

# [Particularly md, an eating disorder specialist at langone](https://assignbuster.com/particularly-md-an-eating-disorder-specialist-at-langone/)

Particularly in anorexia nervosa, medical treatments do not have aclear role in the treatment of this condition.

A study conducted from January2000 to May 2005, uses a methodology of using randomized, placebo-controlled, double blind trial, using 93 patients with anorexia nervosa. At the New YorkState Psychiatric Institute or Toronto General Hospital, the patients received aday-program or intensive inpatient treatment. The objective of this researchwas to ascertain whether fluoxetine encouraged recovery and continuedtime-to-relapse among weight restored patients with anorexia nervosa. Thuseligible members for this randomised stage of the trial had to regain weight toa minimum body mass index of 19. 0. Fluoxetine or a placebo was randomlyassigned to patients, in which 49 participants were allocated fluoxetine and 44to placebo1, as well as cognitive behavioural therapy. A correlative percentage of patients maintained a body massindex of 18.

5, and stayed in the study for 52 weeks (fluoxetine, 26. 5%; placebo, 31. 5%; P = . 57)2. In a Cox proportional hazards analysis, with pre-randomisation body mass index, site, and diagnostic subtype as covariates, there was no significant differencebetween fluoxetine and placebo in time-to-relapse (hazard ratio, 1. 12; 95% CI, 0.

65-2. 01; P = . 64). 3As part of the complete treatment program, fluoxetine isprescribed to the anorexic, in combination with therapy as a holistictreatment, in order to manage conditions including anxiety, social phobia anddepression.

Depression is often a contributing factor in anorexia nervosa, where the anorexic strives for perfection, which cannot be achieved. According to Ira M. Sacker, MD, an eatingdisorder specialist at Langone Medical Centre at New York University and author of Regaining Your Self: Understanding and Conquering the Eating Disorder Identity, “ People whodevelop eating disorders feel as people that they’re not good enough”. 4Depression is often the underlying factor behind this perspective.  As a result, Fluoxetine, a selective serotoninreuptake inhibitor (SSRIs), is prescribed to manage this mental illness.

Expertsbelieve depression is caused by an imbalance of neurotransmitters, thus fluoxetineworks by prohibiting the reuptake of serotonin, a neurotransmitter which altersthe mood and social behaviour, sleep, sexual desire and function, memory andappetite and digestion, by nerve cells after discharge. Changes to theserotonin function have been associated with disorders, including depressionand eating disorders. To conclude the case study that spanned the duration from2000 – 2005, it suggested that fluoxetine was not beneficial, compared with aplacebo in the treatment of anorexics following weight restoration. The rate ofrelapse was significantly high for the sectors that ingested the placebo orfluoxetine, and the time to relapse had no considerable difference between thetwo treatment groups.

The evidence to suggest that fluoxetine was not aneffective drug was also reinforced by a study that took place in April 1998, where 31 women received a targetdaily dose of 60 mg of fluoxetine over a 7-week study5. Yet again, fluoxetine did not appear to have had a beneficial effect on theinpatients of anorexia nervosa. SRI’s are used largely as antidepressants, for example, SSRI’s, Serotonin–norepinephrine reuptake inhibitor (SNRI’s) and Tricyclicantidepressant (TCA’s) or Olanzapine (Zyprexa, Zydis) or other antipsychotics; however they can also be used to treat conditions, such as anorexia. Howeverfrom this evidence, it suggests that fluoxetine is not a particularly effectivetreatment of anorexia nervosa, with the quick relapse time after medication, and it did not appear to have any significant effect over the use of a placebo. Further studies need to be undertaken on developing advanced models to be ableto discern the persistence of this mental condition and to discover newpharmacological and psychological treatment approaches. 1Walsh, B., Kaplan, A.

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