

out. Third, continuity of team members is important; it is helpful to have the same team members all the time. Fourth, communication among team members is essential. Communication with the patient regarding what is expected is also important. Sometimes the limit setting may seem unreasonable. If the adolescent does not understand the rationale for the limits, he or she may sabotage the entire program. It is also important to communicate with the family. Fifth, the plan must provide for support of the adolescent, the family, and team members. Support the adolescent's efforts, and provide positive feedback for accomplishments made in normalizing eating habits. Meetings are held to discuss the feelings and concerns of the patient, immediate caregivers, and team members.

### **Pharmacotherapy.**

Pharmacotherapy in the treatment of AN has been disappointing so far. Although some comorbidities have been shown to decrease, low recovery rates of the disorder are maintained ([Flament, Bissada, and Spettigue, 2012](#)). The few studies that have been done have primarily evaluated medications' efficacy in the treatment of comorbid disorders, such as OCDs and depression. Anxiolytic medications may be helpful before meals to relieve some patients' anxiety.

Tricyclic antidepressants and fluoxetine belong to a group of medications known as SSRIs, which have been more successful when used with BN. There is also some evidence that tricyclic antidepressants such as desipramine, imipramine, and amitriptyline; monoamine oxidase inhibitors; and buspirone are more effective compared with a placebo in decreasing bingeing and vomiting in patients with BN. Topiramate, an antiepileptic agent, and the selective serotonin antagonist ondansetron have demonstrated some benefit in treating patients with BN. The American Psychiatric Association's guidelines have discouraged using medication as the only therapy. Clearly more research is needed to clarify whether medications have a role in the treatment of eating disorders ([Flament, Bissada, and Spettigue, 2012](#)).

### **Psychotherapy.**

Psychotherapy is central to the treatment of eating disorders.