

# Medical management of eating disorders: a practical handbook for health care professionals

*C Laird Birmingham, Pierre Beumont*

*Cambridge University Press, The Edinburgh Building, Shaftesbury Road, Cambridge CB2 2RU, United Kingdom  
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Eating disorders are associated with significant psychosocial and physical disability, and impose a heavy burden on the community, particularly among adolescent girls and young women. People with anorexia nervosa (AN) are 30 times more likely to die as a result of suicide than the general population, and suicide accounts for more than half of all deaths from AN. Chronic AN confers a high degree of disability.

Eating disorders are interesting conditions in that no one single discipline can assume the overall responsibility for clinical care. At one extreme, severe AN with cachexia, multiple nutrient deficiencies, blood and electrolyte abnormalities, and organ dysfunction are serious conditions with a chronic course and a high mortality rate. At the other extreme, excessively restricted eating, obligatory exercise, and the occasional use of purging and vomiting are very common in many contemporary societies, including Hong Kong. In between these extremes are the psychiatric illnesses of moderate AN, bulimia nervosa (BN), atypical or eating disorder not otherwise specified (EDNOS), and perhaps binge eating disorder. The strength of this book is that it combines expertise of medicine and psychiatry to produce a practical guide to the medical complications and management of AN and related disorders. The authors, L Birmingham and P Beumont, who come from different but complementary backgrounds, have between them more than 60 years of experience in treating eating disorder patients.

This book can serve as a reference textbook and partly as a manual for consultation. It consists of five parts. The first three parts focus on the medical perspectives of diagnosis and management of eating disorders predominantly on AN; particular attention is also paid to special categories of patients with eating disorders, such as diabetics, geriatrics, males, and pregnant mothers. The principles and practice of treatment, including medical and nutritional therapies, are covered fully and in depth. The supplemented colour photographs showing important physical manifestations of eating disorders in the text are particularly impressive. The treatment recommendations of specific conditions, such as refeeding syndrome and

chronic AN, which are extremely crucial but not readily accessible from the existing literature, are well addressed here. With the expertise of P Beumont, the issues of the rationale for compulsory treatment in AN, mental capacity, autonomy versus beneficence, and non-maleficence are convincingly addressed. A user-friendly structure with various informative tables and vivid case scenarios allows the reader to access information on the basis of physical complaints (eg chest pain) or body system (eg neurological or respiratory).

Part Four is concerned with providing information about the psychiatry, psychology, and sociology of eating disorders. It discusses assessment, prevention, and psychological treatment; unlike the first three parts, it is not a definitive guide on these matters. Part Five is directed at a more selective audience than Parts One to Four. It deals with the specific roles that general practitioners, nurses, and dietitians play in the management of patients with AN and other eating disorders. The session on nursing patients with AN is a particularly important practical guidance for those involved in the management of the patients. It advocates good communication and consistency between staff and team members, and recommends a firm but flexible and reasonable approach as being vital to the success of a programme. In addition, Part Five provides a brief section on the essential information that should be given to patients, their families, and their friends. It also draws conclusions about the existing evidence-based research on psychological interventions, and the possible future direction of clinical work in eating disorders as well as to the possibility of prevention programmes with an appraisal of risk factors. Finally, the authors address that resources should be devoted to eating disorder treatment and research in direct proportion to its importance as a health problem.

All in all, the authors have succeeded in producing a highly practical and comprehensive guide to the medical complications and management of AN and related disorders. This book is rather different from most written on eating disorders. Its sole purpose is to provide assistance to health care professionals in the

understanding, treatment, and management of patients with eating disorders, particularly the part of their treatment that is best described as medical. It is concerned primarily with AN, because it has the most serious medical manifestations, the greatest and longest morbidity, and the highest mortality rate among all eating disorders. However, relevant issues relating to other eating or dieting disorders are also discussed. The intended audience are predominantly medical practitioners, psychiatrists, physicians, paediatricians, and general practitioners who are responsible for the

physical health of the eating disorder patients. But this book will also be helpful to other health care professionals involved with these patients, particularly nurses, dietitians, welfare workers, teachers, and psychologists.

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## Practice guidelines for the treatment of psychiatric disorders: compendium 2004

*American Psychiatric Association, 1000 Wilson Boulevard, Arlington, VA 22209-3901, United States*  
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The practice guidelines published by the American Psychiatric Association (APA) comprise a set of recommendations on the treatment of psychiatric disorders based on available evidence and clinical consensus. In publishing the guidelines, the APA has made a timely response to the rapid advances in scientific knowledge in the last few decades, also to the need to establish a consensus concerning the best treatments and options available and to concerns about quality and cost of health care.

The APA has developed the guidelines following requirements set by the American Medical Association and the Institute of Medicine. Under the direction of a Steering Committee, it set up work groups consisting of clinicians, academicians, and researchers with special knowledge and experience of the particular topic. The literature is comprehensively reviewed and the evidence base derived from research studies. Successive drafts are reviewed by APA components and members and other psychiatrists with special interest in the topic. The strength of the evidence base is indicated by a coding system which helps readers form their own judgement as to the usefulness of the recommendations. To keep readers updated on each guideline, it is intended to publish new developments on the APA website ([www.psych.org](http://www.psych.org)) after the publication of the guidelines.

The 2004 compendium contains 11 practice guidelines covering the following diagnostic categories: dementia (1997), panic disorder (1998), delirium

(1999), major depressive disorder (2000), eating disorders (2001), borderline personality disorder (2001), bipolar disorder (2002), and schizophrenia (2004).

A practice guideline on acute stress disorder and post-traumatic stress disorder (2004) not in the compendium is available free on the APA website, as also are all the other guidelines. The practice guideline for substance use disorders published in 1995 has been withdrawn but a second edition is planned for 2006. A practice guideline for obsessive compulsive disorder is expected to be published in 2006.

Each practice guideline follows a standardised format for systematic presentation and ease of reference, and generally the more recent the publication the better the presentation. The guidelines for bipolar disorder, schizophrenia, acute stress disorder, and post-traumatic stress disorder are especially instructive. Speculative theories are avoided. There is a slant towards the biological approach with, for example, more emphasis on the value of electroconvulsive therapy. Possibly less useful to clinicians in Hong Kong is the detailed practice guideline for HIV/AIDS.

The practice guidelines achieve their purpose of helping psychiatrists make clinical decisions. Equally important they identify areas where knowledge is lacking—useful to clinicians and researchers