

# Anorexia Nervosa Treatment

Adult patients with severe anorexia nervosa often receive the same unsuccessful treatment without changes regarding the setting, the therapies, or nutritional interventions.

Recent findings: Settings where people with anorexia nervosa are treated include their general practitioner, an independent psychiatric practice, a community mental health team (CMHT), a specialized eating disorder outpatient service, eating disorder early intervention services, a highly intensive eating disorder outpatient or home treatment programme, eating disorder daycare, an inpatient eating disorder service, a general hospital or a general psychiatric hospital, or residential treatment. At a specialized eating disorder service, patients should be offered evidence-based psychotherapy for anorexia nervosa, dietary advice and physical health monitoring as a first step. Additionally, they may be allocated to a specific treatment pathway, family interventions and creative therapies. As a second step, clinicians may consider integrating interventions targeting psychiatric or physical comorbidities, medication for anorexia nervosa or noninvasive neurostimulation. After several years of futile treatment, deep brain stimulation (DBS) should be considered to prevent a chronic course of anorexia nervosa. Nutritional interventions can be escalated from nutritional counselling to nasogastric tube feeding. Patients who rely on nasogastric tube feeding might benefit from percutaneous endoscopic gastrostomy (PEG). Patients with an who vomit despite a nasogastric tube, might need nasojejunal tube feeding.

Summary: Treatment for people with anorexia nervosa should be regularly reviewed and, if necessary, escalated to avoid a chronic and longstanding disease course <sup>1)</sup>

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Although there are many available treatment methods for EDs today, such as family therapy, cognitive behavioral therapy, medication, psychotherapy, and so on, almost half of the patients are refractory to all current medical treatment and never fully recover. For treatment-refractory EDs, stereotactic surgery may be an alternative therapy <sup>2)</sup>

## Deep brain stimulation for anorexia nervosa treatment

[Deep brain stimulation for anorexia nervosa treatment.](#)

<sup>1)</sup>

Himmerich H, Keeler JL, Tchanturia K, Treasure J. Treatment escalation for people with anorexia nervosa: setting, therapies and nutritional interventions. *Curr Opin Psychiatry*. 2024 Sep 5. doi: 10.1097/YCO.0000000000000964. Epub ahead of print. PMID: 39239867.

<sup>2)</sup>

Sun B, Liu W. Stereotactic surgery for eating disorders. *Surg Neurol Int*. 2013 Apr 17;4(Suppl 3):S164-9. doi: 10.4103/2152-7806.110668. PMID: 23682343; PMCID: PMC3654774.

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