

Particularly md, an  
eating disorder  
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Particularly in anorexia nervosa, medical treatments do not have a clear role in the treatment of this condition.

A study conducted from January 2000 to May 2005, uses a methodology of using randomized, placebo-controlled, double blind trial, using 93 patients with anorexia nervosa. At the New York State Psychiatric Institute or Toronto General Hospital, the patients received a day-program or intensive inpatient treatment. The objective of this research was to ascertain whether fluoxetine encouraged recovery and continued time-to-relapse among weight restored patients with anorexia nervosa. Thus eligible members for this randomised stage of the trial had to regain weight to a minimum body mass index of 19.0. Fluoxetine or a placebo was randomly assigned to patients, in which 49 participants were allocated fluoxetine and 44 to placebo<sup>1</sup>, as well as cognitive behavioural therapy. A comparative percentage of patients maintained a body mass index of 18.

5, and stayed in the study for 52 weeks (fluoxetine, 26.5%; placebo, 31.5%;  $P = .57$ )<sup>2</sup>. In a Cox proportional hazards analysis, with pre-randomisation body mass index, site, and diagnostic subtype as covariates, there was no significant difference between fluoxetine and placebo in time-to-relapse (hazard ratio, 1.12; 95% CI, 0.

65-2.01;  $P = .64$ ).<sup>3</sup> As part of the complete treatment program, fluoxetine is prescribed to the anorexic, in combination with therapy as a holistic treatment, in order to manage conditions including anxiety, social phobia and depression.

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 eating disorder specialist at Langone Medical Centre at New York University and author of *Regaining Your Self: Understanding and Conquering the Eating Disorder Identity*, " People who develop eating disorders feel as people that they're not good enough".<sup>4</sup> Depression is often the underlying factor behind this perspective. As a result, Fluoxetine, a selective serotonin reuptake inhibitor (SSRIs), is prescribed to manage this mental illness.

Experts believe depression is caused by an imbalance of neurotransmitters, thus fluoxetine works by prohibiting the reuptake of serotonin, a neurotransmitter which alters the mood and social behaviour, sleep, sexual desire and function, memory and appetite and digestion, by nerve cells after discharge. Changes to the serotonin function have been associated with disorders, including depression and eating disorders. To conclude the case study that spanned the duration from 2000 - 2005, it suggested that fluoxetine was not beneficial, compared with a placebo in the treatment of anorexics following weight restoration. The rate of relapse was significantly high for the sectors that ingested the placebo or fluoxetine, and the time to relapse had no considerable difference between the two treatment groups.

The evidence to suggest that fluoxetine was not an effective drug was also reinforced by a study that took place in April 1998, where 31 women received a target daily dose of 60 mg of fluoxetine over a 7-week study<sup>5</sup>. Yet again, fluoxetine did not appear to have had a beneficial effect on

the inpatients of anorexia nervosa. SRI's are used largely as antidepressants,  
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for example, SSRI's, Serotonin-norepinephrine reuptake inhibitor (SNRI's) and Tricyclic antidepressant (TCA's) or Olanzapine (Zyprexa, Zydis) or other antipsychotics; however they can also be used to treat conditions, such as anorexia. However from this evidence, it suggests that fluoxetine is not a particularly effective treatment 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 able to discern the persistence of this mental condition and to discover new pharmacological and psychological treatment approaches. 1Walsh, B., Kaplan, A.

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