Helen Hay Pollock Bequest

Attitudes towards online self-help for eating disorders.

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Overcoming Bulimia Online

Recruitment

- Community based recruitment – self-referral.
- Online adverts, posters, student fresher's packs.
- Consent, eligibility and survey completed online.
- Completed EDE-Q to confirm symptoms of BN

Participants

- 253 participants (246 females, 7 males)
- Mean age = 29.11 (SD= 8.67; min = 16, max = 64
- Average number of bingeing episodes in the previous 4 weeks was 19.08 (SD = 16.70) and 21.50 (SD = 25.80) episodes of self-induced vomiting
- Mean BMI = 24.27 (SD = 5.24)

Aims of the survey

Attitudes towards:
- Types of support content
- Support medium
- Frequency of support
- Duration of support sessions
- Anticipated problems with using cCBT

Results

- 95.3% had used the internet to find out about Eds

- 96.8% - believed online SH helpful for eating disorders.

- 73.5% would want support whilst using an online package.

Types of support

- *'Supportive encouragement and motivation'* (80.6%)
- *'Someone checking up on you'* (61.3%)
- *'Help in understanding the package',* over half (58.1%)
- *'Simple reminders to use the package'* (53.8%)
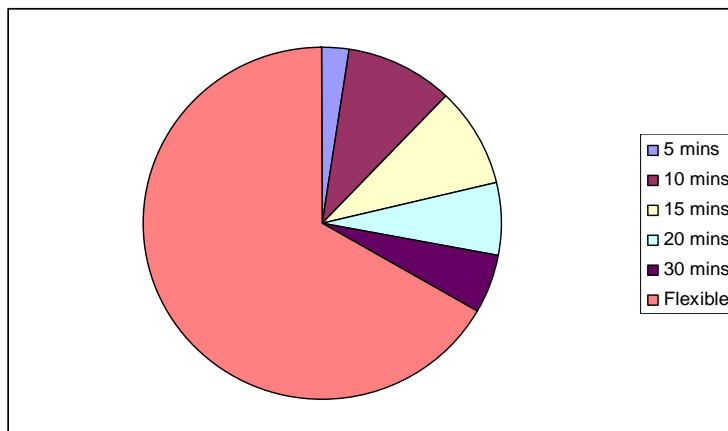- *'Someone setting deadlines'* (43.9%)

Support medium
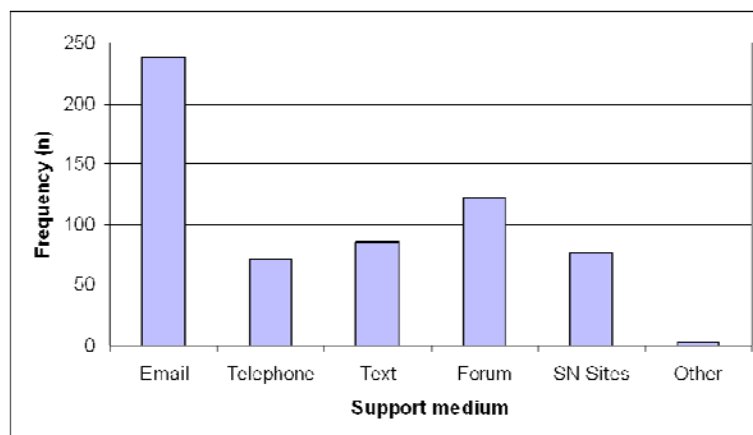
Frequency of support

- Weekly – 67.2%

- Fortnightly – 22.9%

- Monthly – 2.4%

- Other suggestions made included having support sessions as and when required and being able to email their support worker anytime.

Duration of support sessions

Legend:
- 5 mins
- 10 mins
- 15 mins
- 20 mins
- 30 mins
- Flexible

The support element of the online self-help approach

- "I would like to know I was going in the right direction".
- "Might be good to have someone totally impartial to speak to".
- "Motivation can be an issue and support would be useful to help with this".
- "Someone to work with and be honest to".

Perceived advantages of online self-help

- "Easy to access anytime daily rather than relying on weekly clinical visits".
- "I'm ashamed of the way I behave and this offers a great deal more privacy".
- "..no waiting list and can be more interactive than a book".
- "It feels like a less pressured way of getting help".

Expected difficulties in using online CBT

- Aimed to identify possible obstacles to using cCBT.

- Access to a computer and computer literacy not a problem for majority of the sample.

- Problems identified – confidentiality (21.7%) and privacy (15%) when using the online package.

Differences between age groups

- No significant difference in perceived helpfulness of cCBT between groups (<40 or >40).
- < 40s were not more likely to select e-forms of support than >40s.
- Similar concerns about using cCBT between groups.
- Previous use of the internet for help with eating problems higher in <40 group.

Conclusions and application of findings.

- Information to help with the planning of cCBT delivery and support.
- Application in primary care settings - bridge the gap.
- Lack of home internet access in deprived areas – limits ability to use cCBT.
- Effective support infrastructure needed to maximize efficiency and flexibility of delivery.