treatment modalities. Strong resistance to treatment and medical complications often require withdrawal of patients from treatment protocols. In a recent study by Halmi, of 122 randomized cases the overall drop-out rate of anorexia nervosa patients was almost 50%.

Because of the high co-occurrence of physical with the psychiatric morbidity the cases of severe AN and/or BN require for their effective management intensive and congruent collaboration of a treatment team by health and mental health professionals from many disciplines: physician, cardiologist, nutritionist, psychiatrist, psychotherapist, social worker. The interventions needed, vary greatly in every case depending on the phase of the disorder and the state in medical condition. The spectrum of interventions may extend from neediness of hospitalization in a general medical ward for the medical stabilization and the management of serious complication, to the application of a specified type of psychotherapy (individual, group and/or family) and even to psychosocial and rehabilitational interventions – they may be needed in some cases.

Patient that (a) do not present with grave medical morbidity, (b) are motivated for treatment and (c) have a supportive system and a baseline social functionality, can be managed and treated in an outpatient setting.
Basic presumption is the existence of an interdisciplinary group, including available psychotherapist and resources for medical and laboratory assessment if needed.

Finally, on the issue of the psychopharmacological treatment of ED the evidence from the literature based on controlled trials offers useful conclusions for clinical practice. For AN patients no clear and statistical effectiveness has been proved by some specific drug, in contrast there exists an elevated danger for side-effects that can complicate the medical condition. For BN patients the use of serotonin reuptake inhibitors as well as in Binge-Eating Disorder patients the use of topiramate and sibutramine have been proved to be of some good effectiveness. Nevertheless they are less effective when compared to cognitive-behavioural therapy.

The treatment proposals summarised above stem from the Practice Guidelines for the Treatment of patients with Eating Disorders, issued by the Work Group on ED of the American Psychiatric Association as well as the National Institute for Clinical Excellence from England (NICE).

In a very recent review on the topic, Professor K. Halmi an expert on ED is writing on the components of a comprehensive service for their treatment:

1. A well-established eating disorders program should set up a multidisciplinary team of professionals coordinated by a psychiatrist experienced in eating disorders.
2. An adequate initial assessment is required including psychiatric and medical evaluation.
3. An adequate outpatient eating disorder clinic needs to provide individual psychotherapy with cognitive-behavioural techniques specific for AN and BN, family therapy, pharmacological treatment and resources to obtain appropriate laboratory tests.
4. If the patients require inpatient care they are best treated in a specialized unit under the medical attendance of a multidisciplinary team.
5. Medical management and nutritional rehabilitation are the primary goals of impatient treatment followed by the psychotherapeutic interventions of various dimensions.

The actual situation in Greece concerning the management of patients with eating disorders is characterized by the following ascertainment, as we have concluded to them after more than 20 years of experience in the topic.

Firstly, there is a rapidly increase in the demand of clinical services for ED patients who are addressed to the outpatient clinic in the Eginition Hospital. Due to insufficient personnel despite the recruitment of volunteers a great delay in responding to the demand is present. During this period of last few years two new services dealing with eating disorder cases are settled in the greater Athens area: one for adolescents in the Adolescent Medicine outpatient unit of “Aglaia Kyriakou Hospital” and the second from the non-profit association for supporting patients with eating disorders ANASA. As we are informed both of them have difficulties to accommodate to the continuously increasing demand.

There exists another additional problem, too many demands or referrals for emergency inpatient treatment of patients with serious medical condition in the psychiatric department of Eginition hospital, where a very limited number of beds can be available for the psychotherapeutic treatment program (only up to 3 beds). The referrals are mainly recommended by medicals from general hospitals by the greater Athens area, where psychiatric sectors and liaison psychiatry services are established. We believe that it is exactly in those settings where the cases of this condition should be hospitalized, because in the environment of psychiatric sectors it is easier for multidisciplinary approach teams to be formed, if the appropriate professionals are coordinated to work together with trained in psychotherapy mental health workers.

However there is an open question, if the available professionals do have the intention to operate as members in a hospital group and if they are willing to offer their skills and their time for working in the management of those demanding patients. There exists a precondition for this proposal: appropriate working conditions and provision of motives to the health workers, at least moral and/or scientific compensation.
One last ascertainment is concerning the issue of specifically trained for eating disorders psychiatrists. It is true that they are extremely few in the country, and the psychotherapists trained in cognitive-behavioural or other approach with specification for eating disorders are also limited in number and they mostly exert their skills insulated in their private practice.

As a result we can conclude that the management of eating disorders in our country is very much fragmented and not at all satisfactory. The system needs to be improved by prompt decisions and movements both through interventions from authorities responsible for mental health policies as well as through greater availability by mental health professionals. Without interventions for improvement a great number of ED patients will continue to suffer.

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References
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