

1. Do you make yourself *sick* because you feel uncomfortably full?
2. Do you worry that you have lost *control* over how much you eat?
3. Have you recently lost more than 6.4 kg (14 pounds or *one* stone) in a 3-month period?
4. Do you believe yourself to be *fat* when others say that you are too thin?
5. Do thoughts and *fears* about food and weight dominate your life?

Therapeutic Management

The treatment and management of AN involve three major goals: (1) reinstitution of normal nutrition or reversal of the severe state of malnutrition, (2) resolution of disturbed patterns of family interaction, and (3) individual psychotherapy to correct deficits and distortions in psychological functioning. Treatment of eating disorders requires interventions of an interdisciplinary team composed of a primary practitioner, nurse, dietitian, and mental health provider with pediatric and adolescent health care experience. Because of the psychogenic nature of the disorder, the treatment may be long.

Most adolescents with AN are treated on an outpatient basis, but those with problems requiring immediate medical attention, such as severe malnutrition, electrolyte disturbances, vital sign abnormalities, or psychiatric disturbances (e.g., severe depression or suicidal ideation), may require hospitalization. Persons with BN may benefit from cognitive behavioral therapy, psychotherapy, family-based therapy, and nutritional counseling ([Kreipe, 2016](#)).

Nutrition therapy.

The most important goal is to treat any life-threatening malnutrition and to restore dietary stability and weight gain. This may require intravenous or tube feedings if the malnutrition is severe. The patient should avoid rapid weight gain because it has been associated with severe metabolic abnormalities in some patients, such as **refeeding syndrome**, which consists of cardiovascular, neurologic, and hematologic complications that