selective serotonin uptake inhibitors and tricyclic antidepressants were reached in a Cochrane review.\(^2\)

We believe that these results help in the understanding of eating disorders. Anorexia nervosa and bulimia nervosa seem to represent 2 distinct disorders, indicated by the responsiveness of bulimia nervosa to antidepressant drugs.\(^3\) Because major depressive disorder or obsessive-compulsive disorder were not explicit exclusion criteria in Walsh et al,\(^1\) it would therefore be helpful to know what percentage of the patients in this study fulfilled standard criteria for either disorder as comorbidities to anorexia nervosa.

In addition, lack of efficacy of one class of drugs does not mean inefficacy of drug treatment for anorexia nervosa in general. Walsh et al\(^1\) propose clinical studies using atypical antipsychotics such as olanzapine. Despite reports of beneficial effects for olanzapine,\(^4\) it may be preferable to use atypical antipsychotics that do not result in weight gain, such as ziprasidone and aripiprazole.