

“Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.”

-Sir William Osler

Hi Everyone,

If truth be told, as a father of two young women who not only fit into the expected demographic but also inherited markedly lean physiques from their mother, I have always feared anorexia nervosa.

Now estimated to affect about 1% of adolescent females, this disorder, which is characterized by an obsessive and damaging pursuit of thin-ness, is among the most challenging of chronic illnesses to treat that occurs in the pediatric population. It bridges the physical and psychological and effective treatment clearly must target both of these elements. At times weight loss may lead to a BMI of 13 or less, leading to physiological abnormalities that could be fatal. In these severely affected individuals (boys are sometimes affected), hospital admission is necessary to provide proper medical monitoring and implement the weight gain that is a necessary precursor for addressing the psychological aspects.

This week's acknowledgement goes to **Giosi Di Meglio, Julius Erdstein** and **Holly Agostino** together with their colleagues in adolescent medicine **Suzanne MacDonald** and **Franziska Baltzer**, who provide medical care to those with anorexia nervosa on both an out-patient and in-patient basis. Giosi, Julius and Holly are authors of a paper published just this month in the Journal of Adolescent Medicine that has challenged conventional wisdom on in-patient treatment. Based on post-WWII experience with former American POWs starved in Japanese POW camps, it was felt that a slow approach to in-hospital feeding and weight gain was preferable. While this was the consensus, it was not actually based on any data. In their study, together with three others with varying methodology published in the same issue, it was demonstrated that continuous high caloric enteral feeding by nasogastric tube resulted in a more rapid weight gain and shortened hospital stay without any increase in complications. Thus the conventional wisdom was refuted.

The real mark of clinical research lies not in the impact factor of the journal or the number of citations, but rather its impact on practice. Already it's my understanding that this paper, amongst the others published, has changed the standard of care. It's also important to note that this ground-breaking work comes from individuals who are primarily clinicians.

While Giosi, Julius and Holly are the authors of the study, they will want me to acknowledge the vital work of Suzanne and Franziska with these youth. It also is no doubt a team effort (there is no "i" in win) involving substantial input from colleagues in psychiatry, psychology, nursing, dietetics, and social work amongst others.

Have a great weekend everyone.

Michael