

Cause and Cure for Eating Disorders and Obesity

April 1, 2008 12.30 – 4 pm

Mandometer Clinic Novum Research Park

*A symposium in honour of
Australian Minister of Health Ms Lisa Neville's visit
to the Mando Group and the Karolinska Institute, Stockholm*



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A Novel Treatment for Eating Disorders and Obesity

By using a biofeedback method to normalize eating behaviour, and by supplying external heat, decreasing hyperactivity and restoring social activities the remission rate is 75% and the relapse rate is 10% during 5 years of follow-up in patient with eating disorders.

Preliminary results suggest that a similar method can be used to normalize eating and reduce body weight in morbidly obese children and adult patients with binge-eating disorder (BED). This new obesity treatment will be implemented in specialist care and among GPs in Europe.



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Most of the Responses of Patients with Anorexia are Normal Responses to Starvation

Human biology has evolved to cope with the challenge of starvation. Many of the changes seen in anorexia are therefore adaptations to starvation, not signs of disease. There is nothing intrinsically wrong with eating disorder patients and their condition is reversible. The hormonal system, which includes the brain, allows us to adapt to changes in the availability of food rather than puts limits on how much we can eat. While humans have adapted to preserving energy, they have no protection against food abundance. The treatment of eating disorders and obesity rests on the assumption that humans need external support in order to control their food intake and body weight.



Linda Sigemark, MSc

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The Mandometer Treatment

Training of eating behaviour and the perception of satiety, thermal treatment, social restoration, normalization of physical activity and motivational support are key components of the Mandometer Treatment. A case manager assists the patient in designing an individual treatment plan with standardized procedures. The psychiatric symptoms dissolve and self-esteem increases when eating behaviour normalizes.



Pia Rönnskog, MSc

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An Australian Eating Disorder Patient and her Family will be Interviewed



Stefan Ylikangas, MSc

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Economic Costs of Eating Disorders and Obesity

Despite the long-term course of eating disorders the financial burden imposed on families, sufferers and the community is little known. The Swedish Government has recognised the cost-benefit of the new treatment by funding the programme. The results of a Health Economic Survey inform the Australian and New Zealand governments of the need to fund evidence-based treatments for eating disorders. Cost-effective treatments for obesity are equally important; 90 billion USD are spent annually in the USA but as yet, surgical treatment is the only effective intervention. Surgery, however, is suitable for only a minority of the obese.



Sigbritt Werner, MD, Professor

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An Endocrinologist's View on Eating Disorders and Obesity

Specializing in internal medicine and endocrinology and working with patients with eating disturbances for many years, I am astonished that anorexia nervosa is primarily a female disturbance, hitting the individual in early life when the body is healthy, thriving and without diseases. Is it a syndrome of low self esteem? I will discuss body anabolism and catabolism and the many signal substances that regulate the human cells, body, soul and spirit.



Bo Göran Olsson, MD

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Following Eating Disorder patients from Evaluation to Remission and Through Five Years of Follow-up

Sixteen percent of our anorexic patients are treated as in-patient for an average of 36 (2-130) days. The patients are then treated as day care patients staying in a patient hotel for 50 days followed by 18 intensive out-patient visits. All in all, the treatment lasts about a year; however Australian patients go into remission in 8 months. By displacing the patient from her/his risk environment in a patient apartment, environmental cues that maintain eating disorder behaviour are extinguished. All patients are followed for five years after remission.



Monica Callmar

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Follow-up of more than 400 Patients in Remission

The relapse rate is less than 10% during five years. More than 90% of the patients attend most of the 11 follow-up visits.



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A BED-patient in Remission will be Interviewed