occur when nutritional replacement is given too rapidly. This syndrome can be avoided with slow refeeding and the addition of phosphorus when total body phosphorus is depleted. Treatment goal weights are individualized and based on age, height, stage of puberty, premorbid weight, and previous growth charts. In young women who have reached menarche, resumption of menses is an objective measure of return to biologic health.

Dietary interventions are combined with behavioral therapy to improve the underlying psychological misconceptions about weight loss. Another aspect of treatment is to relieve the anxiety related to eating and the depression that accompanies the disorder. Weight gain alone cannot be considered a cure for the disease and is an unreliable sign of progress. Relapses are frequent as the person may revert to previous eating patterns when removed from the therapeutic environment.

Behavioral therapy.

Behavioral modification, usually through cognitive behavior therapy or motivational interviewing, has met varying degrees of success. The goal is to increase the patient's feelings of control and responsibility toward achieving recovery. Providing privileges or activities for weight gain or positive eating behaviors may be successful, but treatment should also address the conflict precipitating the disorder. Individual psychotherapy is aimed at helping the young person resolve the adolescent identity crisis, particularly as it relates to a distorted body image. If the disorder is related to a dysfunctional family situation, therapy is most successful when it is started soon after the onset of illness and directed toward disengagement and redirection of malfunctioning processes in the family.

The team responsible for the management of young people with AN arranges a carefully structured environment. First, there must be consistency. The team decides on an approach and adheres to it. The plan is structured with reality testing regarding caloric intake and body image perception as an essential component. The team members provide a unified front to avoid any possibility of manipulation or inconsistency. Second, all team members are involved; responsibility for the program cannot be left to one person. The role and boundaries of each member are clearly spelled