

Belmont Behavioral Health Provides a Comprehensive and Individualized Approach to the Treatment of Eating Disorders

For patients suffering from eating disorders such as anorexia nervosa and bulimia nervosa, the physicians, psychologists, therapists and staff at Belmont Center for Comprehensive Treatment have developed comprehensive treatment strategies and methods that provide individualized care tailored to a patient's special needs. This comprehensive and individualized approach is key to successful treatment, because persons with eating disorders often suffer from a range of other disorders, including major depression, bipolar disease, obsessive-compulsive disorder, cognitive impairments and even complications from bariatric surgery. "Our focus is on addressing all aspects and underlying causes of eating disorders and developing interventions aimed at preventing relapse," says Julia Rafsky, JD, PhD, director of the eating disorders program at Belmont. "We deal with the full scope of the disorder."

Medical intervention

Patients with eating disorders come to Belmont's eating disorders inpatient unit through several avenues, including physician referral and self-referral. Other patients are legally admitted by family members. Regardless of how they are admitted, many are suffering from significant co-morbidities upon arrival.

Dr. Rafsky emphasizes the importance of immediately treating the physiological problems that can make eating disorders deadly. Accordingly, the staff quickly works toward stabilizing a patient nutritionally, which may include the use of feeding tubes. "In many of the worst cases, patients are starving," says Dr. Rafsky. "No one can think clearly when they are starving."

According to medical director Boris Itskov, MD, the most severe cases involve patients who may be as much as 80 percent below their normal weight and suffer from severe electrolyte imbalance and hypocalcemia. "These are the kinds of complications that require hospitalization in a medical facility," says Dr. Itskov. And while the inpatient unit is a twelve-bed facility, Dr. Itskov notes that patients who need hospitalization and nutritional stabilization can be admitted to the larger medical facilities available to Belmont. A partial-hospitalization program is also available. Only when the patient is nutritionally and physiologically stabilized can individual and group psychological counseling be effective in addressing the underlying psychological issues, explains Dr. Rafsky.

Dr. Itskov meets with each patient five days a week, overseeing medical and psychiatric care and working collaboratively with internal medicine doctors to ensure that the patient is medically stable. He is also responsible for prescribing medications or making changes in medications to improve a patient's physical health, emotional stability, and likelihood for recovery. As program director, Dr. Rafsky oversees all clinical and administrative aspects of the program, supervises staff, facilitates admissions, and is a member of

everyone's treatment team. She is also available to answer questions about the program and resolve problems that arise during treatment.

Nutritional rehabilitation

According to Dr. Itskov, nutritional rehabilitation includes special interventions that alter attitudes toward food, starting with supervised, structured meals on the inpatient unit and progressing to unsupervised meals in the cafeteria before discharge. Dietary consultants meet with patients, weight is carefully monitored, and both individual and group education and therapy are provided.

"Patients are also supervised in cooking," says Dr. Rafsky, "because many will experience anxiety about cooking once they get home." She acknowledges that getting patients ready to go home can be especially challenging, because people with eating disorders return to an environment in which food is everywhere. "This situation is unlike alcoholism, where an individual can avoid environments with alcohol," she says. "The stimulus – food – cannot be avoided. Everyone needs to eat. Even going to the supermarket can be a paralyzing experience once patients return to the community," she explains. "So, when appropriate, we provide supervised supermarket visits before discharge. Likewise, because of distorted body images held by patients with eating disorders, shopping for clothing can be traumatic. We help with that as well."

Dr. Rafsky notes that Belmont also has an addictions track for those patients who have both an eating disorder and a history of substance abuse or laxative or diuretic abuse. Group or one-on-one counseling is provided. "Even if we only have one person with that issue, we pay attention and treat it," says Dr. Rafsky. "We are constantly pushing toward more individualized treatment."

Progressing to outpatient care

Patients leaving the inpatient unit may move to partial inpatient care before stepping down to intensive outpatient status. Intensive outpatients come to Belmont three times per week, six hours per day, for group and individual therapy. Caseworkers continue to work with the patients, their families, spouses and significant others. Referring physicians can easily have consults with Dr. Itskov and Dr. Rafsky or staff members.

Because of the nature of eating disorders, an additional complication is the unwillingness of many patients to undergo treatment and, according to Dr. Itskov, to understand the severity of their condition. Patients frequently need to learn how to cooperate – an ongoing effort during all stages of care.

Community reintegration

Dr. Rafsky is preparing to collect data that may indicate the degree of success that can be expected from therapy for eating disorders. Such data will likely aid in further development of new and more effective treatment models ... treatment models that result

in even more successful integration back into the community. “We aim at successful community reintegration with the hope that patients will not return to their destructive patterns,” she says. “Our goal is to return our patients to their communities, and planning for that begins long before discharge. We’re optimistic that community reintegration following treatment in a structured setting – a setting that tailors treatment to the individual – provides the best possible chance for recovery,” concludes Dr. Rafsky.

Signs and symptoms of anorexia nervosa and bulimia

Rapid weight loss – more than seven pounds per week – may be an early symptom of anorexia nervosa or bulimia. Other signs may include fine, downy hair on arms and legs, cessation of menstruation, intolerance of cold, and the practice of “food rituals,” such as cutting food into tiny pieces. In addition to vomiting and weight loss, patients who suffer from bulimia may abuse over-the-counter laxatives and diuretics, suffer from depression and present with swollen parotid glands.

Belmont staff who treat patients with eating disorders include physicians, psychologists, nurses, dietitians, and occupational therapists. Therapeutic plans comprise art therapy, music therapy, relaxation therapy, yoga, body image counseling, and coping skills. Therapeutic efforts are directed toward assisting the patient in practical matters following discharge.

Belmont Behavioral Health is one of the largest, most comprehensive behavioral health systems in Philadelphia. For 70 years, Belmont has provided compassionate, quality behavioral health care to people of all ages. To learn more about our services and locations, call 215-877-2000.