The Effectiveness of Medication for the Treatment of Anorexia in Adolescents

Orquidia Torres, MD

April 2013

Anorexia nervosa is an eating disorder that can affect multiple organ systems and results in high morbidity/mortality rates (10-20%) and treatment costs. Although this illness is rare, incidence and prevalence rates have been increasing. This is likely attributed to society, the media, and increasing rates of childhood obesity, in which dieting becomes a large risk factor. The standard treatment for anorexia involves refeeding and psychotherapy. However, despite these measures, only 50% of patients completely recover. Pharmacotherapy, such as olanzapine and SSRIs, although not used commonly, is used when a patient is not responsive to initial standard treatment. Previous studies have shown a positive effect of adjunctive therapy with fluoxetine on weight restoration and reduction of eating disorder symptomatology, but unclear effect of weight gain with olanzapine. Therefore, an extensive literature review was completed to determine the effectiveness of these medications for the treatment of anorexia in adolescents. Multiple treatment outcomes were assessed including hospital stay, length of treatment, time to relapse, weight gain/weight restoration, and comorbidities. PubMed and MESH databases were searched using the words “anorexia nervosa”, “SSRI”, “antipsychotics”, “medication” and “comparative study”. This search yielded four articles, which were appraised to answer the question of interest. Two of the studies were randomized controlled trials, however, one study included adolescents and adults up to age 45 and the other included young adults with mean ages of 23-29. The other studies were retrospective cohort studies in adolescents. Some limitations of these studies included small sample size and incomparable groups (the medication group had significantly higher severity of illness compared to the non-medicated group). Despite these limitations, the data suggested that olanzapine can be used clinically as adjunctive treatment for weight gain, but there was no significant benefit of using SSRIs.

References:

* *A retrospective study of SSRI treatment in adolescent anorexia nervosa: insufficient evidence for efficacy.* Holtkamp K, Konrad K, Kaiser N, Ploenes Y, Heuseen N, Grzella I, Herpertz-Dahlmann. Journal of Psychiatric Research 2005; 39: 303-310
* *Fluoxetine after weight resotration in anorexia nervosa: A randomized controlled trial*Walsh BT, Kaplan AS, Attia EA, Olmsted M, Parides M, Carter J, Pike K, Devlin M, Woodside B, Roberto C, Rockert W. JAMA 2006; 295 (22): 2605-2612
* *Olanzapine use for the adjunctive treatment of adolescents with anorexia nervosa.*   
  Norris M, Spettigue W, Buchholz A, Henderson K, Gomez R, Maras D, Gaboury I, Ni A. Journal of Child and Adolescent Psychopharmacology. 2011; 21: 213-220.
* *Olanzapine in the treatment of low body weight and obsessive thinking in women with anorexia nervosa: A randomized , double-blinded, placebo-controlled trial.*  
  Bissada H, Tasca G, Barber A, Bradwejn J. Am J Psychiatry 2008; 165: 1281-1288.