Psychological therapies recommended for eating disorders

Zosia Kmietowicz *London*

People with eating disorders should have prompt access to a range of psychological therapies and be treated as outpatients as much as possible, according to a new guideline.

For the first time psychological interventions such as cognitive behaviour therapy, analytic therapy, and interpersonal psychotherapy are recommended as first line treatments in an evidence based guideline from the National Institute for Clinical Excellence (NICE).

The guidance on eating disorders advocates a holistic approach in caring for people with anorexia nervosa, bulimia nervosa, and less common eating disorders such as binge eating. Families and siblings of children and adolescents with eating disorders should all be included in learning about the condition and how it can be treated because they too can be affected by it, says the guideline.

Wherever possible, patients

should be treated by experienced professionals in an outpatient setting suitable for their age. Psychological therapies and guided self help programmes, where patients are supported and encouraged by a clinical professional, should be tried first and pharmacological intervention with antidepressants reserved for second line treatment or the management of comorbid conditions.

Stephen Pilling, codirector of the National Collaborating Centre for Mental Health, which

helped to produce the guideline, and director of one of the British Psychological Society's research units, commented: "The publication of this guideline offers real opportunity for patients, their carers and health professionals to work together to get the best treatment for those suffering from eating disorders."

"Psychological treatments have a central role in the treatment of eating disorders. Providing those treatments along the lines set out in the eating disorders guideline presents a consid-

erable but welcome challenge for the NHS and those professionals working in it."

Dr Mike Shooter, president of the Royal College of Psychiatrists, welcomed the new guideline on a condition that he described as being "poorly understood by the public and clinicians alike."

"Sufferers have felt stigmatised and carers accused of being to blame," he said. "Treatment has been patchy and idiosyncratic. Most local services have been content to refer patients to remote centres of excellence rather than offering anything themselves."

In 2000 the college identified just 25 teams in the United Kingdom with the specialist training to deal with eating disorders, less than half of what is needed.

However, the professor of adolescent psychiatry at the University of Liverpool, Simon Gowers, believes that services in eating disorders can be improved immediately without any additional resources. "There is an opportunity with the recent development of mental health trusts to facilitate eating disorders units," he said. □

Singer Karen Carpenter died of anorexia nervosa, aged 32

Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders can be seen at www.nice.org.uk

United States wins more time to lobby against WHO diet plan

Owen Dyer *London*

A showdown in Geneva over an international plan to tackle obesity ended in stalemate after the United States watered down its public objections to the World Health Organization's proposed Global Strategy on Diet, Physical Activity and Health.

The United States and its allies have postponed a confrontation on the issue, instead persuading the 2004 meeting of WHO's executive board to prolong until 29 February the period in which member states can raise objections to the existing plan. A revised plan will be drafted by WHO and presented for a vote at the full World Health Assembly in May.

The United States was expected to put up strong resistance after a leaked letter from a senior US health department official to WHO director general Dr Lee Jong-wook criticised the organisation's research linking high sugar intake to obesity.

The letter, from William R Steiger, special assistant at the Department of Health and Human Services, complained of "an unsubstantiated focus on 'good' and 'bad' foods, and a conclusion that specific foods are linked to non-communicable diseases and obesity." It added: "The assertion that heavy marketing of energy-dense foods or fast food outlets increases the

risk of obesity is supported by almost no data."

The letter provoked a robust response from Professor Kaare Norum, senior scientist of the World Health Organization's obesity campaign. In a letter to US Health Secretary Tommy Thompson, he accused the US government of making the health of millions of young Americans "a hostage to fortune" as a result of its links to business, particularly the sugar lobby.

"It is significant that resistance from business interests, which included the sugar industry and soft drinks manufacturers with US government support, was also demonstrated when a previous WHO expert report, based on a scientific consultation in 1990, made similar recommendations intended to prevent diet-related chronic diseases," wrote Professor Norum.

The WHO executive board meeting which debated the global strategy was attended by Health Secretary Thompson, who brought lobbyists from the Grocery Manufacturers of America in his delegation. He said to reporters: "Wouldn't it be smarter to have the best science-based recommendations instead of having the food industry or any other industry or special interest group be able to attack the specifics because it is poor science?"

But according to a November news release from the Grocery Manufacturers of America, Mr Thompson "encouraged GMA members to 'go on the offensive' against critics blaming the food industry for obesity."

Sources close to the negotiations say the Americans toned down their objections at the meeting, worried by adverse press coverage of their stance. □