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The most helpful and effective treatment for all eating disorders is non-medication treatments such as cognitive behavioral therapy (CBT), but medications can be used in combination with these treatments.⁵

What is an eating disorder?

There are various types of eating disorders with various health risks. Individuals with an eating disorder often have other mental health conditions as well.¹ Some of these conditions may include anxiety, depression, and obsessive-compulsive disorder (OCD). The medications used for these conditions may also be helpful in the treatment of eating disorders.

When are the differences between each eating disorder?³

Individuals with bipolar disorder may be treated with antidepressants if they have other mental disorders such as difficulties with a traumatic event and anxiety. A medication that balances mood should be used with an antidepressant.²

Why are antidepressants not used alone in individuals living with bipolar disorder?

- Anorexia Nervosa: Calorie restriction and an urge to maintain body weight below the minimally normal weight for age and height.
- Binge Eating Disorder: Eating large amounts of food in a short period of time with a sense of no control of eating habits.
- Bulimia Nervosa: Eating large amounts of food in a short period of time with a sense of no control of eating habits; however, during this time, the individual will engage in methods to avoid weight gain such as self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

What psychiatric medications are FDA approved for the treatment of eating disorders?²

After understanding the different types of eating disorders, one must consider the additional psychiatric or medical diagnosis an individual may also be diagnosed with. Depending on this combination, some Food & Drug Administration (FDA) approved options could be:

- Fluoxetine (Prozac)
 - Fluoxetine is an antidepressant that increases serotonin in the brain. It is FDA-approved for bulimia nervosa. It is not FDA-approved for binge eating disorder, but it is often used “off label” (meaning used for a purpose that was not specifically approved by the FDA). It is the most common medication used to treat eating disorders and additional anxiety related to consuming food or calories.
- Lisdexamfetamine (Vyvanse)
 - Lisdexamfetamine is an FDA-approved stimulant to treat binge eating disorder by decreasing overall appetite. Adverse effects include insomnia, irritability, and increased heart rate. It is a federally controlled medication because it has a high potential for misuse.

What psychiatric medications are used “off-label” for the treatment of eating disorders?²

- Sertraline (Zoloft)
 - Sertraline is an antidepressant that increases serotonin in the brain. This medication is used for conditions that often occur with eating disorders such as obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social anxiety disorder. It is used off-label in both binge eating disorder and bulimia nervosa.
- Fluvoxamine (Luvox)
 - Fluvoxamine is an antidepressant that is FDA approved for OCD and is used off-label for bulimia nervosa. It works by decreasing thoughts about food and behaviors related to purging. This medication should be avoided by anyone who has a history of seizures.
- Topiramate (Topamax)
 - Topiramate is an anticonvulsant that balances the brain. It is used off-label for binge eating disorder and bulimia nervosa. It is thought to decrease appetite, purging behaviors, and weight.
- Olanzapine (Zyprexa)
 - Olanzapine is a second-generation antipsychotic most commonly used off-label in patients with anorexia nervosa. This medication may decrease anxiety related to consuming food and calories.
- Zonisamide (Zonegran)
 - Zonisamide is an anticonvulsant that balances activity in the brain. It is used off-label for binge eating disorder and should be avoided in patients with a sulfa allergy.
- Imipramine (Tofranil)
 - Imipramine is a tricyclic antidepressant that is used off-label for binge eating disorder. Imipramine may decrease bingeing behaviors but can be dangerous in overdose, so it is not often used.
- Desipramine (Norpramin)
 - Desipramine is a tricyclic antidepressant that is used off-label for bulimia nervosa. It is not commonly used because it has many drug-drug, drug-disease, drug-food interactions, and can be dangerous in overdose.

What medications should be AVOIDED in patients with eating disorders?^{3,5}

Anorexia nervosa increases the body’s risk for poor nutrition, drug misuse, and abnormal processing of food and medications. Similarly, individuals with bulimia nervosa are more likely to have abnormal electrolytes due to vomiting or diuretic/laxative misuse. Individuals with binge eating disorder have a higher risk for heart disease and diabetes. Based on a person’s diagnosis, lifestyle, and individual health conditions, some medications should generally be avoided (depending on the judgment of the treatment team), including:

- Anorexia Nervosa
 - Stimulants – high risk for misuse and increased weight loss
 - Bupropion – high risk for seizures
 - Ziprasidone – high risk for abnormal heart-beats
 - Monoamine Oxidase Inhibitors – high risk for harmful side effects
 - Tricyclic Antidepressants – high risk for harmful side effects
 - Mirtazapine – increased risk for infections
- Binge Eating Disorder
 - Bupropion – high risk for seizures
 - MAOI –high risk for electrolyte abnormalities
- Bulimia Nervosa
 - Laxatives – high risk for misuse
 - Bupropion – high risk for seizures
 - Diuretics – high risk for misuse
 - Lithium – high risk for harmful side effects

What non-psychiatric medications are used as additional therapy in individuals with an eating disorder?

Eating disorders affect many other processes in our body related to absorption and breakdown of food and nutrients. Some of these processes include the stomach, bone, skin, and heart. Additional therapy helps regulate these changes. Supplements such as calcium, vitamin D or C, and zinc are suitable for individuals with anorexia nervosa. Medication to help individuals with constipation, diarrhea, or bloating such as simethicone, metoclopramide, and polyethylene glycol (Miralax) may be used in individuals recovering from an eating disorder as well.^{2,3,4}



Go online to find more information and to view the references for this toolkit.

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