

Benefits Sustained From Eating Disorder Program

BY SUSAN LONDON
Contributing Writer

SEATTLE — Initial improvements in anorexia nervosa and bulimia nervosa achieved in an intensive residential treatment program are largely sustained 4-5 years later, Dr. Timothy D. Brewerton reported.

"Data on long-term follow-up of individuals with anorexia nervosa and bulimia nervosa following intensive inpatient or residential treatment are limited," said Dr. Brewerton, a psychiatrist at the Medical University of South Carolina, Charleston, who also is in private practice in Mt. Pleasant, S.C. "Many studies are primarily on adolescents and/or outpatients, and others have included individuals who have not received any treatment."

The investigators surveyed patients with eating disorders who had received at least 30 days of treatment in a residential program in Malibu, Calif. Outcomes on the Eating Disorder Inventory-2 (EDI-2), the Beck Depression Inventory (BDI), and a structured eating disorder assessment were evaluated at three time points: admission, discharge, and the most recent of 13 postgraduate follow-ups, which ranged from 1 to 10 years.

Analyses were based on 85 patients with anorexia and 71 patients with bulimia. The mean time between discharge and postgraduate follow-up was 4.5 and 4.1 years, respectively. On average, the pa-

tients in each group were about 30 years old (range, 17-57).

In the anorexia group, mean BMI scores (reported by a physician, therapist, or dietician) increased significantly between admission and discharge (from 16 to 18). Dr. Brewerton told those attending an international conference sponsored by the Academy for Eating Disorders. Moreover, a further significant increase was seen from discharge to postgraduate follow-up (from 18 to 19).

By discharge, the patients with anorexia had significant improvements in 9 of 11 subscales of the EDI-2. They had further significant improvements in five of the subscales—drive for thinness, body dissatisfaction, interoceptive awareness, maturity fears, and asceticism—between discharge and postgraduate follow-up.

The percentage of anorexia patients with a good outcome, defined as a return of body mass index (BMI) to at least 18 and normal menses, increased between discharge and postgraduate follow-up (from 19% to 41%). At the same time, there was a decrease in the percentages with an intermediate outcome, defined as restoration of BMI or normal menses (from 48% to 46%), and a poor outcome, defined as restoration of neither BMI nor



menses (from 33% to 12%).

The frequency of 3 of 10 eating-disordered behaviors—bingeing, vomiting, and laxative use—was significantly higher at postgraduate follow-up than at discharge. "This is not terribly surprising," Dr. Brewerton said at the conference, which was cosponsored by the University of New Mexico. Moreover, the values remained significantly or marginally lower than those at admission.

Scores on the BDI decreased significantly between admission and discharge, and remained so at postgraduate follow-up. About 85% of patients reported that they were improved or significantly improved at the latter assessment.

Turning to the bulimia group, Dr. Brewerton reported that these patients had significant improvements in all 11 EDI-2 subscales by discharge, and the benefits persisted to postgraduate follow-up. Their BMIs were in the normal range at all three assessments.

Between discharge and postgraduate follow-up, there was a decrease in the percentage of bulimic patients with a good outcome, defined as complete cessation of bingeing, purging, and other compensatory behaviors (from 97% to 62%) and an increase in the percentages with an in-

termediate outcome, defined as a reduction in those behaviors by at least half (from 3% to 19%), and a poor outcome, defined as a reduction of less than half (from 0% to 19%).

The frequency of 7 of the 10 eating-disordered behaviors decreased significantly by discharge and remained at that level at the postgraduate follow-up. As in the group with anorexia, BDI scores fell by discharge in this group and remained at this level thereafter. Similarly, about 85% of patients reported themselves to be improved or significantly improved.

"The great majority of clients in this program showed significant improvement at long-term follow-up after intensive residential care," Dr. Brewerton said, while noting that receipt of therapy during follow-up is still being analyzed. He observed that many of the patients entering the program had treatment-refractory eating disorders and had previously received care as inpatients or outpatients, or in other residential programs.

"Residential treatment using this particular treatment philosophy can be an effective and less costly alternative to inpatient treatment," he concluded. He said this philosophy is best described in *The Eating Disorder Sourcebook* (New York: McGraw-Hill, 2007), by Carolyn Costin. Ms. Costin is the founder and director of the Monte Nido Residential Treatment Program, the program studied. Dr. Brewerton reported that he was paid as a consultant by Monte Nido to collate, analyze, and present the survey data. ■

'Residential treatment ... can be an effective and less costly alternative to inpatient treatment.'

DR. BREWERTON

Emotion-Focused Therapy Promising for Eating Disorders

BY SUSAN LONDON
Contributing Writer

SEATTLE — Patients with eating disorders who receive emotion-focused therapy experience a decrease in psychological morbidity and possible reductions in bingeing and vomiting, preliminary results of the first evaluation of this therapy for eating disorders show.

"Affect has long been implicated in triggering eating disorder symptoms. Difficulties with affect regulation characterize the population," Leslie Greenberg, Ph.D., told people attending an international conference sponsored by the Academy for Eating Disorders.

In an emotion-focused therapy (EFT) model, the activation of emotion schematic memories and the experience of overwhelming affect play key roles in the pathogenesis of these disorders. "A central function in our view of the eating disorder [is that it] can be understood as an attempt to control affect," he said at the conference, which was cosponsored by the University of New Mexico.

EFT is an evidence-based treatment for depression, trauma, and couples distress, noted Dr. Greenberg, who is director of the psychotherapy research center at York University, Toronto.

"The hypothesized effect of EFT for eating disorders is that it will enhance people's sense of efficacy about dealing with the eating disorder, leading to change in dysfunctional behavior patterns," he said. When patients are able to understand that the disorder is functioning to regulate their emotions, they are then able to handle their emotions in a new way, which gives rise to a sense of hope that they can also control the disorder, he said.

"Once the emotions have been dealt with, this will render the eating disorder unnecessary as a means of coping," he said.

Dr. Greenberg and his colleagues enrolled 14 women with eating disorders in the study. The average age of the women was 33 years. Seven (50%) of them had bulimia nervosa, four (29%) had binge-eating disorder, and three (21%) had an eating disorder not otherwise specified. The mean duration of eating problems was nearly 20 years.

The women were equally divided into two groups and received group EFT consisting of 16 weekly sessions, each lasting 2 hours. In the first session, the therapist focused on psychoeducation about eating and emotions, according to Dr. Greenberg. In the remaining sessions, two or three women engaged in dialogue on self-critical issues, self-interruptive issues, and unfinished business.

On average, the women attended about 12 sessions and had five chair-work treatments. Therapists reported that the women in group 1 (a start-up group) had a comparatively higher prevalence of atypical eating disorder presentations and Axis II disorders, as well as poorer attendance. Those in group 2 had a higher prevalence of typical eating-disorder presentations and greater focus.

The results, which Dr. Greenberg stressed were preliminary, indicated that after therapy, the patients had significant improvements from baseline in scores on the Difficulties in Emotion Regulation Scale, the Beck Depression Inventory, and the Symptom Checklist-90. They also had nonsignificant improvements in scores on the Toronto Alexithymia Scale and the Rosenberg Self-Esteem Scale.

In the two groups combined, there were nonsignificant reductions in the number of bingeing episodes (from roughly 14 to 9 in a 2-week period) and the number of

vomiting episodes (from roughly 4 to 2 in a 2-week period). However, when group 2 was analyzed alone, the reduction was significant.

Dr. Greenberg noted that two patients in group 1 actually began bingeing more during therapy. "Both worked on abuse or separation issues, and they got quite dysregulated within the group. But this is not necessarily bad," he said "This is one of the cases of sometimes getting worse before you get better."

Both patients entered individual EFT and one entered day treatment, and they eventually became asymptomatic. In group 2, all patients had a reduction in bingeing, and three no longer binged at all after therapy. There was also a comparable reduction in vomiting in this group. "So we see that this is possibly a mechanism, that people feel now more hope that they will be able to tackle the eating disorder because they have some understanding of their emotional process and its relationship to their eating disorder," Dr. Greenberg said.

Finally, when patients rated the helpfulness of various aspects of EFT, they gave highest scores to learning what they needed in response to their emotions (mean score on a 0-6 scale, 5.82) and feeling understood by group leaders (5.82), he said.

Other aspects of EFT that they found helpful included doing self-critical chair work (5.73), understanding how their emotions and symptoms connected (5.72), gaining awareness of their emotions (5.64), and feeling understood by other members of their group (5.55).

Dr. Greenberg reported that he had no conflicts of interest in association with the study. ■



This treatment should 'enhance people's sense of efficacy about dealing with the eating disorder.'

DR. GREENBERG