



AED Europe

European Chapter of Academy for Eating Disorders

European Chapter AED

Newsletter n. 9, Easter 2025

A multitude of actions enrich the panorama of the debate on ED.

Among the many I point out ICED in San Antonio and on June 2nd virtual World Action 3Day on ED.

We know that social, economic and organizational conditions influence lifestyles with food and the body and that the pathologies we deal with are strongly favored by the Social Determinants of Health.

Many things happen that increase anxiety, fear, divisions, conflicts and clashes or wars. An anxiety-provoking environment that favors the worsening of mental and behavioral disorders, between them ED.

What is happening and we are living is destroying principles of Equity, Appropriateness, Diversity respect.

There is no better time of year to hope that the sense of respect and compassion for the pain and poverty of the "human" will be revived.

We need to take action to ensure that people with mental disorders (and ED) receive Equity and Quality of care while respecting Diversity.

In the world we live, inside AED, we believe that it is possible to have a cultured and supportive Europe; we believe that it is possible to approach human suffering with respect, with the right techniques and with trust.

We believe it is possible to have a professional "home" where the values of democracy and science are expressed in the world and, for us at EC, in Europe. This home is AED and, for us, its European Chapter.

Happy reading and...stay connected with ECAED

Umberto Nizzoli

ICED 2025

This year the International Conference on Eating Disorders (ICED), hosted by the Academy for Eating Disorders (AED), brings clinicians, educators, researchers, experts-by-experience and students from all over the globe together shall be on 28-30May in San Antonio, Texas

Join us as we celebrate 32 years of excellence and collaboration in our field!

<https://www.aedweb.org/aed-events/iced-2025>

March 15th, Italian National day on EDs

Caregiver Associations for EDs

with Sisdca and Siridap professional societies

Elisabetta Malaspina

Child psychiatrist, Regional Center for Children EDs, Bellaria Hospital, Bologna, President elect Sisdca-RER

The Emilia Romagna – Marche SISDCA regional section, SIRIDAP, and most of the parental association, as members of the regional ED technical panel, celebrated the International Eating

Disorders Day on Sunday 16th March in Bologna, with a public meeting focused on the familiar involvement in ED.

The event began with a brief introduction from Dr. Marinella di Stani (Ravenna), spacing from the social and conceptual evolution of the FBT from previous family roles in ED's rehabilitation to the role of regional PDTAs in increasing the diffusion of "good family care practices" in different settings.

The following intervention from Dr. Roberta Covezzi (Modena) served to illustrate the recent experiences in their local ED Program with both the Maudsley and the New Maudsley method, highlighting the importance of a proper formation for the therapeutic equipe.

The Multifamily Therapy approach was then explained by Dr Giovanna Basile (Bologna) with a specific focus on the interplay of all family members and caregivers along an average of 10 sessions of different intensity and duration spread over 6 months.

Finally Dr. Monica Santini (Bologna), reported her 20 years' experience in supporting parents of inward, day hospital and outpatient children and adolescents of the Regional ED Centre, underlining as a main goal for the therapists to promote parents and caregivers recognition of their peculiar skills for the redefinition of family's relations, along with their kids intensive treatment.

The chance given to experts, parents and associations to exchange experiences, difficulties and proposals, seemed positive and appreciated.

Eating Disorders, Mental Health and EU policies

U. Nizzoli

March 4th 2025, hosted in the European Parliament was held a seminar on:

"Eating Disorders, Mental Health and EU policies: Challenges and Future Perspectives", promosso dalla on Sberna vice-president of the European Parliament.

This event examine the current regulatory landscape and the EU's strategies for preventing and treating eating disorders, as well as explore the crucial role of mental health and nutrition in European healthcare policies, identifying ways to enhance their integration for more effective support.

A key focus was on the broader social determinants that influence mental health, including limited education, gender inequality, poverty, and unemployment. Addressing these factors through a comprehensive, intersectoral approach is essential to promoting mental well-being and ensuring early intervention when challenges arise.

Umberto Nizzoli, ECAED president, presented a speech on: Do we need a better policy framework for Eating Disorders? To summarise slide number 8 of his speech is presented here.

Nadia Accetti NGO DonnaDonna Onlus Founder spoke on its great experience to prevent EDs.

There are so many things we could do...

- Improve public understanding of ED
- Improve ability of parents to be a part of the health care team
- Improve access to funding for treatment
- Improve public policy in support of ED families
- Improve resources available to parents
- Improve understanding of the nature of the challenges families face and provide resources in support of them.
- Improve number of qualified professionals particularly in underserved areas

Resilience in Times of Crisis: Highlights from the 2025 Annual Conference of the Israeli Association for the Prevention, Treatment, and Research of Eating Disorders

by Michal Hason Rozenstein

On March 5, 2025, the Israeli Association for the Prevention, Treatment, and Research of Eating Disorders held its annual conference in Netanya, Israel. The event took place against the backdrop of a prolonged and challenging national crisis, marked by the ongoing war and its profound impact on mental health professionals and patients alike.

This year's theme—“**Coping in Prolonged Crises**”—reflected the unique emotional burden carried by clinicians treating individuals with severe and enduring eating disorders. Central to the discussion was the question of how to provide effective care amidst chronic stress and trauma.

The conference opened with preliminary findings from a joint study on **compassion fatigue**, conducted by Dr. Michal Hasson-Rosenstein and Prof. Yael Latzar. The research underscored the significant psychological toll on caregivers, many of whom are themselves experiencing post-traumatic responses. Notably, the study identified a key protective factor: a strong sense of purpose and meaning derived from therapeutic work, which helps sustain clinical engagement despite adversity.

Keynote lectures further explored the theme of ongoing trauma. Dr. Naomi Ravid and Dorit Segal introduced an innovative therapeutic framework: **The Heroine's Journey**, integrated with **Eye Movement Desensitization and Reprocessing (EMDR)**—a method particularly suited for clients coping with **Complex PTSD (CPTSD)**.

Dr. Andrea Goldschmidt, Associate Professor of Psychiatry at the University of Pittsburgh School of Medicine, presented on the treatment of **chronic binge eating disorder** in children and adolescents, offering both clinical insights and research-based strategies.

The conference welcomed approximately 400 attendees from diverse professional backgrounds and levels of experience. Alongside keynote addresses, the program featured short research presentations and hands-on clinical workshops showcasing therapeutic tools and techniques.

As the day concluded, one message stood out clearly: our collective strength lies in shared knowledge, collaboration, and the recognition that we are not alone. Even amid air raid sirens and nightly interruptions, clinicians continue to rise each morning and offer care—often under the weight of heightened patient distress. This gathering provided not only professional enrichment, but also a vital space for connection, resilience, and hope.

SOME CONSIDERATIONS ON THE CURRENT DANGERS TO THE FREEDOM OF THE SCIENTIFIC COMMUNITY

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Internationally, there is an increasing politicization of scientific topics that have been consolidated by decades of medical, psychological, and sociological research. In the United States, the Centers for Disease Control and Prevention (CDC) have archived all content related to gender identity and sexual orientation from scientific articles and web pages, halting their updates. Additionally, there is an ongoing campaign to withdraw or modify scientific articles—either already published or awaiting publication—to remove terms deemed "non-compliant." Words such as "transgender," "LGBT," and "non-binary" may soon be banned from official scientific language.

The homepage of the institutional website notes that a controversy is currently underway between U.S. judges and the federal administration, stating: "Per a court order, Department of Health and Human Services (HHS) is required to restore this website as of 11:59PM ET, February 14, 2025. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from the immutable biological reality that there are two sexes, male and female. The Trump Administration rejects gender ideology and condemns the harms it causes to children, by promoting their chemical and surgical mutilation, and to women, by depriving them of their dignity, safety, well-being, and opportunities. This page does not reflect biological reality and therefore the Administration and this Department rejects it."

This decision risks negatively affecting the quality of data and health guidelines crucial for international scientific research. Even in the field of Eating Disorders, obtaining reliable data to provide accurate indications for the diagnosis, treatment, and support of LGBTQI+ adolescents and young adults with Eating Disorders has always been challenging and continues to be so.

Censoring and rewriting medical-scientific research inevitably leads to less reliable results and risks exacerbating health inequalities. Public health should be based on scientific evidence and inclusiveness, not restrictive ideologies that may deprive entire populations of assistance and support.

Policies related to sexual minorities, both in scientific contexts and beyond, could have significant repercussions in many other countries as well, particularly due to political stances that deviate from the neutrality required for objective scientific research based exclusively on collected evidence and data.

We wish to conclude by quoting President Barack Obama's 2013 inauguration speech: "Our journey is not complete until our gay brothers and sisters are treated like anyone else under the law—for if we are truly created equal, then surely the love we commit to one another must be equal as well."



FEMGEVITY

The hard path of women towards the right to " healthy" longevity. Science, prejudice, discrimination

Emilia Manzato*, Crisitna Tarabbia**

**Psychiatrist, Member of SISDCA national board*

***Gynaecologist, President of AIDM, Ferrara section*

On the occasion of March 8TH, the International Day for Women's Rights, a scientific meeting open to the public was held in Ferrara (Italy) organized in collaboration with AIDM (Medical Women Italian Association) and SISDCA (Italian Society of Eating and Weight Disorders) on the topic of discrimination against women in their right to health, especially elderly women.

ISTAT data confirms longevity as a prerogative of women compared to men with a greater life expectancy, but does not highlight how in old age women's health faces many critical issues.

In the meeting, some very important topics were addressed from a medical, psychiatric and sociological point of view, including:

- the biological inflammaging (which penalizes female aging by increasing the risk of pathology compared to men)
- the social constructs of the contemporary era that mainly involve women (ageism, aged-body shaming, cyberchondria)
- the difficulty in finding parental care (in fact, while the elderly man finds care in the parental network and in particular in the female network, it is difficult for an elderly woman to have a husband who is a care-giver and her health is often delegated to the institutes)
- the sustainability of gender longevity

As regards the topic of aged-body shaming, we know that even for the elderly woman, the request of modern society for a perfect female body that does not age after menopause and that remains adherent to models of thinness can be a risk factor for the development of psychiatric disorders, in particular Eating Disorders. Unfortunately, there are still few studies focused on the peculiarities of Eating Disorders in old age and the scientific meeting of March 8 was also an opportunity to focus attention on this topic.

Equity, Quality of Care, Diversity, Respect

from APA

American Psychological Association, APA on 7th April 2025 has issued a statement on the need to take action to ensure that people with mental disorders (and ED) receive Equity and Quality of Care while respecting Diversity.

What is happening is destroying those principles.

As individuals and as professional associations to which we belong, must make our voices heard: respect for people with ED and their families depends on it.

United we can count and we must help individuals and communities: it is our Mission.

From APA release, April 7th 2025:

"Board of Directors, are deeply concerned about the policy actions tearing away at the seams of human life and wellness that are the cornerstone of our field. Our psychology applied in science, practice, and educational contexts is under threat.

*We have begun to make real strides in equity in our field for the benefit of students, psychologists, scientists, educators, and the public we serve. We know that recent mandates that have rendered illegal our long-established commitments to diversify our field are unjust and concerning. We are holding onto the tenets of our field, including understanding and integrating individual and cultural diversity in the scientific study, practice, and application of psychology, which allow us to ethically, responsively, and humanely engage our work, live our values, and fulfill the APA mission **"to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives."***

As your board, we are eager to walk with you and chart a way forward that grounds us in collective action and protects our field and our present and future colleagues, while addressing the detrimental impact of political decisions on the lives of people in our society.

At the heart of APA lies an unwavering commitment to honoring the humanity and inherent beauty of all people—not in spite of our differences, but because of them. The recent passage by Council of the [APA Policy Statement on Reaffirming APA's Commitment to Justice, Human Rights, Fairness and Dignity](#) evidences this commitment.

Our organizational apologies to communities harmed by the historic science and practice of psychology are a recognition of that accountability. They are a promise not to forsake ourselves, our values, nor the people who rely on us to rigorously address human needs and honor variations in lived experiences without an agenda intended to harm or benefit any one group over another. They are a promise to uphold the scientific rigor that is our foundation. It is a promise to tether ourselves to the ethics that guide our field and hold us accountable to a public that we owe our commitment not to falter beneath the pressure to capitulate and hide.

We know that the richness of human diversity is a vital source of strength, creativity, and wisdom. As we engage, reimagine, and re-engage aspects of our work we seek to uplift these values with an unwavering commitment to affirm the dignity and integrity of each of us. We know that beyond a moral imperative, doing so is essential to psychological well-being, collective resilience, and sustainable progress which are foundational to our discipline and its work.

We stand in this commitment and in solidarity"

Assisted Death and Eating Disorders: Learning from Tragedies Abroad

Chelsea Roff and Bella Reed

As a parent of two survivors of anorexia and a researcher with lived experience of the illness, some might think we're overly anxious about what the Terminally Ill Adults (End of Life) Bill could mean for our community. After all, the Bill states that a person cannot be considered terminally ill "only" because of a mental illness, and anorexia nervosa is not generally considered terminal. But there are real reasons to fear this Bill could have devastating, life-ending consequences for people with eating disorders.

Anyone who has experienced or supported a loved one through anorexia knows its relentless highs and lows: periods of physical decline and weight restoration, profound depression and fragile hope, increasing social isolation and the return to oneself. For those of us who have lived through this, the thought of a loved one — or ourselves — being offered lethal medication during one of these low points is horrifying. Even after many years of failed treatments, recovery is possible, and it is in those despairing moments that we most need physicians to believe in us and our ability to heal.

In Belgium, the Netherlands, and the United States, at least 60 women with eating disorders have already died through physician-assisted death, with one-third in their teens or twenties (1). In some cases, physicians stated their eating disorders were "terminal," even though research shows nearly all medical complications of anorexia are reversible with proper care (2). Nearly half of these women had not received — or could not access

— evidence-based treatments before their physician suggested death as an option. Most heartbreakingly, 58% of the patients reported suicidal ideation and 37% had previously attempted suicide.

The safeguards in this Bill are simply not robust enough to protect people with eating disorders. The bill's language, particularly its definition of terminal illness, leaves room for broad interpretation. The provision that someone cannot qualify for assisted dying "only" because of a mental illness is ambiguous and inadequate. Mental and physical illness are inextricably linked, and eating disorders often involve severe physical complications. In other countries, physicians have cited the physical complications of eating disorders — such as "terminal malnutrition" — to argue patients qualify as terminally ill (3). And, of course, if someone stops eating entirely, they will die, certainly within six months.

We also worry that families could be excluded from these decisions. Those of us who have been through anorexia or cared for loved ones know how important families are in advocating for treatment and holding on to hope when the person themselves cannot. Yet this Bill does not require families to be consulted, even when the doctor may be unfamiliar with the patient and the family might hold important information about their mental state or circumstances.

Canada, where assisted dying is now the fifth leading cause of death, provides a sobering example of how safeguards that sound robust in theory can fail in practice. [Donna Duncan](#), a woman struggling with depression after a concussion, was euthanised just four hours after being released from a psychiatric unit, despite her daughters' objections that she was not terminally ill. Her decline had been exacerbated by months of delays in accessing proper treatment, but her request for euthanasia was approved in just four days. "It's unacceptable," her daughter told reporters. "It took a year to get treatment but only four days to die."

Many supporters of the Bill have used language to distinguish between assisted dying and assisted suicide, but let's be honest: this is about prescribing lethal drugs to help people end their lives. Suicide has historically been something our society — and psychiatry in particular — has worked to prevent. People take their lives when they are in despair, and that despair is often temporary and can be alleviated with proper medical, psychological, and social care. Legalising assisted suicide will create a two-tier system: one in which we work to prevent suicide for some while facilitating it for others.

Some may argue that if a person is suffering unbearably and wants to end their life, they should be allowed to take their own lives. But the core issue here is not whether individuals have the right to take their own lives; it is whether our healthcare system should institutionalise suicide as a medical practice. Respect for autonomy must be balanced with other ethical principles, like non-maleficence and beneficence. When a suicidal or self-harming patient is hospitalised, no one thinks it is appropriate to leave them alone with sharp objects to harm themselves further. We don't say, "The patient has a right to self-injure due to autonomy." Instead, we intervene to protect life.

We've already seen this erosion of suicide prevention measures abroad, where assisted death has become normalised for reasons solely related to a mental disorder. Framing suicide as a rational choice for some patients — even if that person has a serious, life-threatening illness — weakens the message that life can and should be preserved. This is especially concerning for eating disorder patients, whose suicidality is often linked to malnutrition. Psychiatry's role has always been to intervene and offer care and support to people in their darkest moments; we fear that legalising medical suicide will mean many patients are abandoned in their most desperate moments.

It's often said that people with anorexia are more prone to anxiety. Historically, parents of children with anorexia were dismissed as "over-anxious." But we are anxious about this Bill for good reason. There is a route out of anorexia: with nutritional rehabilitation, sufficient weight gain, and psychological interventions, recovery is possible. There is no route back from death.

1. Roff C, Cook-Cottone C. *Assisted death in eating disorders: a systematic review of cases and clinical rationales. Frontiers in Psychiatry. 2024 Jul 30;15.*
2. Westmoreland P, Krantz MJ, Mehler PS. *Medical complications of anorexia nervosa and bulimia. Am J Med. (2016) 129:30–7. doi: 10.1016/j.amjmed.2015.06.031*
3. Gaudiani JL, Bogetz A, Yager J. *Terminal anorexia nervosa: three cases and proposed clinical characteristics. J Eat Disord. (2022) 10:23. doi: 10.1186/s40337-022-00548-3*
(Westmoreland et al., 2023; Guarda et al., 2022).

Editorial Predatory Journals.

What Can We Do to Protect Their Prey?

Published January 6, 2025 DOI: 10.1056/NEJMe2415937

From the Editors: This article is being simultaneously posted at ICMJE.org and published in *Annals of Internal Medicine*, *The BMJ*, *Bulletin of the World Health Organization*, *Deutsches Ärzteblatt (German Medical Journal)*, *JAMA*, *Journal of Korean Medical Science*, *The Lancet*, *La Tunisie Médicale*, *The National Medical Journal of India*, *Medwave*, *Nature Medicine*, *New England Journal of Medicine*, *New Zealand Medical Journal*, and *PLOS Medicine*.

Comment

*Umberto Nizzoli**

The editorial appears simultaneously in the journals with the highest IF, and *Tunisie Médicale*. Because French? Because belonging to a different geographical area than the "golden triangle?". Decolonizing science and including cultures currently secondary to the dominance of English it's fundamental issue (1).

The majority of the earth's inhabitants lives in underrepresented linguistic areas while in databases they have little space as authors and research samples.

Editorial pushes for corrective action against predatory journals (PJ). PJ manipulate their presentation and not comply with ICMJE standards.

Scientific standards are fundamental: quality, transparency, reliability protect the trust of stakeholders based on belief of integrity.

The potential damage caused by PJ is enormous: malpractice, poor education, fake-news, and finally polarization in an already chaotic context.

On the financial level PJ compete with journals following ICMJE on the science market (2). Authors pay significant sums often using a part of the funding obtained for carrying out the research they present. By private or from public institutions, so from taxes.

Criticism that De Fiore document to the official world of science largely overlap with those that Editorial attribute to PJ.

There is a need to re-discuss the principles of development of science opening the Pandora's bag of the commercialization of science.

Generally who establish scientific criteria has to be without any conflicts of interest. Otherwise they are somewhat equivalent to an act of faith.

Again, PJ do not attract, like Homeric sirens, so many authors, potentially deceived. Who submit PJ pay consciously! So the issue is primarily not to beware authors, but why there are so many authors who adapt (prefer, choose) to send their works to PJ. They first sent their articles to some "official" journals but were rejected?

Publishing for these "sodomized" authors is evidently a necessity.

Is it difficult to see the perverse effect of "publish or perish" that is mortifying with the babel of "scientific products" some of the most visionary and advanced formulas that we had conquered in the second half of the last century?

We believed in Quality of care (2), Continuous Improvement (3), EBM (4) large databases, and now the perverse publish or perish is used to make a career of somewhat.

There will not be a day when who wants to publish will be prevented. They will not disappear. Perhaps it's better consider those "charlatans" as an energy to recover rather than stigmatize.

Referencies :

- (1) Bryant T., presidential speech, APA 2023,
- (2) Sert of Reggio Emilia, ISO 9000, Det Norske Veritas, january 2000 – first Italian Drug Abuse Unit certified on Quality
- (3) Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. (1996) Evidence-based medicine: what it is and what it isn't . BMJ 312: 71-2.
- (4) Haynes RB, Sackett DL, Gray JM, Cook DJ, Guyatt GH. (1996) Transferring evidence from research into practice: 1. The role of clinical care research evidence in clinical decisions [Editorial]. ACP J Club; 125 (Suppl 3): A14-A16

** former director of Mental Health and Addiction Dept, ASL Reggio Emilia (Italy) European Chapter AED, president*

European Chapter AED, ECAED; meaning, value, history

Elections of a new board

Umberto Nizzoli *

From a proposal of SISDCA, Italian Society on ED (Donini L., president, Nizzoli U. president elect) during the ICED conference that was being held in 2017 in Prague, thanks to Elissa Meyer, AED's CEO, many dozens of colleagues ICED attendees, enthusiastically accepted the idea of creating a European Chapter of AED.

The first European AED Conference was organized in Rome on 10th March 2018.

The theme was: Toward a European Health Care System: Best practices to prevent and treat Eating Disorders.

At the end, during the appropriate assembly, the first election of the Chapter board was made. Dr. Ashish Kumar was elected president.

Since then, the Chapter has worked hard. With the presidency of Dr. Kumar was held the European Conference within ICED 2019 in New York. Then in London at the Royal College of Psychiatrists in November of the same year, the third European ECAED Conference took place.

It was ECAED under the guidance of Dr. Kumar that started the Global Survey project that still engages AED today.

Dr. Kumar later became the chair of the RCoPs Faculty on ED.

Every year ECAED has organized a European Conference and participated in ICED where in recent years it has held the pre-conference together with two other Chapters, MEEDA, from the Middle East, and HLA, the Hispanic-Latino sister Chapters.

The last one in March 2024 had as its theme: Understanding the Global Landscape of Eating Disorders.

At the end of the first three-year period, in December 2021, a new board was elected with Umberto Nizzoli as president and Yael Latzer as vice-president.

The current three-year period has also been characterized by the development of a series of themes through specific working groups: the alliance with caregivers, the prevention of burnout of EDs professionals, Recommendations for clinical approach of LGBTQI+ people. ECAED produces also a Newsletter, this is the ninth issue.

Many of ECAED's activities are on its website and social media.

A special thank's to Dawn Gannon for her technical support. On the website there is a collection of on-demand recordings from the webinars it has organized

<https://www.european-aed.org/>

In total, 12 Conferences have been held by ECAED from its inception.

Our work has had as its guiding star the dissemination of the AED Mission by developing a European Vision.

We have done a lot but we need to do more.

Now is the time to elect a new board.

The elections are scheduled on June 2025.

I wish good work to Colleagues and Friends who want to continue this adventure to give the European dimension of AED a strong, respectful and credible professional "place".

* ECAED president



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European Chapter of AED

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