Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

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Thank you

### Literature search results

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<td>“eating disorders”; EATING DISORDERS; “anorexia nervosa”; bulimia, aphagia; hyperphagia; “binge eating”; purging; CBT; “cognitive behavioural therapy”; COGNITIVE BEHAVIOR THERAPY; outcome; TREATMENT OUTCOME</td>
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<td>CG9 Eating disorders: full guideline 2004</td>
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<td>Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders</td>
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Agency for Healthcare Research and Quality
Eating Disorders, Management 2006

Australian and New Zealand Journal of Psychiatry
Australian and New Zealand clinical practice guidelines for the treatment of anorexia nervosa 2004

Clinical Knowledge Summaries
Eating disorders 2004

Cochrane Database of Systematic Reviews
Psychological treatments for bulimia nervosa and binging 2009
Antidepressants versus placebo for people with bulimia nervosa 2003

Database of Abstracts of Reviews of Effects
Meta-analysis of CBT for bulimia nervosa: investigating the effects using DSM-III-R and DSM-IV criteria
Bulimia nervosa: a meta-analysis of psychosocial and pharmacological treatments 1999

Evidence-based Mental Health
Therapeutics - Cognitive behavioural therapy does not improve outcome in obese women with binge eating disorder receiving a comprehensive very low calorie diet programme 2007

Health technology Assessments Database
Management of eating disorders 2006

National Guidelines Clearinghouse
Eating Disorders: Newer Practice Guidelines Reinforce Severity of Conditions But Still Reflect Deficits in Knowledge Base

- American Psychiatric Association
  Practice guideline for the treatment of patients with eating disorders

NHS Quality Improvement Scotland
Eating Disorders in Scotland – Recommendations for healthcare professionals 2006

WHO UK Collaborating Centre
Introduction to eating disorders 2005

Clinical question and answer: What is the evidence for the use of fluoxetine in anorexia
nervosa (not bulimia)? 2007

Published research

1. Male eating disorders and therapy: a controlled pilot study with one year follow-up.


Citation: Journal of Behavior Therapy & Experimental Psychiatry, September 2009, vol./is. 40/3(479-86), 1873-7943

Publication Date: September 2009

Abstract: OBJECTIVES: To examine whether outpatient treatment for male patients with bulimic symptomatology is as effective as it is for females. METHOD: The outcome of 19 male patients was compared to that of 150 female eating disorder (ED) individuals after a group CBT treatment. RESULTS: A reduction in ED symptomatology was observed after treatment for both genders. Main effects for gender indicated that after collapsing across the mean pre/post values, lower mean scores were found for men in the EAT-40, in the EDI-total score and in the following EDI subscales: "drive for thinness", "body dissatisfaction" and "interoceptive awareness". CONCLUSIONS: A group CBT treatment appears to be effective for male and female ED patients.

Source: MEDLINE

2. Self-induced vomiting in eating disorders: Associated features and treatment outcome.

Author(s): Dalle Grave, Riccardo, Calugi, Simona, Marchesini, Giulio

Citation: Behaviour Research and Therapy, August 2009, vol./is. 47/8(680-684), 0005-7967

Publication Date: August 2009

Abstract: Self-induced vomiting is adopted by people with a variety of eating disorders (ED) to control body shape and weight. We tested the prevalence, the associated features and the role on treatment outcome of self-induced vomiting in 152 ED patients consecutively admitted to an inpatient cognitive-behavioral treatment (CBT), based on the transdiagnostic CBT for ED. The Eating Disorder Examination, together with the Beck Depression Inventory, the State-Trait Anxiety Inventory and the Temperament and Character Inventory were recorded at entry and at end of treatment. Self-induced vomiting was reported in 35.5% of cases, and 21.1% had multiple purging with vomiting. Individuals with vomiting and those with multiple purging had significantly higher BMI and a higher frequency of bulimic episodes, but individuals with multiple purging were also characterized by higher levels of depression, longer ED duration, more severe ED psychopathology and lower self-directedness. Individuals with vomiting had higher eating concern and novelty seeking compared with those without purging behaviors. However, the three groups had similar dropout rates and outcomes in response to inpatient CBT, in keeping with the transdiagnostic theory of EDs. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text: Available in print at Grantham Hospital Staff Library

3. Predictors of early change in bulimia nervosa after a brief psychoeducational therapy.

Abstract: We aimed to examine baseline predictors of treatment response in bulimic patients. 241 seeking-treatment females with bulimia nervosa completed an exhaustive assessment and were referred to a six-session psychoeducational group. Regression analyses of treatment response were performed. Childhood obesity, lower frequency of eating symptomatology, lower body mass index, older age, and lower family's and patient's concern about the disorder were predictors of poor abstinence. Suicidal ideation, alcohol abuse, higher maximum BMI, higher novelty seeking and lower baseline purging frequency predicted dropouts. Predictors of early symptom changes and dropouts were similar to those identified in longer CBT interventions.

Source: MEDLINE


Author(s): Carter, Jacqueline C, McFarlane, Traci L, Bewell, Carmen, Olmsted, Marion P, Woodside, D. Blake, Kaplan, Allan S, Crosby, Ross D

Abstract: Objective: The aim of this study was to compare two maintenance treatment conditions for weight-restored anorexia nervosa (AN): individual cognitive behavior therapy (CBT) and maintenance treatment as usual (MTAU). Method: This study was a nonrandomized clinical trial. The participants were 88 patients with AN who had achieved a minimum body mass index (BMI) of 19.5 and control of binge eating and purging symptoms after completing a specialized hospital-based program. Forty-six patients received 1 year of manualized individual CBT and 42 were in an assessment-only control condition (i.e., MTAU) for 1 year. This condition was intended to mirror follow-up care as usual. Participants in both the conditions were assessed at 3-month intervals during the 1-year study. The main outcome variable was time to relapse. Results: When relapse was defined as a BMI <=17.5 for 3 months or the resumption of regular binge eating and/or purging behavior for 3 months, time to relapse was significantly longer in the CBT condition when compared with MTAU. At 1 year, 65% of the CBT group and 34% of the MTAU group had not relapsed. Discussion: The current findings provide preliminary evidence that CBT may be helpful in improving outcome and preventing relapse in weight-restored AN. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

5. CCK, ghrelin, and PYY responses in individuals with binge eating disorder before and after a cognitive behavioral treatment (CBT).

Author(s): Munsch, Simone, Biedert, Esther, Meyer, Andrea H, Herpertz, Stephan, Beglinger, Christoph

Abstract: Background: Several abnormalities of peripheral neuropeptide release in obese and obese patients with binge eating disorder (BED) compared to controls have been reported: lower baseline, meal-induced, and postmeal ghrelin concentrations, decreased baseline PYY, and a blunted PYY response to meals. In contrast, obese BED individuals show comparable CCK releases. We aimed at clarifying the role of peripheral hormones in BED, to assess the impact of a cognitive behavioral treatment (CBT) for BED on
neuropeptides and to investigate the predictive value of neuropeptide concentrations on binge eating status after treatment. Methods: Blood samples of 14 female and 4 male overweight to obese participants with BED were collected repeatedly for CCK, PYY, and ghrelin analysis in the morning after an 8-h fasting period. BED participants and 19 controls matched for age and body mass index (BMI) were served a standardized breakfast. The release of neuropeptides was compared to corresponding measures of controls. Results: Fasting baseline values of all three peptides were comparable between BED participants and controls. BED participants revealed a higher meal-induced increase in CCK and PYY compared to controls, whereas ghrelin was not affected. Following a short-term CBT the neuropeptide concentration of the BED participants was comparable to before CBT. The hormone release prior to treatment had no predictive value on binge eating status after the treatment. Conclusions: With respect to CCK and PYY our results point to a combined conditioned response from the central nervous system and the gut to initiate the release of satiety hormones in order to prevent further bingeing after initial food intake. The release of neuropeptides does not predict short-term treatment outcome. Future prospective studies should investigate whether neuropeptide secretion influences the course of BED in the long term. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

6. Half full or half empty?: Commentary on maintenance treatment for anorexia nervosa by Jacqueline C. Carter et al

Author(s): Pike KM

Citation: International Journal of Eating Disorders, April 2009, vol./is. 42/3(208-9), 1098-108X

Publication Date: April 2009

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

7. Predictors of response to cognitive behavioral treatment for bulimia nervosa delivered via telemedicine versus face-to-face.

Author(s): Marrone S, Mitchell JE, Crosby R, Wonderlich S, Jollie-Trottier T

Citation: International Journal of Eating Disorders, April 2009, vol./is. 42/3(222-7), 1098-108X

Publication Date: April 2009

Abstract: OBJECTIVE: This study presents the results of a receiver operating characteristics (ROC) analysis to evaluate response to cognitive behavioral treatment (CBT) for patients with bulimia nervosa (BN), delivered via telemedicine (TV-CBT) or face-to-face (FTF-CBT). METHOD: Data were gathered on 116 adults treated with CBT for BN. Response to treatment (i.e., percent reduction in binge eating and purging behavior) were examined at weeks two, four, six, and eight. ROC analysis was completed to predict abstinence at end of treatment (EOT) as well as 3-month and 1-year follow-up for the entire sample and by treatment group (TV-CBT versus FTF-CBT). RESULTS: ROC analyses revealed that abstinence at EOT and 1-year follow-up was predicted by percent reduction in binge eating behavior whereas abstinence at 3-month follow-up was predicted by percent reduction in purging behavior. Results showed differences in predictors of treatment response when ROC analyses were completed for the entire sample and by treatment group. DISCUSSION: Results suggest that evaluating percent reduction in binge eating and purging at weeks two, four, six, and eight of treatment is a clinically useful tool for predicting treatment response at EOT, 3-month, and 1-year follow-up. (c) 2008 by Wiley Periodicals, Inc.

Source: MEDLINE

Full Text:
8. Transdiagnostic cognitive-behavioral therapy for patients with eating disorders: A two-site trial with 60-week follow-up.

**Author(s):** Fairburn, Christopher G, Cooper, Zafra, Doll, Helen A, O'Connor, Marianne E, Bohn, Kristin, Hawker, Deborah M, Wales, Jackie A, Palmer, Robert L

**Citation:** The American Journal of Psychiatry, March 2009, vol./is. 166/3(311-319), 0002-953X;1535-7228

**Publication Date:** March 2009

**Abstract:** Objective: The aim of this study was to compare two cognitive-behavioral treatments for outpatients with eating disorders, one focusing solely on eating disorder features and the other a more complex treatment that also addresses mood intolerance, clinical perfectionism, low self-esteem, or interpersonal difficulties. Method: A total of 154 patients who had a DSM-IV eating disorder but were not markedly underweight (body mass index over 17.5), were enrolled in a two-site randomized controlled trial involving 20 weeks of treatment and a 60-week closed period of follow-up. The control condition was an 8-week waiting list period preceding treatment. Outcomes were measured by independent assessors who were blind to treatment condition. Results: Patients in the waiting list control condition exhibited little change in symptom severity, whereas those in the two treatment conditions exhibited substantial and equivalent change, which was well maintained during follow-up. At the 60-week follow-up assessment, 51.3% of the sample had a level of eating disorder features less than one standard deviation above the community mean. Treatment outcome did not depend on eating disorder diagnosis. Patients with marked mood intolerance, clinical perfectionism, low self-esteem, or interpersonal difficulties appeared to respond better to the more complex treatment, with the reverse pattern evident among the remaining patients. Conclusions: These two transdiagnostic treatments appear to be suitable for the majority of outpatients with an eating disorder. The simpler treatment may best be viewed as the default version, with the more complex treatment reserved for patients with marked additional psychopathology of the type targeted by the treatment.

(PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

**Full Text:**
Available in fulltext at EBSCO Host


**Author(s):** Sysko R, Hildebrandt T

**Citation:** European Eating Disorders Review, March 2009, vol./is. 17/2(89-100), 1099-0968

**Publication Date:** March 2009

**Abstract:** A significant percentage of individuals with bulimia nervosa (BN) also can be diagnosed with a co-occurring substance use disorder (SUD). Although studies have addressed the frequency of overlap between the disorders, etiology and shared personality traits, limited research is available about the treatment of these comorbid patients. Adapting cognitive-behaviour therapy (CBT) to serve as an integrated treatment for patients with both BN and a SUD is a viable option, as studies of CBT suggest that this form of treatment is efficacious for both disorders independently. The shared strategies in CBT for BN and SUDs facilitate the development of a combined treatment for individuals with both disorders with the addition of modules designed to address some common features of these disorders, such as motivation, difficulty with interpersonal relationships, reward sensitivity and impulsivity. Future research should begin to evaluate the efficacy of an integrated CBT in treating individuals with BN and a SUD.

Author(s): Ashton K, Drerup M, Windover A, Heinberg L

Citation: Surgery for Obesity & Related Diseases, March 2009, vol./is. 5/2(257-62), 1550-7289

Publication Date: March 2009

Abstract: BACKGROUND: The objective of this study was to evaluate the effectiveness of a brief, 4-session cognitive behavioral, group psychotherapy for binge eating among bariatric surgery candidates at an academic medical center. Binge eating behaviors have been linked to poorer outcomes among bariatric surgery patients, and binge eating disorder have been considered a contraindication in surgery programs, some of which have mandated preoperative binge eating treatment. However, no previous studies have examined whether a preoperative binge eating intervention could successfully reduce binge eating behaviors among severely obese bariatric surgery candidates. METHODS: A total of 243 bariatric surgery candidates completed a brief cognitive behavioral group treatment for binge eating behaviors and were administered the Binge Eating Scale and reported the number of weekly binge eating episodes at the initial psychological evaluation and again after the group sessions. The study used a pre-post intervention design. RESULTS: The results suggested significant reductions in both binge eating behaviors and cognitions and binge eating episodes after the group intervention. The intervention’s effectiveness did not differ according to gender or ethnicity (black versus white). CONCLUSION: A brief cognitive behavioral intervention can reduce binge eating behaviors among bariatric surgery candidates. Given the potential influence of binge eating on outcomes, bariatric surgery programs could benefit by treating binge eating before surgery.

Source: MEDLINE

11. Transdiagnostic cognitive-behavioral therapy for patients with eating disorders: a two-site trial with 60-week follow-up

Author(s): Fairburn CG, Cooper Z, Doll HA, O’Connor ME, Bohn K, Hawker DM, Wales JA, Palmer RL

Citation: American Journal of Psychiatry, March 2009, vol./is. 166/3(311-9), 1535-7228

Publication Date: March 2009

Abstract: OBJECTIVE: The aim of this study was to compare two cognitive-behavioral treatments for outpatients with eating disorders, one focusing solely on eating disorder features and the other a more complex treatment that also addresses mood intolerance, clinical perfectionism, low self-esteem, or interpersonal difficulties. METHOD: A total of 154 patients who had a DSM-IV eating disorder but were not markedly underweight (body mass index over 17.5), were enrolled in a two-site randomized controlled trial involving 20 weeks of treatment and a 60-week closed period of follow-up. The control condition was an 8-week waiting list period preceding treatment. Outcomes were measured by independent assessors who were blind to treatment condition. RESULTS: Patients in the waiting list control condition exhibited little change in symptom severity, whereas those in the two treatment conditions exhibited substantial and equivalent change, which was well maintained during follow-up. At the 60-week follow-up assessment, 51.3% of the sample had a level of eating disorder features less than one standard deviation above the community mean. Treatment outcome did not depend on eating disorder diagnosis. Patients with marked mood intolerance, clinical perfectionism, low self-esteem, or interpersonal difficulties appeared to respond better to the more complex treatment, with the reverse pattern evident among the remaining patients. CONCLUSIONS: These two transdiagnostic treatments appear to be suitable for the majority of outpatients with an
eating disorder. The simpler treatment may best be viewed as the default version, with the more complex treatment reserved for patients with marked additional psychopathology of the type targeted by the treatment.

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Available in print at Grantham Hospital Staff Library


Author(s): Fernandez-Aranda, Fernando, Nunez, Araceli, Martinez, Cristina, Krug, Isabel, Cappozzo, Mikael, Carrard, Isabelle, Rouget, Patrick, Jimenez-Murcia, Susana, Granero, Roser, Penelo, Eva, Santamaria, Juanjo, Lam, Tony

Citation: CyberPsychology & Behavior, February 2009, vol./is. 12/1(37-41), 1094-9313

Publication Date: February 2009

Abstract: The object of this study was to examine the effectiveness of an Internet-based therapy (IBT) for bulimia nervosa (BN) as compared to a waiting list (WL). Sixty-two female BN patients, diagnosed according to DSM-IV criteria, were assigned to either the IBT or a WL. The control participants (WL) were matched to the IBT group in terms of age, duration of the disorder, number of previous treatments, and severity of the disorder. Assessment measures included the EDI, SCL-90-R, BITE, the TCI-R, and other clinical and psychopathological indices, which were administrated before and after the treatment. Considering the IBT, while the mean scores were lower at the end of the treatment for some EDI scales (bulimic, interpersonal distrust, maturity fears, and total score) and the BITE symptomatology subscale, the mean BMI was higher at post therapy. Predictors of good IBT outcome were higher scores on the EDI perfectionism scale and EAT and a higher minimum BMI. Dropout (after IBT 35.5% of cases) was related to higher SCL-anxiety scores, a lower hyperactivity, a lower minimum BMI, and lower TCI-reward dependence scores. At the end of the treatment, bingeing and vomiting abstinence rates differed significantly between the two groups. Results suggest that an online self-help approach appears to be a valid treatment option for BN when compared to a WL control group, especially for people who present a lower severity of their eating disorder (ED) symptomatology and some specific personality traits. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text:
Available in fulltext at EBSCO Host

13. The ANTOP study: focal psychodynamic psychotherapy, cognitive-behavioural therapy, and treatment-as-usual in outpatients with anorexia nervosa--a randomized controlled trial.


Citation: Trials [Electronic Resource], 2009, vol./is. 10/(23), 1745-6215

Publication Date: 2009

Abstract: BACKGROUND: Anorexia nervosa is a serious eating disorder leading to high morbidity and mortality as a result of both malnutrition and suicide. The seriousness of the disorder requires extensive knowledge of effective treatment options. However, evidence for treatment efficacy in this area is remarkably weak. A recent Cochrane review states that there is an urgent need for large, well-designed treatment studies for patients with anorexia nervosa. The aim of this particular multi-centre study is to evaluate the efficacy of two
standardized outpatient treatments for patients with anorexia nervosa: focal psychodynamic (FPT) and cognitive behavioural therapy (CBT). Each therapeutic approach is compared to a "treatment-as-usual" control group. METHODS/DESIGN: 237 patients meeting eligibility criteria are randomly and evenly assigned to the three groups - two intervention groups (CBT and FPT) and one control group. The treatment period for each intervention group is 10 months, consisting of 40 sessions respectively. Body weight, eating disorder related symptoms, and variables of therapeutic alliance are measured during the course of treatment. Psychotherapy sessions are audiotaped for adherence monitoring. The treatment in the control group, both the dosage and type of therapy, is not regulated in the study protocol, but rather reflects the current practice of established outpatient care. The primary outcome measure is the body mass index (BMI) at the end of the treatment (10 months after randomization). DISCUSSION: The study design surmounts the disadvantages of previous studies in that it provides a randomized controlled design, a large sample size, adequate inclusion criteria, an adequate treatment protocol, and a clear separation of the treatment conditions in order to avoid contamination. Nevertheless, the study has to deal with difficulties specific to the psychopathology of anorexia nervosa. The treatment protocol allows for dealing with the typically occurring medical complications without dropping patients from the protocol. However, because patients are difficult to recruit and often ambivalent about treatment, a drop-out rate of 30% is assumed for sample size calculation. Due to the ethical problem of denying active treatment to patients with anorexia nervosa, the control group is defined as "treatment-as-usual".

Source: MEDLINE

Full Text:
Available in fulltext at BioMedCentral
Available in fulltext at National Library of Medicine


Citation: British Journal of Psychiatry, December 2008, vol./is. 193/6(493-500), 1472-1465

Publication Date: December 2008

Abstract: BACKGROUND: Cognitive-behavioural self-care is advocated as a first step in the treatment of bulimia nervosa. AIMS: To examine the effectiveness of a CD-ROM-based cognitive-behavioural intervention in bulimia nervosa and eating disorder not otherwise specified (NOS) (bulimic type) in a routine setting. METHOD: Ninety-seven people with bulimia nervosa or eating disorder NOS were randomised to either CD-ROM without support for 3 months followed by a flexible number of therapist sessions or to a 3-month waiting list followed by 15 sessions of therapist cognitive-behavioural therapy (CBT) (ISRCTN51564819). Clinical symptoms were assessed at pre-treatment, 3 months and 7 months. RESULTS: Only two-thirds of participants started treatment. Although there were significant group x time interactions for bingeing and vomiting, favouring the CD-ROM group at 3 months and the waiting-list group at 7 months, post hoc group comparisons at 3 and 7 months found no significant differences for bingeing or vomiting. CD-ROM-based delivery of this intervention, without support from a clinician, may not be the best way of exploiting its benefits.

Source: MEDLINE

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Available in print at Grantham Hospital Staff Library; Note: Username: ulhtlibraries/Password: library
Available in print at Lincoln County Hospital Professional Library; Note: Username:
15. Efficacy of inpatient treatment in severely malnourished anorexia nervosa patients.

Author(s): Gentile MG, Manna GM, Ciciri R, Rodeschini E

Citation: Eating & Weight Disorders: EWD, December 2008, vol./is. 13/4(191-7), 1590-1262

Publication Date: December 2008

Abstract: OBJECTIVE: Our aim is to present clinical results achieved with an intensive treatment programme for severe anorexia nervosa (AN) patients at risk of severe disability or death. Aims of the treatment are to remove life threatening conditions, physical and nutritional rehabilitation, and psychological and relational rehabilitation. METHODS: We present an observational retrospective study of a cohort of 99 consecutive patients affected by severe AN [according to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)] and a body mass index (BMI) < disorder specialized teams psychological medical multidisciplinary care inpatient including AN, severe patients treating program structured highly a using support strong seem results Our amounts. food oral increasing treatment, co-operate started they risk life at no were until Kcal -211 1375+ supply caloric mean -2.5 4.4+ feeding enteral nasogastric resort we malnutrition more 32 ln m2. kg -1.6 19.1+ BMI their increase extra average an 17.4+ period outpatient follow-up been have then m2 -0.8 18.3+ achievement till treatment intensive undergo continued AN completer Seventy-five towns. closer units other transferred asked Six admission. before ill older on subgroup); (dropout restoration weight complete achieving interrupted prematurely Eighteen subgroup). (completer planned completed (75.5%) 75 patients, 99 Of yrs. -8.6 21.9+ age m2, -0.9 12.5+ Mean study. eligible due (PEM) Energy-Malnutrition Protein- affected Ninety-nine RESULTS: it. maintain ability recovery goals Main follows. phase Outpatient 18 least ends needed, if nutrition length, variable care) hospital day night (inpatient intensive treatment. nutritional, medical, comprehensive treated>

Source: MEDLINE


Author(s): Leombruni P, Piero A, Lavagnino L, Brustolin A, Campisi S, Fassino S

Citation: Progress in Neuro-Psychopharmacology & Biological Psychiatry, August 2008, vol./is. 32/6(1599-605), 0278-5846

Publication Date: August 2008

Abstract: Previous studies support the use of selective serotonin reuptake inhibitors (SSRIs), in overweight patients with Binge Eating Disorder (BED), but results are far from conclusive. Sertraline has been studied less extensively, and there have been a few studies concerning SSRIs that report follow-up data at more than 12 weeks of follow-up. The present study assesses the effectiveness of sertraline and fluoxetine over a period of 24 weeks in obese patients with BED (DSM-IV-TR). Forty-two obese outpatients were randomized and assigned to one of two different drug treatments: 22 were treated with sertraline (dose range: 100-200 mg/day) and 20 with fluoxetine (dose range: 40-80 mg/day). Subjects were assessed at baseline and at 8, 12, and 24 weeks of treatment for binge frequency, weight loss, and severity of psychopathology. No significant differences were found between the two treatments. After 8 weeks of treatment a significant
improvement in the Binge Eating Scale score and a significant weight loss emerged. These results were maintained by responders (weight loss of at least 5% of baseline weight) over 24 weeks. The results suggest that a 6-month treatment with SSRI may be an effective option to treat patients with BED.

Source: MEDLINE

17. A randomized trial comparing the efficacy of cognitive-behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face.

Author(s): Mitchell, James E, Crosby, Ross D, Wonderlich, Stephen A, Crow, Scott, Lancaster, Kathy, Simonich, Heather, Swan-Kremeier, Lorraine, Lysne, Christianne, Myers, Tricia Cook

Citation: Behaviour Research and Therapy, May 2008, vol./iss. 46/5(581-592), 0005-7967

Publication Date: May 2008

Abstract: Objective: A major problem in the delivery of mental health services is the lack of availability of empirically supported treatment, particularly in rural areas. To date no studies have evaluated the administration of an empirically supported manual-based psychotherapy for a psychiatric condition via telemedicine. The aim of this study was to compare the relative efficacy and acceptability of a manual-based cognitive-behavioral therapy (CBT) for bulimia nervosa (BN) delivered in person to a comparable therapy delivered via telemedicine. Method: One hundred twenty-eight adults meeting DSM-IV criteria for BN or eating disorder-not otherwise specified with binge eating or purging at least once per week were recruited through referrals from clinicians and media advertisements in the targeted geographical areas. Participants were randomly assigned to receive 20 sessions of manual-based, CBT for BN over 16 weeks delivered either face-to-face (FTF-CBT) or via telemedicine (TV-CBT) by trained therapists. The primary outcome measures were binge eating and purging frequency as assessed by interview at the end of treatment, and again at 3- and 12-month follow-ups. Secondary outcome measures included other bulimic symptoms and changes in mood. Results: Retention in treatment was comparable for TV-CBT and FTF-CBT. Abstinence rates at end-of-treatment were generally slightly higher for FTF-CBT compared with TV-CBT, but differences were not statistically significant. FTF-CBT patients also experienced significantly greater reductions in eating disordered cognitions and interview-assessed depression. However, the differences overall were few in number and of marginal clinical significance. Conclusions: CBT for BN delivered via telemedicine was both acceptable to participants and roughly equivalent in outcome to therapy delivered in person. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text: Available in print at Grantham Hospital Staff Library

18. The effectiveness of cognitive behavioral therapy on changing eating disorder symptoms and psychopathy of 32 anorexia nervosa patients at hospital discharge and one year follow-up.

Author(s): Bowers, Wayne A, Ansher, Lynn S

Citation: Annals of Clinical Psychiatry, May 2008, vol./iss. 20/2(79-86), 1040-1237;1547-3325

Publication Date: May 2008

Abstract: Background: This study aims to assess changes in core eating disorder psychopathology (Eating Attitudes Test, EAT; Eating Disorders Inventory-2, EDI-2), depression (Hamilton Rating Scale, HRSD; Beck Depression Inventory, BDI) and general psychopathology (MMPI-2) after inpatient treatment and one-year follow-up among patients diagnosed with anorexia. Methods: Thirty-two patients were treated for anorexia nervosa on an inpatient unit, and were assessed before and after treatment. The inpatient milieu was
designed to use cognitive therapy as the primary therapeutic intervention, along with weight restoration. Results: At discharge, all patients displayed significant change in core eating disorder psychopathology in their depressive symptoms, as well as in general aspects of psychopathology. At one-year follow-up, changes in some areas of core eating disorder psychopathology and depressive symptoms continued to be significantly different than from admissions. Conclusions: The combination of CBT and weight restoration can significantly reduce eating disorder symptoms, depression, and general psychopathology during hospitalization, with some sustained benefit over a one year period. Future research is needed to identify the effect of CBT on anorexia nervosa during a wide variety of treatment settings. Also, research must focus on the influence of outpatient treatment in the outcome of anorexia nervosa. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

19. The effectiveness of cognitive behavioral therapy on changing eating disorder symptoms and psychopathology of 32 anorexia nervosa patients at hospital discharge and one year follow-up.

Author(s): Bowers WA, Ansher LS

Citation: Annals of Clinical Psychiatry, April 2008, vol./is. 20/2(79-86), 1547-3325

Publication Date: April 2008

Abstract: BACKGROUND: This study aims to assess changes in core eating disorder psychopathology (Eating Attitudes Test, EAT; Eating Disorders Inventory-2, EDI-2), depression (Hamilton Rating Scale, HRSD; Beck Depression Inventory, BDI) and general psychopathology (MMPI-2) after inpatient treatment and one-year follow-up among patients diagnosed with anorexia. METHODS: Thirty-two patients were treated for anorexia nervosa on an inpatient unit, and were assessed before and after treatment. The inpatient milieu was designed to use cognitive therapy as the primary therapeutic intervention, along with weight restoration. RESULTS: At discharge, all patients displayed significant change in core eating disorder psychopathology in their depressive symptoms, as well as in general aspects of psychopathology. At one-year follow-up, changes in some areas of core eating disorder psychopathology and depressive symptoms continued to be significantly different than from admissions. CONCLUSIONS: The combination of CBT and weight restoration can significantly reduce eating disorder symptoms, depression, and general psychopathology during hospitalization, with some sustained benefit over a one year period. Future research is needed to identify the effect of CBT on anorexia nervosa during a wide variety of treatment settings. Also, research must focus on the influence of outpatient treatment in the outcome of anorexia nervosa.

Source: MEDLINE

20. Double-blind, randomized, placebo-controlled trial of topiramate plus cognitive-behavior therapy in binge-eating disorder

Author(s): Claudino AM, de Oliveira IR, Appolinario JC, Cordas TA, Duchesne M, Sichieri R, Bacaltchuk J

Citation: Journal of Clinical Psychiatry, September 2007, vol./is. 68/9(1324-32), 1555-2101

Publication Date: September 2007

Abstract: OBJECTIVE: To evaluate the efficacy and tolerability of adjunctive topiramate compared to placebo in reducing weight and binge eating in obese patients with binge-eating disorder (BED) receiving cognitive-behavior therapy (CBT). METHOD: A double-blind, randomized, placebo-controlled trial of 21 weeks' duration was conducted at 4 university centers. Participants were 73 obese (body mass index >or= 30 kg/m(2)) outpatients with BED (DSM-IV criteria), both genders, and aged from 18 to 60 years. After a 2- to 5-week run-in period, selected participants were treated with group CBT (19 sessions) and topiramate (target daily dose, 200 mg) or placebo (September 2003-April 2005). The main outcome measure was weight change, and secondary outcome measures were binge
frequencies, binge remission, Binge Eating Scale (BES) scores, and Beck Depression Inventory (BDI) scores. RESULTS: Repeated-measures random regression analysis revealed a greater rate of weight reduction associated with topiramate over the course of treatment (p < .001), with patients taking topiramate attaining a clinically significant weight loss (-6.8 kg) compared to patients taking placebo (-0.9 kg). Although rates of reduction of binge frequencies, BES scores, and BDI scores did not differ between groups during treatment, a greater number of patients of the topiramate plus CBT group (31/37) attained binge remission compared to patients taking placebo (22/36) during the trial (p = .03). No difference between groups was found in completion rates; 1 patient (topiramate group) withdrew for adverse effect. Paresthesia and taste perversion were more frequent with topiramate, and insomnia was more frequent with placebo (p < .05). CONCLUSIONS: Topiramate added to CBT improved the efficacy of the later, increasing binge remission and weight loss in the short run. Topiramate was well tolerated, as shown by few adverse events during treatment. CLINICAL TRIALS REGISTRATION: ClinicalTrials.gov identifier NCT00307619.

Source: MEDLINE

Full Text: Available in print at Grantham Hospital Staff Library; Note: Username: 239130/Password: 239130
Available in fulltext at Grantham Hospital Staff Library; Note: Username: 239130/Password: 239130


Author(s): Devlin MJ, Goldfein JA, Petkova E, Liu L, Walsh BT

Citation: Obesity, July 2007, vol./is. 15/7(1702-9), 1930-7381

Publication Date: July 2007

Abstract: OBJECTIVE: This study assessed the long-term effects of group behavioral treatment plus individual cognitive behavioral therapy (CBT) and/or fluoxetine in binge eating disorder (BED) patients. RESEARCH METHODS AND PROCEDURES: A total of 116 individuals were randomized to an initial five-month trial and were followed up over two years. Assessments, including binge frequency, weight, and self-report measures, were administered at pre-treatment, post-treatment, and approximately 6, 12, 18, and 24 months after initial treatment. RESULTS: Across treatment groups, there was overall improvement over 29 months in binge frequency and in binge abstinence. The odds of binge abstinence 2 years post-treatment were 1.373 times the odds of binge abstinence immediately post-treatment. There was no significant change in weight over the two-year period. Subjects who received individual CBT evidenced lower binge frequency over the two-year follow-up period than patients who had not received individual CBT. Similarly, CBT was associated with increased rates of binge abstinence. There were no main effects of treatment assignment on weight over the two-year follow-up period. There was a significant advantage for fluoxetine assignment over the two-year follow-up period on depressive symptoms. DISCUSSION: The major significance of the study rests in its examination of the long-term effects of standardized interventions for BED. Our findings provide support for the ideas that short-term treatment may confer long-term benefit and that not all treatments are equivalent in the benefits they confer.

Source: MEDLINE

22. The effect of inpatient cognitive-behavioral therapy for eating disorders on temperament and character.

Author(s): Dalle Grave R, Calugi S, Brambilla F, Abbate-Daga G, Fassino S, Marchesini G

Citation: Behaviour Research & Therapy, June 2007, vol./is. 45/6(1335-44), 0005-7967

Publication Date: June 2007
Abstract: Personality traits seem to have an important role in the development, clinical expression, course, and treatment response in eating disorders (EDs). We investigated the effects of an inpatient cognitive-behavioral treatment (CBT) on the measures of temperament and character (Temperament and Character Inventory (TCI)) in 149 consecutive patients with EDs. Baseline assessment included anthropometry, the Eating Disorder Examination (EDE), the Beck Depression Inventory (BDI), and the TCI. Treatment was based on the transdiagnostic cognitive behavior theory and treatment of ED, adapted for an inpatient setting. Treatment effects were tested by paired ANOVA, adjusted for covariates. No effects were found on Novelty Seeking, Reward Dependence, and Cooperativeness. Harm Avoidance (F=18.17, p<0.001), Persistence (F=7.71, p=0.006), Self-Directedness (F=27.55, p<0.001), and Self Transcendence (F=16.38, p<0.001) significantly changed after treatment. Changes in TCI scores were wholly dependent on the changes in BDI and EDE, and independent of ED diagnosis and behavior and of BMI changes. We conclude that in ED, a few scales of both temperament and character are significantly modified by CBT, in relation to changes in psychopathology and depression, independently of nutrition. These results are relevant for future studies based on TCI.

Source: MEDLINE

Full Text:
Available in print at Grantham Hospital Staff Library


Author(s): Shapiro, Jennifer R, Reba-Harrelson, Lauren, Dymek-Valentine, Maureen, Woolson, Sandra L, Hamer, Robert M, Bulik, Cynthia M

Citation: European Eating Disorders Review, May 2007, vol./is. 15/3(175-184), 1072-4133;1099-0968

Publication Date: May 2007

Abstract: We compared preliminary feasibility and acceptability of CD-ROM-delivered CBT for overweight individuals with binge-eating disorder (BED) to 10 weekly group CBT sessions (Group) and to a waiting list control (WL). Attrition was numerically greater in the Group than the CD-ROM condition; although only Group differed significantly from WL in dropout rates. Those in the CD-ROM condition reported continued use of their CD-ROM after treatment. Also, the majority of WL participants elected to receive CD-ROM over Group treatment at the end of the waiting period. Preliminarily, no significant differences emerged across the active treatment groups on most outcome measures. However, there was a significantly greater decline in binge days in the two active groups relative to WL. CD-ROM appears to be an acceptable and at least initially preferred method of CBT delivery for overweight individuals with BED. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text:
Available in fulltext at EBSCO Host


Author(s): Shapiro, Jennifer R, Berkman, Nancy D, Brownley, Kimberly A, Sedway, Jan A, Lohr, Kathleen N, Bulik, Cynthia M

Citation: International Journal of Eating Disorders, May 2007, vol./is. 40/4(321-336), 0276-3478;1098-108X

Publication Date: May 2007

Abstract: Objective: The RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center systematically reviewed evidence on efficacy of treatment
for bulimia nervosa (BN), harms associated with treatments, factors associated with 
treatment efficacy, and differential outcome by sociodemographic characteristics. Method: 
We searched six major databases published from 1980 to September 2005 in all languages 
against a priori inclusion/exclusion criteria; we focused on eating, psychiatric or 
psychological, and biomarker outcomes. Results: Forty-seven studies of medication only, 
behavioral interventions only, and medication plus behavioral interventions for adults or 
adolescents met our inclusion criteria. Fluoxetine (60 mg/day) decreases the core 
symptoms of binge eating and purging and associated psychological features in the short 
term. Cognitive behavioral therapy reduces core behavioral and psychological features in 
the short and long term. Conclusion: Evidence for medication or behavioral treatment for 
BN is strong, for self-help is weak; for harms related to medication is strong but either weak 
or nonexistent for other interventions; and evidence for differential outcome by 
sociodemographic factors is nonexistent. Attention to sample size, standardization of 
outcome measures, attrition, and reporting of abstinence from target behaviors are 
required. Longer follow-up intervals, innovative treatments, and attention to 
sociodemographic factors would enhance the literature. (PsycINFO Database Record (c) 
2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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25. Remote treatment of bulimia nervosa and binge eating disorder: A 
randomized trial of Internet-assisted cognitive behavioural therapy.

Author(s): Ljotsson, B, Lundin, C, Mitsell, K, Carlbring, P, Ramklint, M, Ghaderi, A

Citation: Behaviour Research and Therapy, April 2007, vol./is. 45/4(649-661), 0005-7967

Publication Date: April 2007

Abstract: The present study investigated the efficacy of self-help based on cognitive 
behaviour therapy in combination with Internet support in the treatment of bulimia nervosa 
and binge eating disorder. After confirming the diagnosis with an in-person interview, 73 
patients were randomly allocated to treatment or a waiting list control group. Treated 
individuals showed marked improvement after 12 weeks of self-help compared to the 
control group on both primary and secondary outcome measures. Intent-to-treat analyses 
revealed that 37% (46% among completers) had no binge eating or purging at the end of 
the treatment and a considerable number of patients achieved clinically significant 
improvement on most of the other measures as well. The results were maintained at the 6-
month follow-up, and provide evidence to support the continued use and development of 
self-help programmes. (PsycINFO Database Record (c) 2009 APA, all rights reserved) 
(journal abstract)

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Available in print at Grantham Hospital Staff Library

26. A randomized controlled trial of family therapy and cognitive behavior 
therapy guided self-care for adolescents with bulimia nervosa and related disorders.

Author(s): Schmidt, Ulrike, Lee, Sally, Beecham, Jennifer, Perkins, Sarah, Treasure, 
Janet, Yi, Irene, Winn, Suzanne, Robinson, Paul, Murphy, Rebecca, Keville, Saskia, 
Johnson-Sabine, Eric, Jenkins, Mari, Frost, Susie, Dodge, Liz, Berelowitz, Mark, Eisler, 
Ivan

Citation: The American Journal of Psychiatry, April 2007, vol./is. 164/4(591-598), 0002-
953X;1535-7228

Publication Date: April 2007

Abstract: Objective: To date no trial has focused on the treatment of adolescents with
bulimia nervosa. The aim of this study was to compare the efficacy and cost-effectiveness of family therapy and cognitive behavior therapy (CBT) guided self-care in adolescents with bulimia nervosa or eating disorder not otherwise specified. Method: Eighty-five adolescents with bulimia nervosa or eating disorder not otherwise specified were recruited from eating disorder services in the United Kingdom. Participants were randomly assigned to family therapy for bulimia nervosa or individual CBT guided self-care supported by a health professional. The primary outcome measures were abstinence from binge-eating and vomiting, as assessed by interview at end of treatment (6 months) and again at 12 months. Secondary outcome measures included other bulimic symptoms and cost of care. Results: Of the 85 study participants, 41 were assigned to family therapy and 44 to CBT guided self-care. At 6 months, bingeing had undergone a significantly greater reduction in the guided self-care group than in the family therapy group; however, this difference disappeared at 12 months. There were no other differences between groups in behavioral or attitudinal eating disorder symptoms. The direct cost of treatment was lower for guided self-care than for family therapy. The two treatments did not differ in other cost categories. Conclusions: Compared with family therapy, CBT guided self-care has the slight advantage of offering a more rapid reduction of bingeing, lower cost, and greater acceptability for adolescents with bulimia or eating disorder not otherwise specified. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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Available in fulltext at Grantham Hospital Staff Library; Note: Username: ulthlibraries/Password: library

Available in print at Grantham Hospital Staff Library

27. Psychological treatment of eating disorders.

Author(s): Wilson GT, Grilo CM, Vitousek KM

Citation: American Psychologist, April 2007, vol./is. 62/3(199-216), 0003-066X

Publication Date: April 2007

Abstract: Significant progress has been achieved in the development and evaluation of evidence-based psychological treatments for eating disorders over the past 25 years. Cognitive behavioral therapy is currently the treatment of choice for bulimia nervosa and binge-eating disorder, and existing evidence supports the use of a specific form of family therapy for adolescents with anorexia nervosa. Important challenges remain. Even the most effective interventions for bulimia nervosa and binge-eating disorder fail to help a substantial number of patients. A priority must be the extension and adaptation of these treatments to a broader range of eating disorders (eating disorder not otherwise specified), to adolescents, who have been largely overlooked in clinical research, and to chronic, treatment-resistant cases of anorexia nervosa. The article highlights current conceptual and clinical innovations designed to improve on existing therapeutic efficacy. The problems of increasing the dissemination of evidence-based treatments that are unavailable in most clinical service settings are discussed. (PsycINFO Database Record (c) 2007 APA, all rights reserved).

Source: MEDLINE


Author(s): Mountford V, Waller G

Citation: International Journal of Eating Disorders, November 2006, vol./is. 39/7(533-43), 0276-3478

Publication Date: November 2006

Abstract: A restrictive thinking style in the eating disorders, often referred to as "anorexic
thinking," is often resistant to cognitive-behavioral interventions, even when apparent motivation is relatively high. It is argued that this difficulty is due in part to the ingrained nature of such thinking patterns, regardless of diagnosis. Those patterns reflect the ego-syntonic element of the eating disorders, and manifest as difficulty for the patient in identifying and challenging negative automatic thoughts and maladaptive core beliefs. There is a need to develop cognitive techniques that allow the individual to identify maladaptive cognitions as reflecting their restrictive schema mode, rather than being the only way of thinking and seeing the world. This study describes the use of imagery to enable patients to distinguish the restrictive thoughts from other cognitive perspectives. The restrictive "mode" is presented as part of the individual's personality structure (drawing on cognitive-behavioral models of personality), rather than being an external entity. This technique is designed to facilitate conventional cognitive-behavioral therapy, freeing the patient to challenge her cognitions and to engage in behavioral experiments. We present case material to illustrate this technique and its use in conjunction with other cognitive-behavioral techniques. Future directions and potential limitations are also discussed. (c) 2006 by Wiley Periodicals, Inc.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

29. Developmental changes in group climate in two types of group therapy for binge-eating disorder: A growth curve analysis.

Author(s): Tasca, Giorgio A, Balfour, Louise, Ritchie, Kerri, Bissada, Hany

Citation: Psychotherapy Research, August 2006, vol./is. 16/4(499-514), 1050-3307;1468-4381

Publication Date: August 2006

Abstract: The development of group climate across 16 sessions of group psychodynamic-interpersonal psychotherapy (GPIP) and group cognitive-behavioral therapy (GCBT) for 65 female treatment completers with binge-eating disorder (BED) was assessed. Engaged scale growth for GPIP patients varied across sessions and was best represented by a cubic growth curve. This suggested that GPIP progressed in definable phases that reflected a rupture and repair sequence of engaged group climate. For patients receiving GCBT, engaged, avoiding, and conflict scale growth was gradual and consistent (i.e., linear), indicating an increase in positive group climate across sessions. This likely reflected patients taking greater responsibility for treatment as suggested by the CBT model. Linear growth in engaged climate mediated the relationship between attachment anxiety and outcome in GPIP. A consistent increase in engaged group climate through the rupture and repair phase may be a necessary condition for successful treatment of BED patients with high attachment anxiety who receive GPIP. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

30. Fluoxetine After Weight Restoration in Anorexia Nervosa: A Randomized Controlled Trial.

Author(s): Walsh, B. Timothy, Kaplan, Allan S, Attia, Evelyn, Olmstead, Marion, Parides, Michael, Carter, Jacqueline C, Pike, Kathleen M, Devlin, Michael J, Woodside, Blake, Roberto, Christina A, Rockert, Wendi

Citation: JAMA: Journal of the American Medical Association, June 2006, vol./is. 295/22(2605-2612), 0098-7484

Publication Date: June 2006

Abstract: Context: Antidepressant medication is frequently prescribed for patients with anorexia nervosa. Objective: To determine whether fluoxetine can promote recovery and prolong time-to-relapse among patients with anorexia nervosa following weight restoration.
Design, Setting, and Participants: Randomized, double-blind, placebo-controlled trial. From January 2000 until May 2005, 93 patients with anorexia nervosa received intensive inpatient or day-program treatment at the New York State Psychiatric Institute or Toronto General Hospital. Participants regained weight to a minimum body mass index (calculated as weight in kilograms divided by the square of height in meters) of 19.0 and were then eligible to participate in the randomized phase of the trial. Interventions: Participants were randomly assigned to receive fluoxetine or placebo and were treated for up to 1 year as outpatients in double-blind fashion. All patients also received individual cognitive behavioral therapy. Main Outcome/Measures: The primary outcome measures were time-to-relapse and the proportion of patients successfully completing 1 year of treatment. Results: Forty-nine patients were assigned to fluoxetine and 44 to placebo. Similar percentages of patients assigned to fluoxetine and to placebo maintained a body mass index of at least 18.5 and remained in the study for 52 weeks (fluoxetine, 26.5%; placebo, 31.5%; P=.57). In a Cox proportional hazards analysis, with prerandomization body mass index, site, and diagnostic subtype as covariates, there was no significant difference between fluoxetine and placebo in time-to-relapse (hazard ratio, 1.12; 95% CI, 0.65-2.01; P=.64). Conclusions: This study failed to demonstrate any benefit from fluoxetine in the treatment of patients with anorexia nervosa following weight restoration. Future efforts should focus on developing new models to understand the persistence of this illness and on exploring new psychological and pharmacological treatment approaches. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

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Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library


Author(s): Grilo CM, Masheb RM, Wilson GT

Citation: Journal of Consulting & Clinical Psychology, June 2006, vol./is. 74/3(602-13), 0022-006X

Publication Date: June 2006

Abstract: The authors examined rapid response among 108 patients with binge eating disorder (BED) who were randomly assigned to 1 of 4 16-week treatments: fluoxetine, placebo, cognitive-behavioral therapy (CBT) plus fluoxetine, or CBT plus placebo. Rapid response, defined as 65% or greater reduction in binge eating by the 4th treatment week, was determined by receiver operating characteristic curves. Rapid response characterized 44% of participants and was unrelated to participants’ demographic or baseline characteristics. Participants with rapid response were more likely to achieve binge-eating remission, had greater improvements in eating-disorder psychopathology, and had greater weight loss than participants without rapid response. Rapid response had different prognostic significance and distinct time courses for CBT versus pharmacotherapy-only treatments. Rapid response has utility for predicting outcomes and provides evidence for specificity of treatment effects with BED. Copyright 2006 APA, all rights reserved.

Source: MEDLINE

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Available in print at Grantham Hospital Staff Library

32. Citalopram versus fluoxetine for the treatment of patients with bulimia nervosa: a single-blind randomized controlled trial.

Author(s): Leombruni P, Amianto F, Delsedime N, Gramaglia C, Abbate-Daga G, Fassino S
Abstract: The most studied and most frequently used pharmacologic treatments in bulimia nervosa are the selective serotonin reuptake inhibitors (SSRIs), in particular, fluoxetine. Less is known about the efficacy of the other SSRIs. To compare fluoxetine with citalopram in the treatment of bulimic patients, 37 bulimic patients were randomized to receive fluoxetine (n=18) or citalopram (n=19); these patients were assessed with regard to clinical (ie, body mass index, pathologic behaviors), psychopathologic (Eating Disorder Inventory-2, Body Shape Questionnaire, Binge-Eating Scale, Beck Depression Inventory), personality (Temperament and Character Inventory), and clinical global impression measures. These measures were compared between the 2 treatment groups at baseline and at the end of treatment. Dropout rates were similar in the 2 groups. Both groups showed significant improvement in eating psychopathology, angry feelings, and clinical global impression. Patients in the fluoxetine group displayed a greater reduction in introjected anger, whereas those in the citalopram group displayed a greater reduction in depressive feelings. Both treatments showed some effect on outcome measures, but efficacy profiles did not overlap. Citalopram may be useful in depressed patients with bulimia, whereas fluoxetine is more specific for those with introjected anger and bulimia.
increased risk of death. Because of sparse data, we could reach no conclusions concerning BED outcomes. No or only weak evidence addresses treatment or outcomes difference for these disorders. CONCLUSIONS: The literature regarding treatment efficacy and outcomes for AN, BN, and BED is of highly variable quality. In future studies, researchers must attend to issues of statistical power, research design, standardized outcome measures, and sophistication and appropriateness of statistical methodology.

Source: MEDLINE

34. Does individualization matter? A randomized trial of standardized (focused) versus individualized (broad) cognitive behavior therapy for bulimia nervosa.

Author(s): Ghaderi A

Citation: Behaviour Research & Therapy, February 2006, vol./is. 44/2(273-88), 0005-7967

Publication Date: February 2006

Abstract: Does higher level of individualization increase treatment efficacy? Fifty patients with bulimia nervosa were randomized into either manual-based (focused) or more individualized (broader) cognitive behavioral therapy guided by logical functional analysis. Eating disorders Examination and a series of self-report questionnaires were used for assessment at pre-, and post-treatment as well as at follow-up. Both conditions improved significantly at post-treatment, and the results were maintained at the 6 months follow-up. There were no statistically and clinically significant differences between the two conditions at post-treatment with the exception of abstinence from objective bulimic episodes, eating concerns, and body shape dissatisfaction, all favoring the individualized, broader condition. Both groups improved concerning self-esteem, perceived social support from friends, and depression. The improvements were maintained at follow-up. Ten patients (20%) did not respond to the treatment. Notably, a majority of non-responders (80%) were in the manual-based condition. Non-responders showed extreme dominance of rule-governed behavior, and lack of contact with actual contingencies compared to responders. The study provided preliminary support for the superiority of higher level of individualization (i.e. broader CBT) in terms of the response to treatment, and relapses. However, the magnitude of effects was moderate, and independent replications, with blind assessment procedures, and a larger sample sized are needed before more clear cut conclusions can be drawn.

Source: MEDLINE

Full Text: Available in print at Grantham Hospital Staff Library

35. Short-Term Cognitive Behavioral Treatment Does Not Improve Outcome of a Comprehensive Very-Low-Calorie Diet Program in Obese Women With Binge Eating Disorder.

Author(s): de Zwaan, Martina, Mitchell, James E, Crosby, Ross D, Mussel, Melissa P, Raymond, Nancy C, Specker, Sheila M, Seim, Harold C

Citation: Behavior Therapy, December 2005, vol./is. 36/1(89-99), 0005-794

Publication Date: December 2005

Abstract: The purpose of this study was to determine if the addition of cognitive behavior therapy (CBT) targeting binge eating behavior to a comprehensive very-low-calorie diet (VLCD) program would improve short- and long-term outcome in obese women with binge eating disorder (BED). Seventy-one subjects with BED participated in the 6-month program. They represent a subgroup of a larger sample of 154 women (83 without BED) who participated in the program. During the last 10 weeks of treatment half of the women with BED were randomly assigned to an additional CBT component targeting the eating disorder. The mean total weight loss at the end of the VLCD program was 35.2 lb (SD=18.4) or 16.1% (SD=8.2) of the original weight. At 1 year participants had maintained a mean weight loss of 5.5% (SD=10.1) of initial body weight. Forty-seven participants (66.2% of 71) were binge free at the end of the program and 51.8% at the 1-month follow-up. At the
1-year follow-up 56.3% no longer met criteria for BED and 33% were abstinent (no binge eating) during the 6 months prior to the follow-up assessment. There were no significant differences between participants who received and who did not receive the additional CBT component. An additional CBT component added to a comprehensive VLCD program did not improve the results for obese participants with BED with regard to weight and binge eating and with regard to most of the eating-related and general psychopathological measures. However, the reduction of binge eating at the end of treatment and at follow-up is comparable with improvements achieved with drug therapy or psychotherapy specifically designed for the treatment of BED. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Molinari, Enrico, Baruffi, M, Croci, M, Marchi, S, Petroni, M. L

Citation: Eating and Weight Disorders, September 2005, vol./is. 10/3(154-161), 1124-4909;1590-1262

Publication Date: September 2005

Abstract: The aim of this study (duration: 12 months) was to compare different integrated therapeutic approaches for the therapy of Binge Eating Disorder (BED). A sample of 65 female severely obese BED was randomly divided into 3 groups: the first one was treated by Cognitive-Behavioural Therapy (CBT) alone; the second one was treated by SSRI antidepressant therapy (fluoxetine) alone; the remaining was treated by a combination of CBT plus fluoxetine. All groups received group nutritional training and individual dietary counseling. The initial fluoxetine dose (20 mg/day) was adjusted (up to 60 mg/day) according to frequency of binge eating. During the first 4 weeks, all subjects underwent an in-patient dietary treatment aimed to achieve at least a 5% weight loss, which was continued during the out-patient treatment phase. At the beginning and at the end of the therapy the patients were evaluated by the Minnesota Multiphasic Personality-2 and by the Eating Disorder Inventory-2. The results showed that the two groups which underwent psychotherapy resulted in a better outcome—in terms of number of bingeing episodes, maintenance of weight loss reduction from baseline and psychological well being—than the group treated with pharmacological therapy alone. Finally, the study underlines the importance of a multidisciplinary approach to the treatment of Binge Eating Disorder. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO

37. Anorexia treatment: when less is more.

Author(s): anonymous

Citation: Harvard Mental Health Letter, September 2005, vol./is. 22/3(5), 1057-5022

Publication Date: September 2005

Source: MEDLINE

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Author(s): Molinari E, Baruffi M, Croci M, Marchi S, Petroni ML

Citation: Eating & Weight Disorders: EWD, September 2005, vol./is. 10/3(154-61), 1124-4909
**Publication Date:** September 2005

**Abstract:** The aim of this study (duration: 12 months) was to compare different integrated therapeutic approaches for the therapy of Binge Eating Disorder (BED). A sample of 65 female severely obese BED was randomly divided into 3 groups: the first one was treated by Cognitive-Behavioural Therapy (CBT) alone; the second one was treated by SSRI antidepressant therapy (fluoxetine) alone; the remaining was treated by a combination of CBT plus fluoxetine. All groups received group nutritional training and individual dietary counselling. The initial fluoxetine dose (20 mg/day) was adjusted (up to 60 mg/day) according to frequency of binge eating. During the first 4 weeks, all subjects underwent an in-patient dietary treatment aimed to achieve at least a 5% weight loss, which was continued during the out-patient treatment phase. At the beginning and at the end of the therapy the patients were evaluated by the Minnesota Multiphasic Personality - 2 and by the Eating Disorder Inventory - 2. The results showed that the two groups which underwent psychotherapy resulted in a better outcome - in terms of number of bingeing episodes, maintenance of weight loss reduction from baseline and psychological well being - than the group treated with pharmacological therapy alone. Finally, the study underlines the importance of a multidisciplinary approach to the treatment of Binge Eating Disorder.

**Source:** MEDLINE


**Author(s):** Devlin, Michael J, Goldfein, Juli A, Petkova, Eva, Jiang, Huiping, Raizman, Pamela S, Wolk, Sara, Mayer, Laurel, Carino, Janel, Bellace, Dara, Kamenetz, Claudia, Dobrow, Ilyse, Walsh, B. Timothy

**Citation:** Obesity Research, June 2005, vol./is. 13/6(1077-1088), 1071-7323

**Publication Date:** June 2005

**Abstract:** Objective: Although binge eating disorder is a common and distressing concomitant of obesity, it has not yet been established whether affected individuals presenting to behavioral weight control programs should receive specialized treatments to supplement standard treatment. This study was designed to examine the added benefit of two adjunctive interventions, individual cognitive behavioral therapy (CBT) and fluoxetine, offered in the context of group behavioral weight control treatment. Research Methods and Procedures: One hundred sixteen overweight/obese women and men with binge eating disorder were all assigned to receive a 16-session group behavioral weight control treatment over 20 weeks. Simultaneously, subjects were randomly assigned to receive CBT+fluoxetine, CBT+placebo, fluoxetine, or placebo in a two-by-two factorial design. Outcome measures, assessed at the end of the 16-session acute treatment phase, included binge frequency, weight, and measures of eating-related and general psychopathology. Results: Overall, subjects showed substantial improvement in binge eating and both general and eating-related psychopathology, but little weight loss. Subjects who received individual CBT improved more in binge frequency than did those not receiving CBT (p<0.001), and binge abstinence was significantly more common in subjects receiving CBT vs. those who did not (62% vs. 33%, p<0.001). Fluoxetine treatment was associated with greater reduction in depressive symptoms (p<0.05). The 54 subjects who achieved binge abstinence improved more on all measures than the 62 subjects who did not. In particular, these subjects lost, on average, 6.2 kg compared with a gain of 0.7 kg among non-abstainers. Discussion: Adjunctive individual CBT results in significant additional binge reduction in obese binge eaters receiving standard behavioral weight control treatment. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

40. Cognitive behavioral therapy and fluoxetine as adjuncts to group behavioral therapy for binge eating disorder.

**Author(s):** Devlin MJ, Goldfein JA, Petkova E, Jiang H, Raizman PS, Wolk S, Mayer L, Carino J, Bellace D, Kamenetz C, Dobrow I, Walsh BT
**Citation:** Obesity Research, June 2005, vol./is. 13/6(1077-88), 1071-7323  
**Publication Date:** June 2005  
**Abstract:** OBJECTIVE: Although binge eating disorder is a common and distressing concomitant of obesity, it has not yet been established whether affected individuals presenting to behavioral weight control programs should receive specialized treatments to supplement standard treatment. This study was designed to examine the added benefit of two adjunctive interventions, individual cognitive behavioral therapy (CBT) and fluoxetine, offered in the context of group behavioral weight control treatment. RESEARCH METHODS AND PROCEDURES: One hundred sixteen overweight/obese women and men with binge eating disorder were all assigned to receive a 16-session group behavioral weight control treatment over 20 weeks. Simultaneously, subjects were randomly assigned to receive CBT+fluoxetine, CBT+placebo, fluoxetine, or placebo in a two-by-two factorial design. Outcome measures, assessed at the end of the 16-session acute treatment phase, included binge frequency, weight, and measures of eating-related and general psychopathology. RESULTS: Overall, subjects showed substantial improvement in binge eating and both general and eating-related psychopathology, but little weight loss. Subjects who received individual CBT improved more in binge frequency than did those not receiving CBT (p<0.001), and binge abstinence was significantly more common in subjects receiving CBT vs. those who did not (62% vs. 33%, p<0.001). Fluoxetine treatment was associated with greater reduction in depressive symptoms (p<0.05). The 54 subjects who achieved binge abstinence improved more on all measures than the 62 subjects who did not. In particular, these subjects lost, on average, 6.2 kg compared with a gain of 0.7 kg among non-abstainers. DISCUSSION: Adjunctive individual CBT results in significant additional binge reduction in obese binge eaters receiving standard behavioral weight control treatment.  
**Source:** MEDLINE  

41. Efficacy of cognitive behavioral therapy and fluoxetine for the treatment of binge eating disorder: a randomized double-blind placebo-controlled comparison.  
**Author(s):** Grilo CM, Masheb RM, Wilson GT  
**Citation:** Biological Psychiatry, February 2005, vol./is. 57/3(301-9), 0006-3223  
**Publication Date:** February 2005  
**Abstract:** BACKGROUND: Cognitive behavioral therapy (CBT) and certain medications have been shown to be effective for binge eating disorder (BED), but no controlled studies have compared psychological and pharmacological therapies. We conducted a randomized, placebo-controlled study to test the efficacy of CBT and fluoxetine alone and in combination for BED. METHODS: 108 patients were randomized to one of four 16-week individual treatments: fluoxetine (60 mg/day), placebo, CBT plus fluoxetine (60 mg/day) or CBT plus placebo. Medications were provided in double-blind fashion. RESULTS: Of the 108 patients, 86 (80%) completed treatments. Remission rates (zero binges for 28 days) for completers were: 29% (fluoxetine), 30% (placebo), 55% (CBT+fluoxetine), and 73% (CBT+placebo). Intent-to-treat (ITT) remission rates were: 22% (fluoxetine), 26% (placebo), 50% (CBT+fluoxetine), and 61% (CBT+placebo). Completer and ITT analyses on remission and dimensional measures of binge eating, cognitive features, and psychological distress produced consistent findings. Fluoxetine was not superior to placebo, CBT+fluoxetine and CBT+placebo did not differ, and both CBT conditions were superior to fluoxetine and to placebo. Weight loss was modest, did not differ across treatments, but was associated with binge eating remission. CONCLUSIONS: CBT, but not fluoxetine, demonstrated efficacy for the behavioral and psychological features of BED, but not obesity.  
**Source:** MEDLINE  

42. Group cognitive-behavior therapy for bulimia nervosa: statistical versus clinical significance of changes in symptoms across treatment.  
**Author(s):** Openshaw C, Waller G, Sperlinger D
BACKGROUND: Cognitive-behavior therapy (CBT) is the most effective treatment to date for bulimia nervosa. The current study investigated the effects of group CBT treatment (including some interpersonal elements) for bulimic clients. METHOD: Twenty-nine patients completed the Stirling Eating Disorder Scales, the Beck Depression Inventory, and the Beck Anxiety Inventory at assessment, pretreatment, end of treatment, and at 6 months follow-up. Symptom change was explored in two ways. Statistically significant change was determined using repeated-measures analyses of variance and clinically significant change was determined using criteria proposed by Jacobson & Truax (1991, Journal of Consulting and Clinical Psychology, 59, 12-19). RESULTS: There was an overall improvement in dimensional measures of bulimic and restrictive attitudes and behaviors (maintained at the 6-month follow-up), which was most closely matched by clinically significant changes in bulimic behaviors. Depression (but not anxiety) was also targeted effectively. Statistically significant improvements in psychological functioning were evident only for assertiveness, but the analysis of clinical significance showed improvement for some participants in self-evaluation (self-directed hostility). DISCUSSION: Group CBT (including interpersonal elements) is broadly effective when treating bulimia nervosa, but it does not work in all cases (and may lead to enhancement of restrictive characteristics in some cases). Tests of statistical and clinical significance provide different information, which can inform practice and aid in the development of treatments for patients who respond less well to current best practice. Copyright 2004 by Wiley Periodicals, Inc.

Source: MEDLINE

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Author(s): Hilbert A, Tuschen-Caffier B

Citation: Behaviour Research & Therapy, November 2004, vol./is. 42/11(1325-39), 0005-7967

Publication Date: November 2004

Abstract: The present study sought to investigate effects of body exposure in the treatment of binge-eating disorder (BED). Cognitive-behavioural therapy with a body exposure component (CBT-E) was compared with CBT with a cognitive restructuring component focused on body image (CBT-C). Twenty-eight patients diagnosed with BED were randomly assigned to CBT-E or CBT-C, both delivered in a group format. Negative automatic thoughts about one’s body, dysfunctional assumptions about shape and weight, and body dissatisfaction were assessed using experimental thought-sampling techniques, a clinical interview (Eating Disorder Examination), and self-report questionnaires. At posttreatment and at 4-month follow-up, CBT-E and CBT-C were equally effective in improving body image disturbance on all indicators assessed. Both CBT-E and CBT-C produced substantial and stable improvements in the specific and general eating disorder psychopathology. Results suggest that both treatment components are equally effective in the treatment of BED.

Source: MEDLINE

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Author(s): Fassino S, Piero A, Levi M, Gramaglia C, Amianto F, Leombruni P, Abbate
Daga G

Citation: Panminerva Medica, September 2004, vol./is. 46/3(189-98), 0031-0808

Publication Date: September 2004

Abstract: The aim of this study is to review the existing literature (PubMed database) on the psychological treatments for eating disorders (EDs), subdivided in individual, group and family therapies. Moreover new approaches and directions in this field are addressed. An extensive literature review is performed to identify the psychological treatment trials in anorexia nervosa (AN) and bulimia nervosa (BN) published over the past 2 decades. Eighty-two studies focused on psychotherapeutic treatment of EDs are reviewed. Only a minor part of these studies are randomised and controlled. While there is evidence of the efficacy of cognitive behavioral therapy (CBT), this is still missing for other psychotherapeutic approaches. However, there is general agreement about the importance of psychotherapy in multimodal treatments. There is still a need for a shared concept of outcome in EDs, since the efficacy of psychological treatment is greatly influenced by the definition of outcome adopted (concerning symptoms, psychosocial functioning, personality).

Source: MEDLINE

45. Changes in body image during cognitive-behavioral treatment in women with bulimia nervosa.

Author(s): Peterson, Carol B, Wimmer, Suzann, Ackard, Diann M, Crosby, Ross, Cavanagh, Lisa C, Engbloom, Sara, Mitchell, James E

Citation: Body Image, May 2004, vol./is. 1/2(139-153), 1740-1445

Publication Date: May 2004

Abstract: The purposes of this study were: (1) to examine multidimensional aspects of body image of individuals with bulimia nervosa (BN) at pre-treatment, post-treatment, and at follow-up, compared to a group of participants without BN; and (2) to investigate whether measures of body image predicted outcome at post-treatment and follow-up. The clinical sample consisted of 109 females with BN who were enrolled in a 12-week cognitive-behavioral group treatment program. Participants were assessed at baseline, at the completion of treatment, and at 1-and 6-month follow-up visits. The 82 females who comprised the non-bulimic sample were assessed at comparable time intervals. At baseline, the participants with BN reported greater body dissatisfaction and overestimated body size to a significantly greater degree than the comparison group, and reported a significantly smaller ideal size relative to perceived size. Results at the end of treatment indicated significant improvement in self-reported attitudinal disturbance and size overestimation, with continued reductions at follow-up. Logistic regression analyses did not demonstrate a predictive relationship between body image measures at baseline and outcome at post-treatment or follow-up, or between post-treatment and follow-up. Implications for treatment include specifying the source of body image-related distress and enhancing treatment efforts for perceptual and attitudinal aspects of body image. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)

Source: PsycINFO


Author(s): Lundgren JD, Danoff-Burg S, Anderson DA

Citation: International Journal of Eating Disorders, April 2004, vol./is. 35/3(262-74), 0276-3478

Publication Date: April 2004

Abstract: OBJECTIVE: The purpose of this review was to assess the clinical significance of cognitive-behavioral therapy for bulimia nervosa using the reliable change index and normative comparison analyses. METHOD: Fifteen treatment outcome studies using either
individual or group cognitive-behavioral therapy for bulimia nervosa were selected for inclusion. RESULTS: Results suggest that cognitive-behavioral therapy for bulimia nervosa produces clinically significant change for many treatment outcome measures when using the reliable change index. However, posttreatment symptomatology is rarely within a normative range when examined with normative comparison analyses. DISCUSSION: This review provides a first step in examining the clinical significance of treatment for bulimia nervosa. Future studies should further this work by comparing the clinical significance of different types of treatment for bulimia nervosa using additional assessment measures. Copyright 2004 by Wiley Periodicals, Inc. Int J Eat Disord 35: 262-274, 2004.

Source: MEDLINE
Full Text: Available in fulltext at EBSCO Host

47. Treatment of bulimia nervosa in a primary care setting.
Author(s): Walsh BT, Fairburn CG, Mickley D, Sysko R, Parides MK
Citation: American Journal of Psychiatry, March 2004, vol./is. 161/3(556-61), 0002-953X
Publication Date: March 2004
Abstract: OBJECTIVE: The authors' goal was to determine whether treatments known to be effective for bulimia nervosa in specialized treatment centers can be used successfully in primary health care settings. They examined the benefits of two treatments for bulimia: 1) fluoxetine, an antidepressant medication, and 2) guided self-help, an adaptation of cognitive behavior therapy. METHOD: Ninety-one female patients in two primary care settings were randomly assigned to receive fluoxetine alone, placebo alone, fluoxetine plus guided self-help, or placebo and guided self-help. RESULTS: The majority of the patients did not complete the treatment trial; many patients found the treatment program too demanding, but others indicated it was not sufficiently intensive. Patients assigned to fluoxetine attended more physician visits, exhibited a greater reduction in binge eating and vomiting, and had a greater improvement in psychological symptoms than those assigned to placebo. There was no evidence of benefit from guided self-help. CONCLUSIONS: The treatment of patients with bulimia nervosa in a primary care setting is hampered by a high dropout rate. Guided self-help, a psychological treatment based on cognitive behavior therapy, appears ineffective, but treatment with fluoxetine is associated with better retention and substantial symptomatic improvement.
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Available in print at Grantham Hospital Staff Library

48. A randomized controlled study of cognitive behavior therapy and behavioral family therapy for anorexia nervosa patients.
Author(s): Ball J, Mitchell P
Citation: Brunner-Mazel Eating Disorders Monograph Series, 2004, vol./is. 12/4(303-14), 1064-0266
Publication Date: 2004
Abstract: Very few studies have examined the role of cognitive behavior therapy (CBT) in the outpatient treatment of anorexia nervosa. This study used a randomized, controlled design to evaluate a 12-month, manual based program of CBT, with behavioral family therapy as the comparison group. Twenty-five adolescents and young adults with anorexia nervosa, currently living with their families, were recruited into the study with both treatment
groups receiving 21-25 sessions of therapy. Outcome measures included nutritional status, eating behaviors, mood, self-esteem, and family communication. Sixty percent of the total sample and 72% of treatment completers had "good" outcome (defined as maintaining weight within 10% of average body weight and regular menstrual cycles) at post-treatment and at six months follow-up. No significant differences between treatment groups were found and the majority of patients did not reach symptomatic recovery. While limited by the small sample size, the findings compliment and extend previous research.

Source: MEDLINE
Full Text: Available in fulltext at EBSCO Host


Author(s): Pike, Kathleen M, Walsh, B. Timothy, Vitousek, Kelly, Wilson, G. Terence, Bauer, Joy
Citation: The American Journal of Psychiatry, November 2003, vol./is. 160/11(2046-2049), 0002-953X;1535-7228
Publication Date: November 2003
Abstract: OBJECTIVE: This study provides what the authors believe is the first empirical evaluation of cognitive behavior therapy as a posthospitalization treatment for anorexia nervosa in adults. METHOD: After hospitalization, 33 patients with DSM-IV anorexia nervosa were randomly assigned to 1 year of outpatient cognitive behavior therapy or nutritional counseling. RESULTS: The group receiving nutritional counseling relapsed significantly earlier and at a higher rate than the group receiving cognitive behavior therapy (53% versus 22%). The overall treatment failure rate (relapse and dropping out combined) was significantly lower for cognitive behavior therapy (22%) than for nutritional counseling (73%). The criteria for "good outcome" were met by significantly more of the patients receiving cognitive behavior therapy (44%) than nutritional counseling (7%). CONCLUSIONS: Cognitive behavior therapy was significantly more effective than nutritional counseling in improving outcome and preventing relapse. To the authors' knowledge, these data provide the first empirical documentation of the efficacy of any psychotherapy, and cognitive behavior therapy in particular, in posthospitalization care and relapse prevention of adult anorexia nervosa. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)
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Available in fulltext at Grantham Hospital Staff Library; Note: Username: ulhtlibraries/Password: library
Available in print at Grantham Hospital Staff Library

50. Cognitive behavior therapy in the posthospitalization treatment of anorexia nervosa.

Author(s): Pike KM, Walsh BT, Vitousek K, Wilson GT, Bauer J
Citation: American Journal of Psychiatry, November 2003, vol./is. 160/11(2046-9), 0002-953X
Publication Date: November 2003
Abstract: OBJECTIVE: This study provides what the authors believe is the first empirical evaluation of cognitive behavior therapy as a posthospitalization treatment for anorexia nervosa in adults. METHOD: After hospitalization, 33 patients with DSM-IV anorexia nervosa were randomly assigned to 1 year of outpatient cognitive behavior therapy or
nutritional counseling. RESULTS: The group receiving nutritional counseling relapsed significantly earlier and at a higher rate than the group receiving cognitive behavior therapy (53% versus 22%). The overall treatment failure rate (relapse and dropping out combined) was significantly lower for cognitive behavior therapy (22%) than for nutritional counseling (73%). The criteria for "good outcome" were met by significantly more of the patients receiving cognitive behavior therapy (44%) than nutritional counseling (7%).

CONCLUSIONS: Cognitive behavior therapy was significantly more effective than nutritional counseling in improving outcome and preventing relapse. To the authors' knowledge, these data provide the first empirical documentation of the efficacy of any psychotherapy, and cognitive behavior therapy in particular, in posthospitalization care and relapse prevention of adult anorexia nervosa.

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Available in print at Grantham Hospital Staff Library

51. Towards the pharmacotherapy of eating disorders.
Author(s): Pederson KJ, Roerig JL, Mitchell JE
Citation: Expert Opinion on Pharmacotherapy, October 2003, vol./is. 4/10(1659-78), 1465-6566
Publication Date: October 2003
Abstract: The purpose of this review is to discuss pharmacological options for the treatment of patients with eating disorders. Sequentially described are pharmacotherapy studies of anorexia nervosa (AN), bulimia nervosa (BN) and binge-eating disorder (BED). The quantity of drug trials performed with AN patients has been very limited. While the majority of studies have failed to show medication efficacy for the acute treatment of AN, there is data which suggests that fluoxetine hydrochloride may play a role in preventing relapse during maintenance therapy. Atypical antipsychotics, most often olanzapine, have shown promise in a number of uncontrolled studies. BN has been most extensively studied, with the majority of pharmacological trials focusing on antidepressants. Fluoxetine, at a dose of 60 mg/day, is FDA-approved for the treatment of BN. Psychotherapy, particularly cognitive behavioural therapy (CBT) is of well-established utility in BN and data suggests that the combination of an antidepressant plus CBT is superior to either treatment alone. Recently, there has been interest in the 5-HT3 antagonist, ondansetron, and the anticonvulsant, topiramate. BED investigators have focused largely on antidepressants, which may reduce symptoms of depression and augment psychotherapy. While sibutramine and topiramate have both been associated with weight loss in controlled trials, the former appears to be fairly well-tolerated and the latter appears to be responsible for the emergence of significant cognitive and peripheral nervous system side effects in some patients. Further pharmacological research with eating disorder patients is needed, particularly in the areas of AN and BED. Also, pharmacological augmentation strategies for those not responding to primary therapies should be explored.
Source: MEDLINE

52. Six-month follow-up of in-patient experiential cognitive therapy for binge eating disorders.
Author(s): Riva G, Bacchetta M, Cesa G, Conti S, Molinari E
Citation: Cyberpsychology & Behavior, June 2003, vol./is. 6/3(251-8), 1094-9313
Publication Date: June 2003
**Abstract:** Treating binge eating disorders is not easy: the disordered eating is usually combined with a patient who is overweight and often obese. As underlined by the current literature, treatment outcome must focus, at a minimum, on the binge eating characterizing this disorder, on weight changes, and preferably also changes in co-morbid psychopathology. To address these issues, cognitive behavioral therapy (CBT) is still considered the best approach. However, if we check the results of follow-up studies, different authors reported some relapse in the frequency of binge eating and small weight gains over the follow-up period. This paper describes the 6-month follow-up outcome of the Experiential Cognitive Therapy (ECT), a multi factorial treatment for binge eating disorders, including virtual reality therapy. These results are compared in a randomized controlled trial (n = 36) with the ones obtained by CBT and nutritional groups only. The results showed that 77% of the ECT group quit binging after 6 months versus 56% for the CBT sample and 22% for the nutritional group sample. Moreover, the ECT sample reported better scores in most psychometric tests including EDI-2 and body image scores.

**Source:** MEDLINE

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53. Six-Month Follow-Up of In-Patient Experiential Cognitive Therapy for Binge Eating Disorders.

**Author(s):** Riva, G, Bacchetta, M, Cesa, G, Conti, S, Molinari, E

**Citation:** CyberPsychology & Behavior, June 2003, vol./is. 6/3(251-258), 1094-9313

**Publication Date:** June 2003

**Abstract:** Treating binge eating disorders is not easy: the disordered eating is usually combined with a patient who is overweight and often obese. As underlined by the current literature, treatment outcome must focus, at a minimum, on the binge eating characterizing this disorder, on weight changes, and preferably also changes in co-morbid psychopathology. To address these issues, cognitive behavioral therapy (CBT) is still considered the best approach. However, if we check the results of follow-up studies, different authors reported some relapse in the frequency of binge eating and small weight gains over the follow-up period. This paper describes the 6-month follow-up outcome of the Experiential Cognitive Therapy (ECT), a multi factorial treatment for binge eating disorders, including virtual reality therapy. These results are compared in a randomized controlled trial (n=36) with the ones obtained by CBT and nutritional groups only. The results showed that 77% of the ECT group quit binging after 6 months versus 56% for the CBT sample and 22% for the nutritional group sample. Moreover, the ECT sample reported better scores in most psychometric tests including EDI-2 and body image scores. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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54. Comparison of group and individual cognitive-behavioral therapy for patients with bulimia nervosa.

**Author(s):** Chen E, Touyz SW, Beumont PJ, Fairburn CG, Griffiths R, Butow P, Russell J, Schotte DE, Gertler R, Basten C

**Citation:** International Journal of Eating Disorders, April 2003, vol./is. 33/3(241-54; discussion 255-6), 0276-3478

**Publication Date:** April 2003

**Abstract:** OBJECTIVE: The clinical effectiveness of group and individual cognitive-behavioral therapy (CBT) for bulimia nervosa (BN) was compared. METHOD: Sixty BN patients from hospitals and general practitioners in Sydney, Australia, were allocated
randomly to group or individual CBT. Forty-four completed treatment (n = 22 in group CBT and n = 22 in individual CBT). Patients were assessed at pretreatment, posttreatment, and at 3 and 6 months follow-up with the Eating Disorder Examination-12 and self-report questionnaires examining weight and shape attitudes (Eating Disorder Inventory-2), social adjustment (Social Adjustment Scale-Modified), self-esteem (Rosenberg Self-Esteem Scale), and general psychopathology (Symptom Checklist 90R). RESULTS: The effects of group and individual CBT were equivalent on most measures. However, a significantly greater proportion of individual CBT patients than group CBT patients were abstinent from bulimic behaviors at posttreatment, but not at follow-up. DISCUSSION: This has implications for the delivery of cost-effective and clinically effective treatment for BN. Copyright 2003 by Wiley Periodicals, Inc.

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Author(s): Carter FA, McIntosh VV, Joyce PR, Sullivan PF, Bulik CM

Citation: International Journal of Eating Disorders, March 2003, vol./is. 33/2(127-35), 0276-3478

Publication Date: March 2003

Abstract: BACKGROUND: Previous studies have not reported the longer-term outcome of exposure-based treatments for bulimia nervosa. The current study evaluated the 3-year outcome of a randomized clinical trial that compared the additive efficacy of exposure-based versus nonexposure-based behavioral treatments (BT) with a core of cognitive-behavior therapy (CBT). METHODS: One hundred thirteen women participated in the original treatment trial and attended a 3-year follow-up assessment. Eating disorder diagnoses and primary, secondary, and tertiary outcome measures were assessed. The impact of treatment completion on symptomatology and the stability of treatment effects over time were evaluated. RESULTS: At the 3-year follow-up, 85% of the sample had no current diagnosis of bulimia nervosa and 69% had no current eating disorder diagnoses of any sort. Failure to complete CBT was associated with inferior outcome. No clear advantages were evident for participants who completed BT in addition to CBT. For subjects who did complete both CBT and BT, outcome was mostly stable from posttreatment to follow-up. No differential effects were found for exposure versus nonexposure-based treatments at 3-year follow-up. DISCUSSION: The results of the current study compare favorably with other treatment outcome studies for bulimia nervosa and suggest that treatment gains are maintained after 3 years. Copyright 2003 by Wiley Periodicals, Inc.

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Author(s): Dicker, Stacy Lynn

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2003, vol./is. 64/4-B(1897), 0419-4217

Publication Date: 2003

Abstract: Twenty-six women meeting criteria for Bulimia Nervosa (BN) were randomly assigned to appetite-focused cognitive-behavioral therapy (CBT-AF; 12 sessions) or a wait-list control condition (8 weeks). The primary goals of CBT-AF are: (1) resensitize people to
their internal sensations of hunger and fullness (moderate rather than extreme); and (2) help these individuals reestablish a more "normal" feeling of control over their eating by teaching them to respond primarily to their internal appetite cues rather than to environmental, cognitive, or affective triggers. At the eight-week assessment, CBT-AF participants demonstrated significantly greater reductions in binge eating, purging, and all secondary measures of eating-disordered and associated symptomatology than controls. Individuals in CBT-AF continued for an additional 4 sessions. At the post-test assessment (after 12 sessions), 62% of participants were recovered (77% remitted), and no one had dropped out of the study. Twenty-five of the twenty-six participants had monitored their food intake at some time in the past, and only three participants (12%) reported having had positive prior experiences with food monitoring. In contrast, participants found the appetite-monitoring focus to be highly acceptable. Results provide initial support for the effectiveness and acceptability of CBT-AF for the treatment of BN, and they suggest that additional investigation of this intervention is warranted. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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57. Pharmacologic treatment of binge eating disorder.

Author(s): Carter WP, Hudson JI, Lalonde JK, Pindyck L, McElroy SL, Pope HG Jr

Citation: International Journal of Eating Disorders, 2003, vol./is. 34 Suppl/(S74-88), 0276-3478

Publication Date: 2003

Abstract: OBJECTIVE: To review the findings from pharmacologic trials of binge eating disorder (BED) and to provide guidelines for pharmacologic treatment. METHODS: The literature was searched for studies of pharmacologic treatment of BED and related conditions, such as nonpurging bulimia nervosa. RESULTS: Placebo-controlled studies of desipramine, fluvoxamine, fluoxetine, sertraline, citalopram, dexfenfluramine, sibutramine, and topiramate have demonstrated the efficacy of these agents in the treatment of BED. An open trial of venlafaxine has offered preliminary evidence for the efficacy of this medication. Guidelines for pharmacologic management of BED are provided. CONCLUSIONS: The literature offers support for the use of agents from three categories of medication (antidepressants, appetite suppressants, and anticonvulsants) in the treatment of BED. Copyright 2003 by Wiley Periodicals, Inc.

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Citation: Journal of Clinical Psychiatry, November 2002, vol./is. 63/11(1028-1033), 0160-6689

Publication Date: November 2002

Abstract: Assessed the efficacy and safety of fluoxetine in treating binge-eating disorder. 60 18-60 yr old outpatients with a DSM-IV diagnosis of binge-eating disorder were randomly assigned to receive either fluoxetine, 20 to 80 mg/day (N = 30), or placebo (N = 30) in a 6-wk, double-blind, flexible-dose study. The primary measure of efficacy was frequency of binge eating. Secondary measures included body mass index, weight, Clinical Global Impressions-Severity of Illness score, Hamilton Rating Scale for Depression (HAM-D) score, and response categories. The outcome measures were analyzed using 2 random regression methods, a time trend analysis (primary analysis) and an endpoint analysis. Response categories were analyzed using an exact trend test. Results show that compared
with placebo-treated subjects, subjects receiving fluoxetine had a significantly greater reduction in frequency of binge eating, body mass index, weight, and severity of illness and a marginally significant reduction in HAM-D scores. Differences between groups on response categories were not statistically significant. It is concluded that fluoxetine was efficacious in reducing binge-eating frequency, weight, and severity of illness and was generally well tolerated in subjects with binge-eating disorder. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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59. A randomized comparison of group cognitive-behavioral therapy and group interpersonal psychotherapy for the treatment of overweight individuals with binge-eating disorder

Author(s): Wilfley DE, Welch RR, Stein RI, Spurrell EB, Cohen LR, Saelens BE, Dounchis JZ, Frank MA, Wiseman CV, Matt GE

Citation: Archives of General Psychiatry, August 2002, vol./is. 59/8(713-21), 0003-990X

Publication Date: August 2002

Abstract: BACKGROUND: Cognitive-behavioral therapy (CBT) has documented efficacy for the treatment of binge eating disorder (BED). Interpersonal psychotherapy (IPT) has been shown to reduce binge eating but its long-term impact and time course on other BED-related symptoms remain largely unknown. This study compares the effects of group CBT and group IPT across BED-related symptoms among overweight individuals with BED.

METHODS: One hundred sixty-two overweight patients meeting DSM-IV criteria for BED were randomly assigned to 20 weekly sessions of either group CBT or group IPT. Assessments of binge eating and associated eating disorder psychopathology, general psychological functioning, and weight occurred before treatment, at posttreatment, and at 4-month intervals up to 12 months following treatment.

RESULTS: Binge-eating recovery rates were equivalent for CBT and IPT at posttreatment (64 [79%] of 81 vs 59 [73%] of 81) and at 1-year follow-up (48 [59%] of 81 vs 50 [62%] of 81). Binge eating increased slightly through follow-up but remained significantly below pretreatment levels. Across treatments, patients had similar significant reductions in associated eating disorders and psychiatric symptoms and maintenance of gains through follow-up. Dietary restraint decreased more quickly in CBT but IPT had equivalent levels by later follow-ups. Patients' relative weight decreased significantly but only slightly, with the greatest reduction among patients sustaining recovery from binge eating from posttreatment to 1-year follow-up.

CONCLUSIONS: Group IPT is a viable alternative to group CBT for the treatment of overweight patients with BED. Although lacking a nonspecific control condition limits conclusions about treatment specificity, both treatments showed initial and long-term efficacy for the core and related symptoms of BED.

Source: MEDLINE

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60. Cognitive-behavioural, fluoxetine and combined treatment for bulimia nervosa: Short- and long-term results.

Author(s): Jacobi, Corinna, Dahme, Bernhard, Dittmann, Ralf

Citation: European Eating Disorders Review, May 2002, vol./is. 10/3(179-198), 1072-
Publication Date: May 2002

Abstract: This study examined the short- and long-term effectiveness of cognitive-behavioral group treatment (CBT), pharmacological treatment with fluoxetine and combined treatment in patients with Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) bulimia nervosa. 53 patients 18-65 yr old females) were randomly assigned to the 3 conditions. Outcome measures were frequency of bingeing and purging, attitudes toward weight and shape, depression and self-concept. Patients were followed for 1 yr post-treatment. 35 patients completed treatment. Drop-out rates were 42% for CBT, 25% for the fluoxetine and 33% for the combined condition. All treatments led to significant improvements in eating disorder symptoms and in other psychological disturbances between pre- and post-treatment, which could be maintained at 1-yr follow-up. Abstinence rates for completers were highest for CBT at both post-treatment and follow-up. The short- and long-term results of this study do not favour the combined treatment in comparison to CBT alone. Cultural differences in health systems as well as in the acceptance of treatments offered in a treatment trial are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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Full Text: Available in fulltext at EBSCO Host


Author(s): Wilson GT, Fairburn CC, Agras WS, Walsh BT, Kraemer H

Citation: Journal of Consulting & Clinical Psychology, April 2002, vol./is. 70/2(267-74), 0022-006X

Publication Date: April 2002

Abstract: Cognitive-behavioral therapy (CBT) is an effective treatment of bulimia nervosa, but its mechanisms of action have not been established. In this study the authors analyzed the results of a randomized control trial comparing CBT with Interpersonal Psychotherapy (IPT) to identify possible mediators of change of CBT for BN and its time course of action. Reduction in dietary restraint as early as Week 4 mediated posttreatment improvement in both binge eating and vomiting. Measures of self-efficacy concerning eating behavior, negative affect, and body shape and weight at midtreatment were also significantly associated with posttreatment outcome at 20 weeks. No evidence was found that the therapeutic alliance mediated treatment outcome. CBT had a significantly more rapid treatment effect than IPT, with 62% of posttreatment improvement evident by Week 6.

Source: MEDLINE

Full Text: Available in print at Grantham Hospital Staff Library

62. Long-term impact of treatment in women diagnosed with bulimia nervosa.

Author(s): Keel PK, Mitchell JE, Davis TL, Crow SJ

Citation: International Journal of Eating Disorders, March 2002, vol./is. 31/2(151-8), 0276-3478

Publication Date: March 2002

Abstract: OBJECTIVE: Both cognitive-behavioral therapy (CBT) and antidepressant medication have demonstrated efficacy in the treatment of bulimia nervosa. However, data concerning the long-term impact of such treatments have been limited. This study sought to determine if treatment with CBT and antidepressant medication was associated with better long-term outcome among women diagnosed with bulimia nervosa. METHOD: Women (N =
101) who completed a controlled treatment study of bulimia nervosa participated in follow-up assessments approximately 10 years later. RESULTS: Women who received treatment with CBT or antidepressant medication or both reported improved social adjustment at long-term follow-up compared with women randomized to the placebo condition. DISCUSSION: Treatments with demonstrated efficacy for short-term outcome appear to improve psychosocial function at long-term follow-up among women initially diagnosed with bulimia nervosa. Copyright 2002 by Wiley Periodicals, Inc.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host

63. Integrative time-limited group therapy for bulimia nervosa.

Author(s): Riess H

Citation: International Journal of Group Psychotherapy, January 2002, vol./is. 52/1(1-26), 0020-7284

Publication Date: January 2002

Abstract: This article presents an integrative group therapy model for the treatment of bulimia nervosa (BN) and describes the 12-session format, incorporating components of cognitive-behavioral therapy (CBT), psychoeducation, interpersonal therapy (IPT), and relational therapy (RT), in detail. Previous reports have found CBT, IPT, and RT to be effective approaches for BN when used separately. The integrative approach may have the advantage of achieving symptom reduction by two different mediating mechanisms, those that directly affect eating behaviors and those that address the interpersonal and relational context in which the disordered eating has developed. The group approach makes use of the peer group in providing new opportunities for self-exploration and self-correction. One advantage of an integrative model is patients' exposure to several different treatment modalities from which they can identify specific approaches that are most helpful to their recovery. This identification is valuable in directing future treatment, if needed. Pilot data for this approach are presented.

Source: MEDLINE

64. A placebo-controlled study of fluoxetine in continued treatment of bulimia nervosa after successful acute fluoxetine treatment

Author(s): Romano SJ, Halmi KA, Sarkar NP, Koke SC, Lee JS

Citation: American Journal of Psychiatry, January 2002, vol./is. 159/1(96-102), 0002-953X

Publication Date: January 2002

Abstract: OBJECTIVE: The efficacy of fluoxetine in the acute management of bulimia nervosa is well established; however, few controlled studies have examined whether continuation of pharmacotherapy provides protection from relapse. This study compared the efficacy and safety of treatment with fluoxetine versus placebo in preventing relapse of bulimia nervosa during a 52-week period after successful acute fluoxetine therapy. METHOD: Patients who met DSM-IV criteria for bulimia nervosa, purging type, were assigned to single-blind treatment with 60 mg/day of fluoxetine. After 8 weeks of treatment, patients were considered responders if they experienced a decrease > or =50% from baseline in the frequency of vomiting episodes during 1 of the 2 preceding weeks. Responders were randomly assigned to receive 60 mg/day of fluoxetine or placebo and were monitored for relapse for up to 52 weeks. Patients met relapse criteria if they experienced a return to the baseline vomiting frequency that persisted for 2 consecutive weeks. RESULTS: Of the 232 patients who entered the acute phase, 150 patients (65%) met response criteria and were randomly assigned to receive fluoxetine (N=76) or placebo (N=74). Fluoxetine-treated patients exhibited a longer time to relapse than placebo-treated patients. Quantitative analysis of other efficacy measures, including frequency of vomiting episodes, frequency of binge eating episodes, Clinical Global Impression severity and
improvement scores, the patient's global impression score, and Yale-Brown-Cornell Eating Disorder Scale score, indicated that the efficacy of fluoxetine treatment was statistically superior, compared to placebo. There were no clinically relevant differences in safety between groups. Attrition in this study was high, especially in the first 3 months after random assignment to treatment groups. CONCLUSIONS: Continued treatment with fluoxetine in patients with bulimia nervosa who responded to acute treatment with fluoxetine improved outcome and decreased the likelihood of relapse.

Source: MEDLINE

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Available in print at Grantham Hospital Staff Library

65. Self-help versus therapist-led group cognitive-behavioral treatment of binge eating disorder at follow-up.

Author(s): Peterson CB, Mitchell JE, Engbloom S, Nugent S, Pederson Mussell M, Crow SJ, Thuras P

Citation: International Journal of Eating Disorders, December 2001, vol./is. 30/4(363-74), 0276-3478

Publication Date: December 2001

Abstract: OBJECTIVE: The purpose of this study was to evaluate the longer-term outcome of three group cognitive-behavioral therapy (CBT) delivery models for the treatment of binge eating disorder (BED). METHOD: Fifty-one participants were assigned to one of three conditions. In the therapist-led condition (TL; n = 16), a psychologist provided psychoeducational information for the first half hour and led a group discussion for the second half hour of each session. In the partial self-help condition (PSH; n = 19), participants viewed a 30-min psychoeducational videotape, followed by a therapist-led discussion. In the structured self-help condition (SSH; n = 16), participants watched a psychoeducational videotape and led their own discussion. RESULTS: Reductions in binge eating episodes and associated symptoms were observed for all three treatments at post, 1-month, 6-month, and 1-year follow-up, with no significant differences among the three conditions. DISCUSSION: These findings suggest that CBT for BED can be delivered successfully using videotape and a structured self-help group format and that improvements in binge eating are maintained up to 1 year follow-up. Copyright 2001 by John Wiley & Sons, Inc.

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host

66. The efficacy of cognitive-behavioral therapy on the core symptoms of bulimia nervosa.

Author(s): Anderson DA, Maloney KC

Citation: Clinical Psychology Review, October 2001, vol./is. 21/7(971-88), 0272-7358

Publication Date: October 2001

Abstract: Cognitive behavioral therapy (CBT) is widely regarded as the treatment of choice for bulimia nervosa (BN), with previous reviews of the CBT outcome literature claiming an approximate 40%-50% recovery rate. Most of these reviews have focused on reductions of binge eating and purging; however, the cognitive model of BN that underlies the CBT approach identifies three additional symptoms as central to the disorder: restrictive eating, concerns with shape and weight, and self-esteem. The purpose of this review was to
determine the effect of CBT on the five core symptoms of BN, particularly those neglected in previous reviews. This review found that while most studies provided outcome data on binge eating, purgative behavior, and concern with shape and weight, fewer studies provided data on restraint and self-esteem. While generally favorable, evidence for the efficacy of CBT on the core symptoms of BN was mixed, depending on the outcome measures used. Shortcomings in the literature are identified and suggestions to correct these shortcomings are provided.

Source: MEDLINE


Citation: Progress in Neuro-Psychopharmacology & Biological Psychiatry, July 2001, vol./is. 25/5(1049-59), 0278-5846

Publication Date: July 2001

Abstract: 1. The study evaluated the efficacy of amisulpride, fluoxetine and clomipramine at the beginning of the re-feeding phase of the treatment of restricting anorexia nervosa according to DSM-IV criteria. 2. 13 patients, mean weight 37.61 kg +/- 9.80 SD, were treated with clomipramine at a mean dosage of 57.69 mg +/- 25.79 SD; 10 patients, mean weight 40.90 kg +/- 6.98 SD, were treated with fluoxetine at a mean dosage of 28.00 mg +/- 10.32 SD; 12 patients, mean weight 38.41 kg +/- 8.33 SD, were treated with amisulpride at a mean dosage of 50.00 mg +/- 0.00 SD. 3. Clinical evaluation was carried out under single-blind condition at basal time and after three months by a structured clinical interview, the Eating Disorder Interview based on Long Interval Follow-up Evaluation (LIFE II BEI). 4. Patients treated with amisulpride showed a more significant increase (p=0.016) of mean weight. Concerning weight phobia, body image disturbance and amenorrhoea, no significant difference resulted.

Source: MEDLINE

68. The stepped-care approach in anorexia nervosa and bulimia nervosa: progress and problems.

Author(s): Dalle Grave R, Ricca V, Todesco T

Citation: Eating & Weight Disorders: EWD, June 2001, vol./is. 6/2(81-9), 1124-4909

Publication Date: June 2001

Abstract: The stepped-care approach is based on the assumption that treatment should be less intensive and hence less expensive and intrusive at the start. Current data suggest that cognitive behaviour therapy (CBT) should be the preferred first treatment for bulimia nervosa (BN) patients. By comparison with the numerous trials supporting its efficacy, in fact, the evidence sustaining similar therapies, e.g. interpersonal psychotherapy (IPT) or pharmacological therapy, is weaker. There are now sufficient data to justify the use of less intensive and shorter treatment (i.e. psychoeducational groups and self-help) in less serious cases. If CBT fails, IPT, pharmacological treatment, alternative psychotherapies, modified CBT, day-hospital and inpatient treatments are available, though it is not clear which is the most efficacious second step. The lower level of stepped-care models seems inapplicable in anorexia nervosa (AN). Current data do not suggest first-choice therapies. Management of this disorder is very expensive and requires a very high level of professional treatment and the highest level of the service hierarchy (intensive outpatient treatment, day-hospital, or inpatient treatment). One of the major obstacles to the employment of the stepped-care approach in eating disorders is that few therapists are trained in CBT and IPT. Academic structures and the scientific societies of eating disorders should promote training and dissemination of these effective forms of treatment.

Source: MEDLINE
69. The relative efficacy of fluoxetine and manual-based self-help in the
treatment of outpatients with bulimia nervosa.

Author(s): Mitchell, James E, Fletcher, Linda, Hanson, Karen, Mussell, Melissa Pederson, Seim, Harold, Crosby, Ross, Al-Banna, Mahir

Citation: Journal of Clinical Psychopharmacology, June 2001, vol./is. 21/3(298-304), 0271-0749;1533-712X

Publication Date: June 2001

Abstract: A randomized, placebo-controlled study was conducted examining the singular and combined effects of fluoxetine and a self-help manual on suppressing bulimic behaviors in women with bulimia nervosa. A total of 91 adult women (aged 18-46 yrs) with bulimia nervosa were randomly assigned to 1 of 4 conditions: placebo only, fluoxetine only, placebo and a self-help manual, or fluoxetine and a self-help manual. Ss were treated for 16 wks. Primary outcome measures included self-reports of bulimic behaviors. Fluoxetine and a self-help manual were found to be effective in reducing the frequency of vomiting episodes and in improving the response rates for vomiting and binge-eating episodes. Furthermore, both factors were shown to be acting additively on the primary and secondary efficacy measures in this study. Results are discussed in relation to previous research and the implications for treatment of bulimia nervosa. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

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70. Double-blind placebo-controlled administration of fluoxetine in restricting- and restricting-purging-type anorexia nervosa.

Author(s): Kaye, Walter H, Nagata, Toshihiko, Weltzin, Theodore E, Hsu, L. K. George, Sokol, Mae S, McConaha, Claire, Plotnicov, Katherine H, Weise, Jeff, Deep, Dianne

Citation: Biological Psychiatry, April 2001, vol./is. 49/7(644-652), 0006-3223

Publication Date: April 2001

Abstract: Anorexia nervosa is an often chronic disorder with high morbidity and mortality. Many people relapse after weight restoration. This study was designed to determine whether a selective serotonin reuptake inhibitor would improve outcome and reduce relapse after weight restoration by contributing to maintenance of a healthy normal weight and a reduction of symptoms. The authors administered a double-blind placebo-controlled trial of fluoxetine to 35 patients with restricting-type anorexia nervosa. Anorexics were randomly assigned to fluoxetine (n=16) or a placebo (n=19) after inpatient weight gain and then were observed as outpatients for 1 year. Ten of 16 (63%) Ss remained on fluoxetine for a year, whereas only three of 19 (16%) remained on the placebo for a year. Those Ss remaining on fluoxetine for a year had reduced relapse as determined by a significant increase in weight and reduction in symptoms. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

71. Psychological therapies for adults with anorexia nervosa: randomised controlled trial of out-patient treatments

Author(s): Dare C, Eisler I, Russell G, Treasure J, Dodge L

Citation: British Journal of Psychiatry, March 2001, vol./is. 178/(216-21), 0007-1250

Publication Date: March 2001

Abstract: BACKGROUND: Currently, without systematic evidence, psychotherapy for
anorexia nervosa in adults draws on psychodynamic, cognitive and systemic theories. AIMS: To assess effectiveness of specific psychotherapies in out-patient management of adult patients with anorexia nervosa. METHOD: Eighty-four patients were randomised to four treatments: three specific psychotherapies - (a) a year of focal psychoanalytic psychotherapy; (b) 7 months of cognitive-analytic therapy (CAT); (c) family therapy for 1 year - and (d) low contact, 'routine' treatment for 1 year (control). RESULTS: At 1 year, there was symptomatic improvement in the whole group of patients. This improvement was modest, several patients being significantly undernourished at follow-up. Psychoanalytic psychotherapy and family therapy were significantly superior to the control treatment; CAT tended to show benefits. CONCLUSIONS: Psychoanalytic and family therapy are of specific value in the out-patient treatment of adult patients with anorexia.

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Available in fulltext at Pilgrim Hospital Staff Library; Note: Username: ulhtlibraries/Password: library

Author(s): Tuschen-Caffier B, Pook M, Frank M
Citation: Behaviour Research & Therapy, March 2001, vol./is. 39/3(299-308), 0005-7967
Publication Date: March 2001
Abstract: In the present study manual-based cognitive-behavioral therapy for bulimia nervosa was evaluated on an unselected sample of an out-patient service facility. A total of 73 female patients who asked for treatment received the primary diagnosis of bulimia nervosa. Of these, 67 took up treatment. Treatment was completed by 66 patients. Outcome variables were the number of binge episodes along with questionnaire scores for restraint eating, emotional eating, body dissatisfaction and depressiveness. At the end of treatment and 1 year after the end of treatment significant improvements were found in all outcome variables. Effect sizes for outcome variables were within the range of those of controlled research. Therefore, the present study delivered empirical evidence that manual-based cognitive-behavioral therapy is an effective treatment for bulimia nervosa not only within the restricted area of research.
Source: MEDLINE

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Available in print at Grantham Hospital Staff Library

73. A controlled trial of cognitive-behavioral therapy with and without spousal involvement for binge eating disorder.
Author(s): Gorin, Amy A
Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, March 2001, vol./is. 61/9-B(4983), 0419-4217

Publication Date: March 2001

Abstract: Cognitive-behavioral therapy (CBT) is regarded as the treatment of choice for binge eating disorder (BED), however, less than 50% of patients in standard CBT achieve binge abstinence. Improving this success rate is critical given that binge abstinence is an important predictor of long-term weight loss. The present study explored one possible mechanism for improving treatment outcome, namely, involving the spouse in therapy. Spousal involvement has been used with success in the treatment of several physical and psychological disorders including chronic pain, obesity, and alcoholism, and while advocated for in the clinical literature, has yet to be applied to the treatment of eating psychopathology. The present study systematically examined whether spousal involvement in treatment improves upon standard CBT for BED. Ninety-four overweight women with BED were randomly assigned to standard CBT (CBT-SD; n = 32), CBT with spousal involvement (CBT-SI; n = 31), or to a wait-list control group (WL; n = 31). Treatment was provided in 12-weekly group sessions and it was predicted that at posttreatment and 6-month follow-up CBT-SI would result in greater improvement than CBT-SD on measures of binge eating, weight, eating psychopathology, general psychopathology, and marital functioning. It was also predicted that patients in active CBT (CBT-SI and CBT-SD) would show greater improvement on all outcome measures than patients in the WL group. Contrary to prediction, CBT-SI was not superior to CBT-SD on any treatment outcome measures at post-treatment or follow-up. Active CBT, however, did result in better binge eating, weight, eating psychopathology, and general psychopathology outcomes at post-treatment than the WL group. The degree of improvement evidenced by active CBT participants compares favorably to prior BED treatment studies. Thus, the findings of the present study support the general efficacy of CBT for BED but suggest that spousal involvement is not a viable mechanism for improving treatment outcome. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

74. Simultaneous nutritional cognitive--behavioural therapy in obese patients.

Author(s): Painot D, Jotterand S, Kammer A, Fossati M, Golay A

Citation: Patient Education & Counseling, January 2001, vol./is. 42/1(47-52), 0738-3991

Publication Date: January 2001

Abstract: The most important problem in cognitive-behavioural therapies for obese patients is to initiate weight loss without reinforcing the eating-behavioural disorders. We propose to assess the cognitive-behavioural therapy in obese patients suffering from eating disorders with and without combining a nutritional approach based on fat information. The patients (n = 60) have followed a group treatment of 12 weekly cognitive-behavioural therapy sessions with or without a combined nutritional approach mainly focused on fat restriction. The scores for depression (P < 0.01), anxiety (P < 0.01) and eating disorders (P < 0.001) are significantly and similarly improved with both types of treatments. The mean weight loss is significant (P < 0.001) only after a combined nutritional cognitive-behavioural approach. The Eating Disorders Inventory (EDI) subgroup 'Drive for thinness' remains only in a combined therapy (ANOVA P < 0.01), which could explain the weight loss that only occurs in this group. Finally, the association between a cognitive-behavioural therapy and a nutritional learning process improves the anxiety and depression related to eating disorders as well as the weight loss.

Source: MEDLINE

75. Evaluation of a modified cognitive-behavioural programme for weight management.

Author(s): Rapoport L, Clark M, Wardle J

Citation: International Journal of Obesity & Related Metabolic Disorders: Journal of the
International Association for the Study of Obesity, December 2000, vol./is. 24/12(1726-37), 0307-0565

Publication Date: December 2000

Abstract: OBJECTIVE: To evaluate a modified cognitive-behavioural treatment (M-CBT) for weight management which addresses both the psychosocial costs and the physiological health risks of obesity, without a focus on weight loss. DESIGN: Randomized controlled trial comparing M-CBT with standard cognitive-behavioural therapy (S-CBT). SUBJECTS: Sixty-three overweight women with body mass index (BMI) > or = 28 kg/m2, mean age = 47.5 and mean BMI = 35.4. MEASURES: Weight, waist and hip circumference, blood lipids, blood glucose, blood pressure, psychological well-being, depression, self esteem, stress, binge eating, eating style, body image, nutrient intake, aerobic fitness, activity levels, patient satisfaction with treatment. RESULTS: Both M-CBT and S-CBT achieved improvements in a broad range of physical, psychological and behavioural variables. Weight loss in the S-CBT group was greater than in the M-CBT group immediately after treatment, but both groups lost weight. Participants in the M-CBT group continued to lose weight up to the 1 y follow-up. M-CBT was evaluated positively by participants. CONCLUSIONS: Both M-CBT and S-CBT programmes were successful at inducing modest weight loss, as well as improving emotional well-being, reducing distress, increasing activity and fitness, improving dietary quality and reducing cardio-vascular disease risk factors. The improvements were maintained or continued at 1 y follow-up. These results suggest that treatment based on the new weight-control paradigm which emphasizes sustained lifestyle change without emphasis on dieting, can produce modest benefits to health and well-being.

Source: MEDLINE

76. Open treatment of overweight binge eaters with phentermine and fluoxetine as an adjunct to cognitive-behavioral therapy.

Author(s): Devlin MJ, Goldfein JA, Carino JS, Wolk SL

Citation: International Journal of Eating Disorders, November 2000, vol./is. 28/3(325-32), 0276-3478

Publication Date: November 2000

Abstract: OBJECTIVE: This open clinical trial examined the efficacy of treating obese patients with binge eating disorder (BED) with phentermine and fluoxetine in the setting of cognitive-behavioral therapy (CBT). METHOD: Sixteen obese women received individual CBT along with phentermine/fluoxetine. Treatment goals included elimination of binge eating, weight loss, and reduced psychological distress. Following active treatment, patients were offered once-monthly maintenance treatment for 3 years. RESULTS: Patients showed significant reduction in binge frequency, weight loss, and psychological distress at the end of active treatment, but regained most of the weight within 1 year. At 18-month follow-up, there was an ongoing reduction in binge eating for patients who continued maintenance. DISCUSSION: Treatment produced comparable binge suppression and more weight loss than most reported studies of CBT alone. However, there is significant weight regain, particularly following medication discontinuation. This study does not support the long-term clinical utility of adding phentermine/fluoxetine to CBT for BED. Copyright 2000 by John Wiley & Sons, Inc.

Source: MEDLINE


Author(s): Ricca V, Mannucci E, Zucchi T, Rotella CM, Faravelli C

Citation: Psychotherapy & Psychosomatics, November 2000, vol./is. 69/6(287-95), 0033-
Abstract: Cognitive-behavioural therapy (CBT) programmes for bulimia nervosa (BN) have been considerably refined during the last 2 decades, and such a treatment is now extensively used. The present paper describes the treatment rationale and structure, and reviews the available evidence on its efficacy. Compared to any other psychological or pharmacological treatment for which controlled studies have been published, CBT is reported to be more effective (the majority of studies), or at least as effective. A CBT programme for binge eating disorder (BED) has been created by adapting that of BN, but it has been less extensively evaluated in field trials. Even here, however, no other treatment has proven to be of greater efficacy than CBT. Various methodological limitations reduce the possibility of generalizing these findings. Moreover, CBT was found to be completely satisfactory neither for BN nor for BED, with moderate effectiveness and some limits. However, at the present state of treatment, no other therapeutical procedure seems to be more effective, more specific or more promising. It is speculated therefore that CBT could be presently considered the first-choice remedy for these severely disabling disorders.

Source: MEDLINE

80. Therapeutic alliance and treatment quality in two interventions for bulimia nervosa.

Author(s): Loeb, Katharine Laurel

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, November 2000, vol./is. 61/5-B(2769), 0419-4217

Publication Date: November 2000

Abstract: This study examined the relationships between therapeutic alliance, adherence to treatment protocol, and outcome in two interventions for bulimia nervosa-cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPT). A total of 123 audiotaped treatment sessions (41 patients at 3 time points) were analyzed by independent raters to assess the therapeutic alliance and adherence to treatment protocol. Values of both were high within and across treatments and time points. Results showed that better treatment adherence was associated with increased patient contribution to alliance, especially in IPT. In the overall sample, adherence was also a positive predictor of therapist contribution to alliance. In the CBT group, there was a trend, with a medium effect size, for prior symptom change to predict therapist contribution to the alliance at the end of treatment. In IPT, increased patient contribution to alliance was associated with better termination symptom status, but higher levels of both adherence and therapist-contributed alliance predicted a worse outcome. Results may have been hampered by restricted variance in the process measures. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

79. Fluoxetine for bulimia nervosa following poor response to psychotherapy.

Author(s): Walsh BT, Agras WS, Devlin MJ, Fairburn CG, Wilson GT, Kahn C, Chally MK

Citation: American Journal of Psychiatry, August 2000, vol./is. 157/8(1332-4), 0002-953X

Publication Date: August 2000

Abstract: OBJECTIVE: This was an investigation of whether treatment with fluoxetine is useful for individuals with bulimia nervosa who do not respond to psychotherapy or relapse afterward. METHOD: Twenty-two patients with bulimia nervosa who had not responded to, or had relapsed following, a course of cognitive behavior therapy or interpersonal psychotherapy were randomly assigned to receive placebo (N=9) or fluoxetine (60 mg/day, N=13) for 8 weeks. RESULTS: The median frequency of binge eating in the previous 28 days declined from 22 to 4 episodes in the fluoxetine group but increased from 15 to 18 episodes in the placebo group. Similarly, purging frequency in the previous 28 days declined from 30 to six episodes in the fluoxetine group but increased from 15 to 38
episodes in the placebo group. CONCLUSIONS: Fluoxetine may be a useful intervention for patients with bulimia nervosa who have not responded adequately to psychological treatment.

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Available in print at Grantham Hospital Staff Library

80. Outcome of group cognitive-behavior therapy for bulimia nervosa: The role of core beliefs.

Author(s): Leung, Newman, Waller, Glenn, Thomas, Glyn

Citation: Behaviour Research and Therapy, February 2000, vol./is. 38/2(145-156), 0005-7967

Publication Date: February 2000

Abstract: Hypothesized that individuals who benefit less from cognitive behavioral therapy (CBT) will be those who have more pathological core beliefs (unconditional beliefs, unrelated to food, shape and weight). 20 bulimic women (aged 18-39 yrs) were treated using 12 sessions of conventional group CBT. Eating behavior and attitudes were assessed pre- and posttreatment. Core beliefs were assessed at the beginning of the program, and were used as predictors of change across treatment (once any effect of pretreatment psychopathology was taken into account). Group CBT was found to be effective, with reductions of over 50% in bulimic symptoms. Outcome on most indices were associated with pretreatment levels of pathological core beliefs. Possible reasons for these findings are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved)

Source: PsycINFO

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Available in print at Grantham Hospital Staff Library

81. Psychological versus pharmacological treatments of bulimia nervosa: predictors and processes of change.

Author(s): Wilson GT, Loeb KL, Walsh BT, Labouvie E, Petkova E, Liu X, Wateraux C

Citation: Journal of Consulting & Clinical Psychology, August 1999, vol./is. 67/4(451-9), 0022-006X

Publication Date: August 1999

Abstract: This article extends the acute outcome findings from a study comparing psychological and pharmacological interventions for bulimia nervosa (B.T. Walsh et al., 1997) by examining 3 additional domains: predictive factors, therapeutic alliance, and time course of change. One hundred twenty women were randomized to cognitive-behavioral therapy (CBT), supportive psychotherapy (SPT) plus antidepressant medication or a placebo, or a medication-alone condition. Results indicate that high baseline frequencies of binge eating and vomiting, as well as a positive history of substance abuse or dependence, are negative prognostic indicators. Although a greater overall therapeutic alliance may increase the likelihood of remission, symptom change over the course of treatment may have as much of an impact on patient ratings of alliance as the reverse. CBT was significantly more rapid than SPT in reducing binge eating and vomiting frequencies.

Source: MEDLINE

Full Text:
82. Effectiveness of fluoxetine therapy in bulimia nervosa regardless of comorbid depression.

Author(s): Goldstein DJ, Wilson MG, Ascroft RC, al-Banna M

Citation: International Journal of Eating Disorders, January 1999, vol./is. 25/1(19-27), 0276-3478

Publication Date: January 1999

Abstract: OBJECTIVE: To evaluate fluoxetine efficacy in the treatment of bulimia nervosa patients with or without comorbid depression. METHOD: Two parallel, multicenter, double-blind, randomized, placebo-controlled fluoxetine clinical trials were retrospectively analyzed to determine the effect of comorbid depression on bulimia treatment response. Patients were stratified by their 21-item Hamilton Rating Scale for Depression (HAMD21) scores at baseline and by the presence or absence of historical or current depression. Change from baseline to endpoint in the number of binge eating and vomiting episodes was used to assess efficacy. RESULTS: Fluoxetine 60 mg treatment statistically significantly reduced (p < .05) the median number of binge eating and vomiting episodes. These improvements were independent of baseline HAMD21 score and of historical or current comorbid depression diagnosis. DISCUSSION: Fluoxetine 60 mg was effective in treating bulimia nervosa, regardless of the presence or absence of comorbid depression. Fluoxetine's efficacy in treating bulimia nervosa is not simply a secondary effect of its antidepressant properties.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

83. Does fluoxetine augment the inpatient treatment of anorexia nervosa?.

Author(s): Attia E, Haiman C, Walsh BT, Flater SR

Citation: American Journal of Psychiatry, April 1998, vol./is. 155/4(548-51), 0002-953X

Publication Date: April 1998

Abstract: OBJECTIVE: While pharmacological interventions are of established utility in bulimia nervosa, medications have no clear role in the treatment of anorexia nervosa. Because patients with anorexia nervosa frequently exhibit mood disturbances and symptoms of obsessive-compulsive disorder, the authors tested the utility of fluoxetine in the treatment of women participating in an inpatient program for anorexia nervosa. METHOD: The authors conducted a randomized, placebo-controlled, double-blind, 7-week study of fluoxetine at a target daily dose of 60 mg in 31 women with anorexia nervosa receiving treatment for their eating disorder on a clinical research unit. Body weight and measures of eating behavior and psychological state were obtained at baseline and at termination. RESULTS: There were no significant differences in clinical outcome on any measure between patients receiving fluoxetine and patients receiving placebo. CONCLUSIONS: Fluoxetine does not appear to add significant benefit to the inpatient treatment of anorexia nervosa.

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