INFORMATION REQUIRED

All Applicants:

- Eating Disorder Form
- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.
- Bone densitomitry report.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Successfully treated for anorexia nervosa in a treatment program specializing in eating disorders. 2. Weight maintained at 75% of maximum ideal body weight for *at least* the past 3 years. 3. No episodes of abusive eating or weight control behaviors for *at least* the past 3 years. 4. No disturbances of body image for *at least* the past 3 years. 5. No physiologic signs or symptoms of malnutrition, e.g., amenorrhea, dehydration, laboratory abnormalities, excessive dental decay. 6. Functioning well socially and occupationally during the past 3 years (corresponds to a GAF of 75 or above). 7. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 8. No history of suicide attempt, gesture, or ideation with plan. 9. No history of coexisting psychiatric disorders (Axis I and Axis II). 10. No history of psychosis.		
Meets clearance criteria 1 - 10, AND • No use of psychotropic medications for *at least* the past 1 year.	RN	CLEAR
	PCMO FOLLOW-UP Provide site-specific nutritional guidance. Monitor stability prn.	
Meets clearance criteria 1 - 10, AND • If on psychotropic medication, stable for *at least* the past 1 year.	RN	CLEAR WITH RESTRICTION 8B Accommodation.
	PCMO FOLLOW-UP Provide site-specific nutritional guidance. Monitor stability prn. Avoid mefloquine.	
Does not meet clearance criteria due to one or more of the following: • Successfully treated for anorexia nervosa by means *other than a treatment program specializing in eating disorders*, e.g., individual or group therapy with a health care practitioner.	RN	CLEAR WITH RESTRICTION 8B Accommodation.
	PCMO FOLLOW-UP Provide site-specific nutritional guidance. Monitor stability prn. Avoid mefloquine	

(continued on next page)

Does not meet clearance criteria due to one or more of the following: • Some impairment of functioning socially or occupationally during the past 3 years (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable on psychotropic medications for *at least* the past 1 year.	**RN**	**DEFER** Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: • Episodes of abusive eating or weight control behaviors during the past 3 years. • Disturbances of body image during the past 3 years. • Not treated, or unsuccessfully treated, for anorexia nervosa. • Weight not maintained at 75% of maximum ideal body weight during the past 3 years. • Physiologic signs or symptoms of malnutrition, e.g., amenorrhea, dehydration, laboratory abnormalities, excessive dental decay.	**MHA**	—— Risk varies - assess based on detailed history.
Does not meet clearance criteria due to one or more of the following: • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis.	**MHA** **MED ADVISOR**	**DEFER/MNQ**

DIAGNOSTIC CODES

307.1 Anorexia Nervosa

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.
- Evaluation by an eating disorder specialist.

COMMENTS

Background: Anorexia Nervosa is an extremely difficult disorder to treat. It is associated with a high mortality rate due to the medical consequences of starvation, i.e., 6.6% at 10 years after a well-defined treatment program and 18% at 30 years follow-up. Less than one fourth of these patients can be considered to have made a good psychological adjustment when followed to ages 20 through 50 years. The disease is also characterized by frequent relapses. There is no accepted definition of relapse in anorexia nervosa. Some studies define relapse by weight loss below the normal range associated with a recurrence of the other core symptoms of the disease, i.e., amenorrhea, body image distortion, and eating and weight control abnormalities, after a recovery characterized by a disappearance of these core symptoms and by weight maintenance in the normal range for at least 1 year. Other studies define relapse as first weight loss below normal at any time after the index hospitalization. In general, 35-40% of relapses occur "early", i.e., during the first year after attaining a normal weight. If individuals maintain their weight in the normal range for at least 1 year their chance of remaining in the normal weight range improve considerably. The majority of patients with this disorder are females. Only 4% to 6% of the anorexia nervosa population are males. Poorer outcomes are associated with longer duration of illness, older age at onset, previous admissions to psychiatric hospitals, poor childhood social adjustment, premorbid personality difficulties, and disturbed relationships between patients and other family members.

ANOREXIA NERVOSA

MH 4.1

Key Symptoms: The patient refuses to maintain a body weight at or above a minimally normal weight for age and height, e.g., weight loss leading to maintenance of body weight less than 85% of that expected. There is an intense fear of gaining weight or becoming fat. In postmenarcheal females, there is amenorrhea, i.e., the absence of at least 3 consecutive menstrual cycles.

Screening Height/Weight Table: 75% of maximum ideal body weight corresponds to 85% of average ideal body weight.

Body Mass Index (BMI): weight (kg) / height^2 (m^2)

Medications/Therapy: This disorder often requires frequent psychiatric and medical hospitalizations. Individuals are often seen on a long-term basis in individual and group psychotherapy. Medications, particularly selective serotonin reuptake inhibitors and tricyclic antidepressants, are frequently used both in the treatment and maintenance phases of this disorder.

Literature review available.

BULIMIA NERVOSA

MH 4.2

Includes Binge Eating Disorder

INFORMATION REQUIRED

All Applicants:

- Eating Disorder Form
- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.
- Review dental clearance.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Successfully treated for bulimia nervosa *in a treatment program specializing in eating disorders.* 2. No, or isolated, episodes of bulimic or weight-control behavior, e.g., self-induced vomiting, laxative use, excessive exercise, for *at least* the past 1 year. 3. Functioning well socially and occupationally during the past 1 year (corresponds to a GAF of 75 or above). 4. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 5. No history of suicidal ideation, gestures, or attempts. 6. No history of coexisting psychiatric disorders (Axis I and Axis II). 7. No history of psychosis. 8. Dental clearance complete.		
Meets clearance criteria 1 - 8, AND • No use of psychotropic medications for *at least* the past 6 months.	**RN**	**CLEAR**
Meets clearance criteria 1 - 8, AND • If on psychotropic medication, stable for *at least* the past 6 months.	**RN**	**CLEAR WITH RESTRICTION** 8B Accommodation.
	PCMO FOLLOW-UP Monitor stability prn. Avoid mefloquine.	
Does not meet clearance criteria due to one or more of the following: • Successfully treated for bulimia nervosa by means other than a treatment program specializing in eating disorders, e.g., individual or group therapy with a health care practitioner.	**RN**	**CLEAR WITH RESTRICTION** 8B Accommodation.
	PCMO FOLLOW-UP Monitor stability prn.	

(continued on next page)

Does not meet clearance criteria due to one or more of the following: • Episodes of bulimic or weight-control behavior, e.g., self-induced vomiting, laxative use, excessive exercise, *within* the past 1 year. • Some impairment of functioning socially or occupationally during the past 1 year (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable on psychotropic medications for *at least* the past 6 months. • Dental clearance not complete.	**RN**	**DEFER** Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: • Not treated, or unsuccessfully treated, for bulimia nervosa. • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis.	**MHA**	—— Risk varies - assess based on detailed history.

DIAGNOSTIC CODES

307.51 Bulimia Nervosa
307.50 Binge Eating Disorder

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.
- Evaluation by an eating disorder specialist.

COMMENTS

Background: Bulimia nervosa, like anorexia nervosa, can be a very difficult disorder to treat. The prognosis for bulimia nervosa appears to be slightly better than the prognosis for anorexia nervosa, however, this is difficult to assess due to a lack of research criteria that distinguish between the two disorders and the frequent comorbidity of bulimia nervosa with anorexia nervosa. Treatment is long-term, often requiring on-going maintenance therapy and relapses are common.

The bulimia nervosa diagnostic criteria have been revised several times during recent years, accounting for the disparity in reported prevalence rates for this disorder. Studies using strict criteria found prevalence rates between 1.0 and 3.8 per 100 females and 0.1 and 0.6 per 100 males. The average age of onset appears to be 18 years. Death rates with bulimia nervosa are secondary to medical complications, with the most common cause of death being sudden cardiac arrest.

Key Symptoms: Patients with bulimia nervosa have recurrent episodes of binge eating, consuming amounts of food that are definitely larger than most people would eat. They experience a lack of control over eating during these episodes. They also use recurrent, inappropriate, compensatory behaviors to prevent weight gain. These may include self-induced vomiting; fasting; excessive exercise; and misuse of laxatives, diuretics, enemas, or other medications. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

Long-Term Outcome: The longest follow-up study reported in the English-language literature: "Followed 173 women diagnosed with bulimia between 1981-1987. Average age at onset was 17. After an average follow-up of 11.5 years, 18% of the women met the criteria for "eating disorder not otherwise specified," 11% met the criteria for bulimia nervosa, and 1% met criteria for anorexia nervosa. Of the remaining 70% who were in remission about 1/3 were in partial remission, and the rest were in full remission. The only predictors of poor long-term outcome were longer duration of symptoms at the time of clinical presentation and a history of substance abuse." *[Keel PK et al. " Long Term Outcome of Bulima Nervosa". Arch Gen Psychiatry 1999, Jan; 56:63-9.]*

Medications/Therapy: Psychotherapy includes both individual and group psychotherapy. Therapy is frequently long-term and may require on-going maintenance therapy. Medications, particularly selective serotonin reuptake inhibitors and tricyclic antidepressants, are frequently used in both the treatment and maintenance phases of this disorder.

Literature review available.

EATING DISORDERS NOT OTHERWISE SPECIFIED MH 4.3

INFORMATION REQUIRED

All Applicants:

- Eating Disorder Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Treatment summaries for all in-patient and out-patient treatment programs.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
Applicant presents with a history of one of the following disorders:		
1. Eating Disorders Not Otherwise Specified	**MHA**	——— Risk varies - assess based on detailed history.
	PCMO FOLLOW-UP	If cleared, avoid mefloquine.

DIAGNOSTIC CODES

307.50 Eating Disorders Not Otherwise Specified

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Background: This category is for disorders of eating that do not meet the criteria for anorexia nervosa or bulimia nervosa. Examples include: (1) For females, all the criteria for anorexia nervosa are met except that the individual has regular menses; (2) All the criteria for anorexia nervosa are met except that the individual's weight is in the normal range; (3) All the criteria for bulimia nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months; (4) The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food; (5) Repeatedly chewing and spitting, but not swallowing, large amounts of food.

Literature review available.