

Canadian Practice Guidelines for the Treatment of Children & Adolescents with Eating Disorders



Full-length
guidelines

This document is a resource for clinicians and provides a high-level summary of the [full-length guidelines](#) and the [virtual care addendum](#). Page 1 summarizes **strong recommendations**, and Page 2 lists **additional recommendations and considerations**.

Strong Recommendations

Anorexia Nervosa (AN)

Family-based treatment (FBT), especially for those who have been ill less than 3 years

Bulimia Nervosa (BN)

Family-based treatment (FBT), especially for those who have been ill less than 3 years

Levels of Care

Treatment should be provided in the least intensive environment

Virtual Care

In-person medical evaluation for children, adolescents, and emerging adults* is necessary at times

Telehealth Enhanced Cognitive Behavioural Therapy (CBT-E) based guided self-help for emerging adults* with **AN**, **BN**, and **binge-eating disorder (BED)**

Equity, Diversity, and Inclusion

Equity-deserving groups and marginalized youth should be provided equal access to treatment

Additional Recommendations and Considerations

Anorexia Nervosa (AN)

Weak Recommendations:

- Multi-family therapy (MFT)
- Enhanced cognitive behavioural therapy (CBT-E)
- Yoga as an adjunct to standard treatments
- **Medication:** Olanzapine or Aripiprazole
 - **Only for certain populations** if monitored carefully
- **Virtual Care:** Telehealth FBT for children and adolescents

Avoidant/ Restrictive Food Intake Disorder (ARFID)

Treatment Options Requiring Further Investigation:

- Family-based treatment (FBT)
- Enhanced cognitive behavioural therapy (CBT)
- **Medication:** Atypical antipsychotics
- **Virtual Care:** Telehealth cognitive and behavioural treatments

Bulimia Nervosa (BN)

Weak Recommendations:

- Enhanced cognitive behavioural therapy (CBT-E)
- Yoga as an adjunct to standard treatments

Other Specified Feeding or Eating Disorder (OSFED)

Weak Recommendation:

- Yoga as an adjunct to standard treatments

Treatment Option Requiring Further Investigation:

- **Virtual Care:** Telehealth cognitive and behavioural treatments

Levels of Care

Additional Considerations:

- **Inpatient treatment:** May promote weight restoration
 - May be especially effective when followed by **CBT-E** or **FBT**
 - May be beneficial for promoting weight restoration in **AN** when followed by **day treatment** in some cases
- **Day treatment:** May promote weight restoration in **AN**
 - **Multimodal-, CBT-, and Family-based** day treatment may lead to improvement in eating disorder symptoms
 - May be beneficial for treating **ARFID**
- **Residential treatment program:** May be beneficial for some individuals with repeat admissions and/or complex comorbid conditions

Medication

Not Recommended:

- Selective Norepinephrine Reuptake Inhibitors
- Mood Stabilizers
- Bupropion

NOTE: This resource can be used to support health care providers in the provision of care. It does not override the responsibility of health care providers to make decisions with patients, after considering each patient's unique circumstances. Grouping/ directionality of statements may not be applicable for every patient, and clinical judgment should be exercised.