

NATIONAL CLINICAL GUIDELINE
FOR THE TREATMENT OF
ANOREXIA NERVOSA

2016

NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF ANOREXIA NERVOSA

Quick guide

Inpatient treatment of shorter duration	
↑↑	<i>Children and adolescents:</i> Children and adolescents with anorexia should be discharged from inpatient treatment to continued specialised treatment in a day patient or an outpatient setting as soon as possible after the patient has started weight gain by eating independently (⊕⊕⊕○).
√	<i>Adults:</i> It is good practice to use weight gain by eating independently as a determinant of the duration of inpatient treatment of adults with anorexia.
Group-based and individual psychotherapeutic treatment	
↑	Group-based as well as individual psychotherapeutic treatment may both be considered as the first-line treatment for patients with anorexia, since the working group found no difference in the effect of these two types of treatment (⊕○○○).
Change of treatment strategy	
√	<i>Children and adolescents:</i> It is good practice to evaluate a treatment for anorexia together with the patient and the family with a view to intensify the treatment or change to another treatment in case of lack of effect, mainly in the form of weight gain, within the first 1-2 months.
√	<i>Adults:</i> It is good practice to evaluate a treatment for anorexia together with the patient and the relatives with a view to possibly intensify the treatment, change to another treatment or terminate treatment in case of lack of effect, mainly in the form of weight gain, within the first 6-12 sessions/1-3 months. This also applies to patients with severe and enduring anorexia.
Focus on hallmark symptoms	
↑	<i>Children and adolescents:</i> Consider offering treatment with a focus on the core symptoms of anorexia in children and adolescents (⊕⊕○○).
↑	<i>Adults:</i> Consider offering treatment with a focus on the core symptoms as well as a broader focus in adults with anorexia (⊕⊕○○).
Specific weight gain objectives	
√	<i>Children and adolescents:</i> It is good practice to establish specific targets for weight gain in the treatment of children and adolescents with anorexia.
↑	<i>Adults:</i> Consider establishing specific targets for weight gain in the treatment of adults with anorexia, since this may increase weight gain and reduce symptoms (⊕○○○).

Weight-related treatment objective

√	<i>Children and adolescents:</i> It is good practice that the treatment of children and adolescents with anorexia aims at getting the patient back to his or her previous growth curve or – if this is not known – to around the 50th percentile on the weight-for-height curve for children and adolescents. Furthermore, menstruation/libido and bodily development in general must also be normalised.
√	<i>Adults:</i> It is good practice to ensure that the treatment of adults with anorexia aims at reaching a BMI of 20-25 kg/m ² for women and a BMI of 21-26 kg/m ² for men as well as normalisation of menstruation/libido and body fat percentage.

Family-based treatment

↑	Consider family-based eating disorder treatment as first-line treatment for children and adolescents with anorexia (⊕⊕○○).
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Involving relatives/network

↑	Consider offering a type of treatment involving adult relatives/network as an active part of the treatment to adults with anorexia, based on individual preferences (⊕○○○).
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Meal support/eating training

√	It is good practice to offer meal support/eating training as an add-on to treatment as usual for patients with anorexia in an outpatient setting.
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Physical activity

↑	Consider offering supervised physical activity in the weight gain phase as an add-on to treatment as usual for patients with anorexia (⊕○○○).
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This quick guide contains the key recommendations from the national clinical guideline for the treatment of anorexia nervosa (below: anorexia). The guideline was prepared by the DHA.

The national clinical guideline concerns the treatment of children, adolescents and adults with anorexia. Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for
↓↓ = a strong recommendation against
↑ = a weak/conditional recommendation for
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high
(⊕⊕⊕○) = moderate
(⊕⊕○○) = low
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 50 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
