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NEW THERAPEUTIC STRATEGIES FOR EATING DISORDERS AND OBESITY TREATMENT

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SUMMARY

Eating disorders are disabling, deadly, and costly mental disorders that considerably impair physical health and disrupt psychosocial functioning. Disturbed attitudes towards weight, body shape, and eating play a key role in the origin and maintenance of eating disorders. Eating disorders have been increasing over the past 50 years and changes in the food environment have been implicated. All health-care providers should routinely enquire about eating habits as a component of overall health assessment. Six main feeding and eating disorders are now recognised in diagnostic systems: anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant-restrictive food intake disorder, pica, and rumination disorder (Treasure 2020).

Key words: *eating disorders - mental disorders - anorexia nervosa - bulimia nervosa - binge eating disorder*

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INTRODUCTION

Eating disorders are increasingly present in the adolescent and youth population of industrialized countries. This has required the study, research and implementation of new and effective therapeutic strategies, taking into account that specific drugs for their treatment are not yet available.

For all eating disorders the main treatment as delineated in the current international guidelines is a form of psycho-behavioural therapy which can most usually be provided on an outpatient basis. People with more severe symptoms, or who are not improving with less restrictive care may be treated in a partial (day) or full hospital specialist programme. Evidence-based therapies delivered by an eating disorders-informed clinician are considered most efficacious, and are preferred by people with eating disorders. This approach may also be more cost-effective and reduce hospitalisations. In addition to specific psychological therapy, treatment needs to address important nutritional, physical and mental health co-morbidities and thus is ideally from a multi-disciplinary team. These teams at a minimum would comprise a psychological therapist and a family doctor. In more complex cases of eating disorders, such as most people with anorexia nervosa, more severe cases of bulimia nervosa and BED, and those requiring hospital care, additional interdisciplinary supports are required. These include dietitian, paediatrician, psychiatrist, nurse(s), an exercise therapist, activity/occupational therapist and social worker or family therapist (Hay 2020).

This work offers a brief review of the state of the art at national, local and regional level.

THERAPEUTIC STRATEGIES

In the last 25 years Eating and Weight Disorders, now known as Eating and Nutrition Disorders, have greatly increased their incidence among adolescents and young people in the so-called westernized and industrialized countries.

These pathologies have had a strong impact on the economic, social and sanitary system, posing new problems and new needs both on the therapeutic and welfare levels.

The nosographic framework is included in the DSM V and ICD 9/10.

Starting from a regional context, since 2003, the Local Health Authority of Catanzaro (ASL CZ), adopted and financed an enlightened pilot project, among the first in Italy, called "Help Me!" At the same time it established a task force consisting of a Permanent Interdisciplinary Operational Group.

The training of these professionals was complex and of high professional depth, lasting two years, including the supervision of the first 50 treated cases. The group of specialists included psychiatrists, psychologists, psychotherapists, pediatrician, child neuropsychiatrist, gynecologist, internist, social worker for a total of 17 professionals.

In 2009, at the Catanzaro Lido Mental Health Center, a place of care was created and included in the national map of Treatment Centers for eating and weight disorders.

The methodologies of treatment and the integrated multidisciplinary pathway had been presented in 2008 at the congress of Formia, receiving wide acclaim. It included all the phases of the process, starting from the reception of the patient to the diagnostic evaluation and care.

In the following years, due to the lack of economic resources and trained professionals, this model of care has lost much of its efficiency.

More ambitious goals of care and treatment have been planned and achieved at national level after the indications and guidelines suggested on several occasions by the Ministry of Health through the National Institute of Health: "Clinical, structural and operational appropriateness in the prevention, diagnosis and treatment of eating disorders" published in July/ August 2013. This work was born after the Consensus Conference of 2012 held at the National Institute of Health in Rome.

More current working tools are: "National guidelines for nutritional rehabilitation in eating disorders" of September 2017 and the most recent "Interventions for the reception, triage, evaluation and treatment of patients with nutrition and eating disorders" where are included recommendations in emergency rooms for patients in need of life-saving hospitalization, March 2018.

CONCLUSIONS

Effective psychological therapies are the first-line in care and most people recover in the medium to longer term. Hospital care can be life-saving and efficient access to care is important: the major challenge is the wide treatment gap and delays (Hay 2020).

The inclusion of eating and nutrition disorders in the essential levels of care will represent homogeneous levels of treatment across the country and the golden point of therapeutic efficacy (SISDCA 2007, Sanità 2012, Juli 2008).

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