Bergen, August 19th 2021

Answer to the reviewers

Specific Comments to Authors: This review comprehensively summarised all aspects of anorexia nervosa, which is the most common eating disorders with poor prognosis. I have some suggestions regarding the paper and hope they are useful.

We thank the reviewer for comments and suggestions.

1. The aetiology, epidemiology and prognosis are diverse across populations, cultures, genders and ages. The associated sections can thus expand.

We thank the reviewer for suggesting an expansion of these sections. We have expanded the sections on aetiology, epidemiology and prognosis across populations, cultures, genders and ages.

The primary prevention of AN is also critical in the aspect of public health and may need some wording in the section of aetiology or an independent one.

We agree that primary prevention of AN is critical in the aspect of public health and have added a section on primary prevention.

2. The section of Lab tests are too wording and may need shortening. All lab tests in the practice are serving the diagnosis, prognosis and treatment of patients. This section thus can be merged into the part of the differential diagnosis, prognosis and treatment.

We agree that the section of Laboratory tests is wordy and we have merged a shortened version of this section into the section of treatment. We have moved the paragraph on pain into the section on outpatient medical management in front of the paragraph on gastrointestinal symptoms. The section on the clinical interview and the physical assessment has been inserted in front of the section on treatment.

3. What do the authors think about the MDT model in the treatment of AN?

Treatment that have access to the service of multiple disciplines is most often preferable, but the amount of assistance needed from other team members than the outpatient psychotherapist varies. Important considerations include access to relevant medical assessment for the psychotherapy to work properly, and sufficient coordination between team members. The majority of patients have light or moderate AN and a general practitioner may take care of assessment of somatic complications in these patients. In addition, all physicians who have the medical responsibility of a patient with AN should have access to an eating disorder specialist to discuss risk of severe complications or need for a second opinion. In severe and extreme AN the patient should be assessed by an eating disorder specialist before psychotherapy is started.

We believe that a non-eclectic manualised outpatient psychotherapy is the best alternative most patients. If the patient is unable to benefit from outpatient treatment, inpatient non-eclectic manualized treatment, if available, is probably the best alternative. Inpatient intensive cognitive behavior therapy for anorexia nervosa as described by Riccardo Dalle Grave is an example of manualized non-eclectic inpatient psychotherapy. Intensely ill patients who need inpatient treatment and are unable to benefit from non-eclectic manualised psychotherapy, inpatient MDT could be the best alternative Treatment is then designed by the different team members in regular team meetings. The influence of specialist of pediatrics, specialist of internal medicine or intensive care medicine can be adapted to the need of the patient. Therefore, there is a role for MDT in healthcare for intensely ill patients with AN. But it is time consuming and regular multidisciplinary team meetings and continuous team communication are needed to avoid conflict.

Inspired by the question on MDT we have added a sentence on the importance of access to multidisciplinary support for parents in the section Treatment of children and adolescents on page 14 and a few lines on MDT in the section Inpatient treatment on page 23 and 24. The section on Inpatient treatment is also slightly reedited.

Stein Frostad and Mette Bentz