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# TENSIONS RISE OVER OPTIONS FOR ANOREXIA

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TEMPERS FLARED AT AN EATING DISORDER FORUM OVER WHETHER AUSTRALIAN EXPERTS HAVE DONE ENOUGH TO GET PATIENTS ACCESS TO A POTENTIALLY PROMISING NEW INTERNATIONAL TREATMENT.

Cofounders of the Swedish-based Mandometer Clinic hosted a panel at the University of Sydney to outline the latest research and their novel work helping patients with especially difficult-to-treat anorexia.

But parents in the audience soon vented their frustration at not being informed of the Mandometer option, which proponents boast has a relapse rate of only 10% over five years and no deaths among the 1400 patients who have been treated with this method.

Underpinning the treatment is the use the Mandometer device – a computerised scale that provides bio-feedback showing patients how quickly they are eating and how that compares with the rate a person with normal eating habits eats and their satiety.

Dr Cecilia Bergh, the Mandometer Clinic's CEO, said the core of treating eating disorders was that patients learned how to eat normally again.

“This takes about two months to normalise,” she said, adding that if it was maintained then “you will normalise your weight, your psychiatric and somatic symptoms will dissolve and then when you are symptom free you won't need this device anymore.”

The clinic's other two unusual approaches include keeping patients warm and restricting exercise, which cofounder and neuroendocrinologist Professor Per Södersten identified after looking at studies of rats on heavily restricted diets.

“The increase in physical activity is something that these women cannot escape,” he said.

“It has a very clear biochemical correlation in the brain which is shared by all animals. The increase in physical activity is a necessity in biological life, a necessity in evolution, and the meaning of that is to go out and search for food.”

So the excessive exercise we see in anorexia was a “displaced search for food”, Professor Södersten said. The clinic even went as far as to have some clients using wheelchairs to restrict their energy expenditure, and keeping them warm reduced this drive to exercise.

The clinic, which cost one couple *The Medical Republic* spoke to at the forum \$50,000 for the course of the treatment, also assigns a caseworker to patients to organise care over the five-year follow up, help set goals, and reintegrate the patient back into school, work and society.

Fundamental to the Mandometer approach is that behaviour drives cognition, meaning psychopathologies will resolve on their own once behaviour is fixed.

This was at odds with much of the treatment recommendations coming from the Australian experts on the panel, which included the chair of mental health at University of Western Sydney Professor Phillipa Hay, Butterfly Foundation CEO Christine Morgan, director of the Centre for Eating and Dieting Disorders (CEDD) Dr Sarah Maguire, and clinical psychologist and director of Shape Your Mind, Olivia Patrick.

The focus of these experts was on more traditional therapies, including CBT, Maudsley and others.

The mood in the room soon became combative, with Professor Södersten accusing the other panelists of keeping relevant information from the public.

The event almost saw Professor Hay threaten to leave the panel after Professor Södersten repeatedly challenged her claim that psychological therapies were the most effective for treating eating disorders.

“You know about our treatment and you keep it a secret,” he told the Butterfly Foundation CEO Christine Morgan.

“There are people who need it in Australia, it’s an increasing ethical problem.”

But amid rising tension from the audience and other panel members, CEDD director Dr Maguire stepped in to defend the limited airtime Mandometer had received in Australia.

“It would be remiss of me not to confront the elephant in the room,” she said, acknowledging another audience member who expressed concerns over the integrity of the research base which was conducted by Mandometer-affiliated clinicians.

“The research is just not there at this point in time.”

Instead, the research the Mandometer co-founders referred to was mostly small research letters, undertaken by themselves and other clinicians with vested financial interests in the company and with insufficient outcome information.

The one independent study performed on the method found that, compared with treatment as usual for anorexia nervosa, Mandometer methods were not as effective.

“If you’re asking people to recommend a service in Australia that costs an awful lot of money, as an organisation you would absolutely have to have evidence [to prove the effectiveness] of that treatment,” Dr Maguire said.