Disturbances in human eating behavior are hardly new phenomena. Uncontrollable hunger and binge eating were described by ancient Greek and Roman physicians long before the birth of Christ, and the syndrome of anorexia nervosa was clearly recognized and named more than a century ago. Literally for hundreds of years, clinicians have been struggling to assist individuals unable to control their food intake.

Unfortunately, there is much we do not understand. We do not know, in any meaningful sense, the fundamental causes of eating disorders. Our best understanding is that these disorders are multifactorial in origin—that individuals are at risk because of a combination of as yet incompletely identified biological, psychological, and social characteristics. And just as there does not appear to be a single cause, so, too, there does not seem to be a single, universally effective treatment.
Although serious deficiencies mar our understanding of these problems and our ability to treat them, real progress has been made. Some signs of that progress are reflected in the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual (DSM-IV)*, which was published after the first edition of this book. *DSM-IV* not only includes revised criteria for anorexia nervosa and bulimia nervosa but also provides tentative criteria for recognizing binge eating disorder. This disorder, characterized by recurrent binge eating without the regular use of inappropriate compensatory behavior required for the diagnosis of bulimia nervosa, is a common behavior among obese individuals. The promulgation of these criteria has already spurred new research into the characteristics of such individuals and the development of treatment interventions.

Notably, in *DSM-IV*, eating disorders are no longer grouped with disorders usually first diagnosed in childhood or adolescence. Instead, for the first time, eating disorders constitute a separate section of their own. This change from previous editions of the *DSM* reflects the fact that many individuals with eating disorders do not present for treatment until adulthood. It is also a response to the growing importance to health care providers of recognizing and treating these disorders.

This book meets another need. It is a highly accessible, readable, and useful collection of the wisdom of knowledgeable clinicians who have practiced at the Wilkins Center for Eating Disorders. Many other volumes on eating disorders are theoretical treatises or detailed explorations of treatment strategies, often removed from the difficult realities of patient care at the end of the twentieth century. Such works are very valuable but leave a gap which this volume helps to fill.

The authors of each of the essays address critical “real world” issues; they provide guidance for assessing and treating individuals with eating disorders and for assisting their families. The descriptions of what clinicians actually do are both informative and refreshing, and the reports of successes resulting from skilled and collaborative treatment are impressive. Equally impressive are the vivid depictions of the enthusiasm and optimism of the staff at the Wilkins Center.
Center. Their attitudes inform all the chapters and are a strong source of hope for both practitioners who endeavor to treat eating disorders and patients who struggle with them.

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