

Integrative Medicine for the Treatment of Eating Disorders

Malnourished Minds, Malnourished Medicine

Featuring James Greenblatt, M.D.



Newton, MA

September 25, 2010

Register Early • Limited Seating • CE Credits Available

THE GREAT PLAINS LABORATORY, INC.

11813 West 77th Street • Lenexa, KS 66214 • USA

 walden *behavioral care*



For more information or to register, go to Upcoming Events at www.GreatPlainsLaboratory.com



General Information



Location

Crowne Plaza Boston Newton
320 Washington Street, Newton, MA 02458
Phone: (617) 969-3010
Website: www.crowneplaza.com/bostonnewton

Hotel Information

Discounted room rate: \$139/night, Reserve before August 30
Group booking code: Eating Disorders Seminar
Call (617) 630-2901 and ask for Sara Stanton to book your room
Overnight guest parking \$17, daytime guest parking \$4 per hour (not to exceed \$28)

Overview

Over the past fifty years disordered eating has become a major public health problem. Anorexia, bulimia, binge eating disorder, and obesity are considered genetic, biologically based syndromes, yet few medical or biological treatments have been shown to be consistently effective. The current trial-and-error, polypharmacy approach to the treatment of eating disorders does not work for many.

This seminar will present a novel Integrative Medicine approach to the treatment of eating disorders. Practical clinical applications of nutritional therapies based on individual metabolic testing will be emphasized as well as a new protocol that provides a neurophysiologically based method for predicting personalized medications. This full day seminar will explore a multi-factorial approach based on individual dietary, metabolic and nutritional therapies, along with personalized medication.

Featuring



James M. Greenblatt, M.D., is the Chief Medical Officer of Walden Behavioral Care, a psychiatric and eating disorder hospital in Waltham, Massachusetts. He is a dually board-certified child and adult psychiatrist and is the Founder and Medical Director of Comprehensive Psychiatric Resources, an integrative psychiatry practice. Dr. Greenblatt received his medical degree and completed his adult psychiatry residency at George Washington University in Washington, D.C., and completed a fellowship in child and adolescent psychiatry at Johns Hopkins Medical School. Dr. Greenblatt is an Assistant Clinical Professor at Tufts University Medical School, Department of Psychiatry. For over 20 years, Dr. Greenblatt has been a leader in Integrative Medicine, lecturing throughout North America on the scientific evidence for nutritional treatments in psychiatry and eating disorders.



Who Should Attend

Family Physicians, Psychiatrists, Naturopathic Doctors, Nurse Practitioners, Psychologists, Chiropractic Physicians, Dietitians, Social Workers, and Mental Health Professionals

This conference is geared toward professionals; however, it is open to the general public.

Continuing Education Credits

6.5 credits available for Psychologists, Dietitians, Licensed Marriage & Family Therapists and Licensed Alcohol & Drug Abuse Counselors

7.5 credits available for Social Workers, Licensed Mental Health Counselors, Nurses (RNs & LPNs)

Schedule

Saturday, September 25, 2010

8:30 - 10:00	Misplaced Blame Session I: Topics include a historical perspective of eating disorders, the genetics of eating disorders, current diagnostic challenges, and a new model of pathological fear applied to eating disorders
10:00 - 10:30	Break
10:30 - 12:00	Personalized Medicine for Eating Disorders Session II: Topics include an overview of medications for eating disorders as well as an introduction to Referenced-EEG
12:00 - 1:00	Lunch
1:00 - 2:30	Eating Disorders as Disorders of Malnutrition Session III: Topics include nutrition and brain function, celiac disease, neuroactive peptides in foods, and the relationship between nutrition and genetics
2:30 - 3:00	Break
3:00 - 4:30	Practical Nutritional Therapies in the Treatment of Eating Disorders Session IV: Topics include zinc, essential fatty acids (EFAs), inositol, magnesium, amino acids, and metabolic testing for nutritional deficiencies
4:30 - 5:00	Case Presentation and Discussion

Schedule subject to change.

Updates from The Great Plains Laboratory, Inc.



Find us on facebook at www.facebook.com/GPL4U
Sign up for our e-mails at www.GreatPlainsLaboratory.com



Registration Information

YOU HAVE THREE EASY WAYS TO REGISTER:

1. **Online:** To complete registration online, go to www.GreatPlainsLaboratory.com.
2. **Mail:** Submit this completed registration form with your payment made out to:
The Great Plains Laboratory, Inc., 11813 W. 77th St., Lenexa, KS 66214.
3. **Fax:** Fax this completed registration form to (913) 341-6207.

Registration Fee Until 9/20/10	Registration Fee After 9/20/10 & at the door	CE Credits Certificate
\$99	\$109	Additional \$20

Conference registration fee includes coffee breaks, conference badge, program guide, and admission to view exhibitor booths.

For registration inquiries, please e-mail CRobinson@GPL4U.com or call (800) 288-0383 or (913) 341-8949.

* All Registration Fees are in USD. **Cancellation Policy:** Refunds of conference registration fees paid, less a \$50.00 admin fee, will be granted until 30 days prior to the conference. No refunds will be issued after this date or made for non-attendance at the conference. In case of a cancellation for any reason, we will not be held liable for reimbursement of travel, lodging, and other situational expenses. Reimbursement will be limited to registration fees.

2010 Integrative Medicine for the Treatment of Eating Disorders

Participant Contact Information

First Attendee: First Name: _____ Last Name: _____

Credentials and License # (if applicable): _____

Company: _____

Mailing Address: _____

City: _____ Prov./State: _____ Country: _____ Postal/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

How did you hear about us? Magazine or Newsletter Ad - please specify _____
 GPL E-mail or Mailing Facebook Conference Internet Search MEDA Walden
 Other - please specify _____

Second Attendee: First Name: _____ Last Name: _____

Credentials and License # (if applicable): _____

Company: _____

Mailing Address: _____

City: _____ Prov./State: _____ Country: _____ Postal/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Payment & Registration Information

_____ Check (Payable to The Great Plains Laboratory, Inc.) Expiration Date (MM/YYYY): _____

_____ Money Order (Payable to The Great Plains Laboratory, Inc.) Security Code: _____

_____ Visa _____ MasterCard _____ American Express Cardholder's Name: _____

Credit Card #: _____ Cardholder's Signature: _____

of Attendees _____ x **Registration Fee \$** _____ = \$ _____

of CE Credits Certificate(s) _____ x **\$20 each** = \$ _____

Total Enclosed \$ _____

* Registration available at the door after online registration ends

