



UPDATE ON EATING DISORDERS

▪ Series Editor Paul E. Keck, Jr., MD

Eating disorders: Which treatments are most effective?

Compared with other psychiatric diagnoses, eating disorders are relatively new. Bulimia nervosa was first described as a distinct syndrome in 1979,¹ and binge eating—the most common eating disorder—is still listed only as a diagnostic criterion in DSM-IV-TR.²

Patients with eating disorders—which frequently co-exist with mood disorders—are difficult to treat. They tend to resist psychiatric referral and try to conceal their “secret” illness from families and physicians. Those with anorexia nervosa—one of psychiatry’s most lethal disorders—are at high risk.

To help psychiatrists treat these patients, CURRENT PSYCHIATRY invited internationally regarded experts to prepare a three-part series, “Update on Eating Disorders.” In part 1 (*page 12*), Harrison G. Pope, Jr., MD, and James I. Hudson, MD, ScD, of Harvard Medical School describe how to avoid undertreating bulimia nervosa. Future issues will feature insights on:

- anorexia nervosa by Katherine A. Halmi, MD, Weill Medical College of Cornell University
- binge eating by Susan L. McElroy, MD, Renu Kotwal, MD, and Rakesh M. Kaneria, MD, University of Cincinnati College of Medicine.

Rigorous clinical research by these experts and others has helped weed out unsubstantiated theories while providing empiric evidence of eating disorders’ biological and psychological roots. This series updates the evidence for choosing medications and psychotherapies that have shown the greatest therapeutic promise.

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References

1. Russell GFM. Bulimia nervosa: an ominous variant of anorexia nervosa. *Psychol Med* 1979;9:492.
2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders (4th ed., text-rev.)*. Washington, DC: American Psychiatric Publishing, 2000.