PURPOSE: To provide guidelines for the treatment of patients diagnosed with Anorexia Nervosa and Bulimia Nervosa that ensure consistent quality of care throughout the Ohio region.

PROCEDURE:
1. After an initial diagnosis by either a Primary Care Physician or Behavioral Health provider, a treatment team consisting of members of both departments is formed with the addition of a nutritionist and other disciplines as needed. The primary treatment provider will be identified at this time.

2. The primary treatment provider responsibility includes treatment plans and other communications with the patient, family and to other members of the team.

3. If the initial diagnosis is made by a Behavioral Health provider, the BHS provider strongly recommends that patient sees his/her Primary Care Physician. BHS provider should make a call to the Primary Care provider that patient is being referred for physical exam and necessary laboratory work-up. Fluoxetine is indicated for the treatment of binge-eating and vomiting behaviors in patients with moderate or severe bulimia nervosa. The efficacy of Fluoxetine 60 mg/day in maintaining a response in patients with bulimia nervosa was demonstrated in a placebo-controlled trial."

4. The severity of the psychiatric condition determines the intervals for regularly scheduled Behavioral Health appointments. Benefit limits and potential cost to the patient and/or family are discussed during treatment planning sessions.

5. The primary treatment provider will monitor and document weight at regularly scheduled intervals as clinically indicated. Other vital signs and diagnostic tests are completed as clinically indicated. All vital signs and weight should be taken by medical team members, such as nurses, doctors, Medical assistants, LPN's.

6. Clinical seriousness of the physical condition determines the intervals of regularly scheduled visits with the primary care physician and nutritionist.

7. Close communication among all treatment team members is essential to the successful treatment of this type of case. Informed consent that
supports team and family two-way communication is obtained during the evaluation process. In cases where the patient is in imminent danger, information may be shared by team members without consent from the patient.

8. Admission criteria for hospitalization is going to be determined by the presence of life-threatening metabolic disorders or psychiatric criteria for involuntary admission.

References