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Introduction.

Anorexia Nervosa is the commonest cause of death in college age females and the relapse rate is 50%. The main treatment apart from refeeding is fluoxetine with the occasion supplementation of olanzapine and benzodiazepines.

Objectives.

to find out which combination therapies can be tolerated for this group of inpatients and with the least side effects.

Aims.

to establish some ideas on which to base the development of novel therapies to give clinicians more choices.

Methods

The hospital has ten beds for eating disorders in the independent sector in the north of England. Patients are accepted with BMI 9-15.. Many have comorbid conditions like depression and OCD. We looked at psychotropic medications for a group of current and recently discharged patients.

Results

We have used combinations of escitalopram, mirtazapine, quetiapine and buspirone. We have also tried some unusual combinations involving aripiprazole and venlafaxine but the combination of clomipramine and buspirone is showing most promise. Aripiprazole seems to aid the refeeding process. These may seem random choices but many have been chosen from existing algorithms for affective disorders and psychosis.

Conclusions

Over the last nine months we have been trying to find either single or combination therapies that suited the patients best. All of the patients were quite intractable, had tried other medications, and had been ill for over ten years. This is a neglected area in Anorexia Nervosa and there are few studies in this topic. Controlled trials are needed.