

A crisis in the care of anorexia addressed by AED task force

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Cynthia M. Bulik, Ph.D., Founding Director of the UNC Center of Excellence for Eating Disorders, is co-author of the Viewpoint article published in *JAMA Psychiatry*.

"We are facing a crisis in the treatment of anorexia nervosa (AN), a debilitating, expensive, and frequently fatal illness," say the authors of a Viewpoint published in the *Journal of the American Medical Association—Psychiatry*. A task force of the Academy for Eating Disorders, led by Walter H. Kaye, MD, Professor at the University of California San Diego, and Cynthia M. Bulik, Ph.D., Professor at the University of North Carolina at Chapel Hill, and composed of senior clinicians and researchers from university and nonprofit eating disorder treatment centers throughout the United States, is issuing a call for immediate action to address "The Treatment of Patients With Anorexia Nervosa in the US—A Crisis in Care."

Nearly 28.8 million Americans will have an eating disorder at some point during their lifetime, costing the U.S. more than \$65 billion. Although great advances are being made in understanding the underlying biology of the illnesses, more and better research is desperately needed to address what the taskforce identified as a crisis in care. In 2018, and 2019, only \$9 per person with an [eating disorder](#) was spent on medical research, compared with \$239 per person for Alzheimer's disease and \$109 per person with autism.

Affordable evidence-based care for eating [disorders](#) is lacking and access to care is unequal, favoring the insured, and disadvantaging those who are seriously and chronically ill. The past decade has witnessed the shrinking or closing of several established eating disorders programs housed in academic medical centers. Not only does this further hinder access, but it diminishes the capacity of medical schools to equip trainees in all healthcare disciplines with the necessary skills to detect and treat eating disorders.

Anorexia nervosa is among the most lethal of psychiatric disorders—frequently requiring prolonged hospitalization for weight restoration and medical stabilization. Even among the few patients who

are able to access and afford comprehensive treatment, the relapse rate is almost 50%.

In their Viewpoint article, the authors call for: the establishment of clinical centers of excellence that could define and consolidate standards and build consumer trust; increased funding for research and treatment; and immediate engagement of federal funding agencies, philanthropic organizations, patients and families, advocates, insurance companies, policy makers, and clinicians, to coordinate dialog to set priorities. Innovative solutions are crucial to ensure access to care and reduce the personal, family, and societal costs of eating disorders.

More information: Social and economic cost of eating disorders in the US. www2.deloitte.com/au/en/pages/...s-united-states.html

Provided by University of North Carolina at Chapel Hill School of Medicine

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