

NEDC e-Bulletin

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Introduction

Welcome to the August edition of the NEDC e-Bulletin. This month we are exploring issues of relevance to the treatment of eating disorders including a status update on psychological treatments.

We hope you enjoy this month's special edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at info@nedc.com.au.

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Status Update: Psychological Treatments for Eating Disorders.



Recent changes to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) have prompted clinicians and academics alike to consider the progress of eating disorders treatment.

In the latest volume of the International Journal of Eating Disorders, Professor Cynthia Bulik has provided a commentary on the prevention and treatment of eating disorders, by considering the progress made in the last 40 years alongside literature dedicated to other psychiatric illnesses, such as schizophrenia.

While there has been considerable development in defining prevention, development and treatment of eating disorders, Bulik acknowledges that the field is still a long way from having a solid understanding of the causes of these illnesses, which ultimately impacts on the effectiveness of interventions.

This commentary sits alongside a systematic review of the evidence for psychological treatments in eating disorders from 2005-2012, conducted by Professor Phillipa Hay (2013). Following on from a series of reviews by Bulik et al. (2007), this research suggests that there has been substantial progress in the evidence base for:

- Family based treatment (FBT) in adolescents with anorexia
- Cognitive behavioural therapy (CBT) in both full and guided self-help formats
- Internet-based modes of delivery for bulimia nervosa binge eating disorder, and eating disorders previously classified as EDNOS.

The review also identified several promising interventions. In particular:

- Interpersonal psychotherapy (IPT), which is associated with improvements over time, showing similar rates of effectiveness to CBT in anorexia nervosa and binge eating disorder

- An enhanced form of CBT (CBT-E), which has shown to improve outcomes in people with eating disorders who are not underweight, but who may have added complications including mood intolerance, interpersonal deficits, clinical perfectionism and/or low self-esteem.

There is still considerable gap in evidence-based options for adults with anorexia nervosa. Furthermore, for all of the eating disorders, we lack a clear direction when treatments prove ineffective. We know very little about predicting who will respond well to standard models of treatment and who will require multiple or extended interventions.

There is room for refinement of conventional eating disorder treatment approaches in terms of efficacy and effectiveness. In addition, there are promising approaches that deserve further research, particularly with regard to technology enhanced interventions that may provide flexible, accessible and cost-effective support to large populations, to reduce the personal and societal burdens arising from these severe illnesses.

When reviewing of evidence based treatment, it is important to consider the dissemination and implementation of such treatments. While there is an assumption that evidence-based models will be absorbed into clinical practice, in fact there are considerable barriers to the implementation of these practices:

- Some interventions are suitable for only a narrow range of people, and show limited clinical range
- Many psychological treatments require intensive training from expert therapists
- Treatments that are lengthy and require constant professional input are too labour intensive

Implementing evidence-based practice is difficult and needs strategies that address the complexity of care systems, needs of individual practitioners and health care cultures. When enough research evidence is available, practice should be guided by research evidence in conjunction with clinical expertise and consumer experience.

If you would like to undertake further reading, the research referenced in this article can be found in the Knowledge Hub:

Bulik, C. M. (2013). Are we really paddling as fast as we can? Reflections on why eating disorders treatment and research always seem to be one step behind: Commentary on Hay, Mitchell, and Stice & Becker: Prevention and treatment. *International Journal of Eating Disorders*, 46(5), 489-491.

Fairburn, C. G., & Wilson, G. T. (2013). The dissemination and implementation of psychological treatments: Problems and solutions. *International Journal of Eating Disorders*, 46(5), 516-521.

Hay, P. (2013). A systematic review of evidence for psychological treatments in eating disorders: 2005–2012. *International Journal of Eating Disorders*, 46(5), 462-469.

Feature Article: Guided Self Help



While much of the literature and resources on treatment focuses on clinicians, there are important models of intervention which are driven by those with a lived experience of an eating disorder. Self-help is a Cognitive Behavioural Therapy (CBT) based approach to supporting people with eating disorders. Self help approaches are implemented by a person with an eating disorder and should form part of a comprehensive and holistic treatment plan to increase the quality of life of the person with the eating disorder. We asked Professor Tracey Wade to provide some information on self-help approaches in eating disorders' treatment.

What is guided self-help as it relates to the treatment of eating disorders?

Guided self-help refers to having a therapist (who can be a non-specialist or novice) work through a self-help book with a client over 6-8 sessions. The focus of the therapy is solely to help the person utilise and apply the content of the book to their situation.

What are the advantages of guided self-help?

Around 20% of people can actually be symptom free after doing GSH and studies show significant improvements with respect to both eating disorder symptoms and psychological symptoms (e.g., depression, self-esteem). Unlike full therapy, people doing GSH can continue to experience significant improvements after treatment ceases, therefore increasing their sense of self-efficacy with respect to their recovery. Thus GSH provides a good front-line and affordable treatment that can be offered before more expensive treatments are considered.

The type and severity of the eating disorder, along with age and a person's family situation are all factors that need to be considered when treating an eating disorder. In what set of circumstances is self-guided care most appropriate?

GSH has only been evaluated with bulimia nervosa and binge eating disorders, it is not recommended for anorexia nervosa. It has been shown to be suitable for people as young as 13 years of age.

Are there any parameters where self help isn't appropriate?

If the person is too depressed or perfectionistic they may find it difficult to engage but it doesn't mean it can't be tried with these people.

For more details on guided self help, explore the following resources:

- Overcoming Bulimia Nervosa and Binge-Eating by Peter Cooper (book)
- Overcoming Bulimia Self-help Course: A Self-help Practical Manual Using Cognitive Behavioral Techniques (3 Book Set) by Peter Cooper
- Overcoming Perfectionism by Roz Shafran , Sarah Egan, Tracey Wade

Knowledge Hub Roundup – Eating Disorders Treatment Approaches



The National Eating Disorders Collaboration collects and provides the latest evidence based research and information available on eating disorders from Australia and around the world. The topics included in our Knowledge Hub are wide ranging and recognise the physical, social and emotional aspects and the broad spectrum of eating disorders. This month in the e-Bulletin we are highlighting content in our Knowledge Hub relating to eating disorders treatment approaches.

Latest Research

A randomized clinical trial of an identity intervention programme for women with eating disorders.

About: Findings of a randomized trial of an identity intervention programme (IIP) designed to build new positive self-schemas that are separate from other conceptions of the self in memory as the means to promote improved health in women diagnosed with eating disorders are reported.

A substantive and methodological review of family-based treatment for eating disorders: the last 25 years of research.

About: This article provides a substantive and methodological review of all research studies published in the last 25 years that have evaluated a family-based intervention as a central component in the treatment of eating disorders (specifically anorexia nervosa and bulimia nervosa).

An intensive DBT program for patients with multidagnostic eating disorder presentations: a case series analysis.

About: This study presents case-series data on a novel outpatient program that blends dialectical behavior therapy (DBT) with standard eating disorder (ED) interventions (i.e., food exposure, weight monitoring, cognitive modification, ED psychoeducation) for patients with complex and multidagnostic ED presentations.

Enhanced cognitive behaviour therapy for adolescents with anorexia nervosa: an alternative to family therapy?

About: A specific form of family therapy (family-based treatment) is the leading treatment for adolescents with anorexia nervosa. As this treatment has certain limitations, alternative approaches are needed. “Enhanced” cognitive behaviour therapy (CBT-E) is a potential candidate given its utility as a treatment for adults with eating disorder psychopathology.

Challenges in making the transition between pediatric and adult eating disorder programs: a qualitative study from the perspective of service providers.

About: There is little research regarding the transition from pediatric to adult eating disorder programs. This study aims to increase understanding of the factors that impede or facilitate successful service transition for individuals with anorexia nervosa moving from pediatric to adult eating disorder programs.

Innovations in Maudsley family-based treatment for anorexia nervosa at the Children’s Hospital at Westmead: a family admission programme

About: The family admission programme is an innovation in the implementation of Maudsley family-based treatment (MFBT) and increases the level of therapeutic intensity compared to standard outpatient MFBT.

Current Australian Studies

The following is a list of current eating disorders research relating to the development of treatment approaches. If you, or someone you know might be interested in participating in any of these projects please make contact with the researchers through the details provided.

Taking a LEAP forward in the treatment of anorexia nervosa: A randomised controlled trial

A Randomised Controlled Trial of Two Forms of Family-Based Treatment for Adolescent Anorexia Nervosa

Strong Without Anorexia Nervosa (SWAN) Study: A randomised controlled trial of three treatments for anorexia nervosa in adults

Placing the Focus on Perfectionism in Female Adolescent Anorexia Nervosa: Augmented Maudsley Family Based Treatment (FBT+CBT)

Opportunities to get involved: Become a member

NEDC welcomes anyone with an interest in eating disorders who is not yet a member to join the collaboration.

As an NEDC member, you have the opportunity to become part of an eating disorders network: a community of people with expertise or an interest in eating disorders through which you will learn, contribute and engage in project activities.

Best of all: **membership is free.**

NEDC members can expect to receive value through:

- Information and education
- Community and collaboration
- Opportunities to inform the evidence base
- Networking and professional connection

NEDC are currently exploring new opportunities for NEDC members to network, discuss and share information with a newly developed 'Member's Lounge' scheduled to go live over the next few months. If you are not yet a member, now is the time to come on board!

For more information or to sign up for membership visit our **[membership page](#)**.