

CHAPTER 10: EATING DISORDERS CLINICAL ISSUES

- Are the high levels of comorbidity between anorexia, OCD and major depression indicative of a broader coherent 'obsession' based disorder?
- Many individuals with eating disorders try to conceal their symptoms and deny they have a disorder. What problem does this raise for the diagnosis and treatment of eating disorders?
- Are the high levels of comorbidity between bulimia nervosa, borderline personality disorder and substance abuse evidence for viewing bulimia as part of a broader "multi-impulsive" syndrome?
- Some views of eating disorders see the development of anorexia nervosa as a coping process by which the individual feels able to cope with other emotional and identity problems. Should this be taken into account when attempting to treat the symptoms of anorexia?
- Negative mood states have been shown to play a causal role in eating disorders by raising body dissatisfaction and increasing food intake in individuals who are dieting. Treatments that can help alleviate negative mood (such as anti-depressant medications, relaxation training) should therefore have a beneficial effect on eating disorder symptoms.
- While CBT is considered to be the current treatment of choice for bulimia nervosa, it is successful for only 40-50% of patients treated in that way.
- Enhanced CBT for eating disorders has been shown to be a relatively effective treatment for bulimia, but can it also be for use with patients suffering anorexia nervosa