

Research into online resources for eating disorders

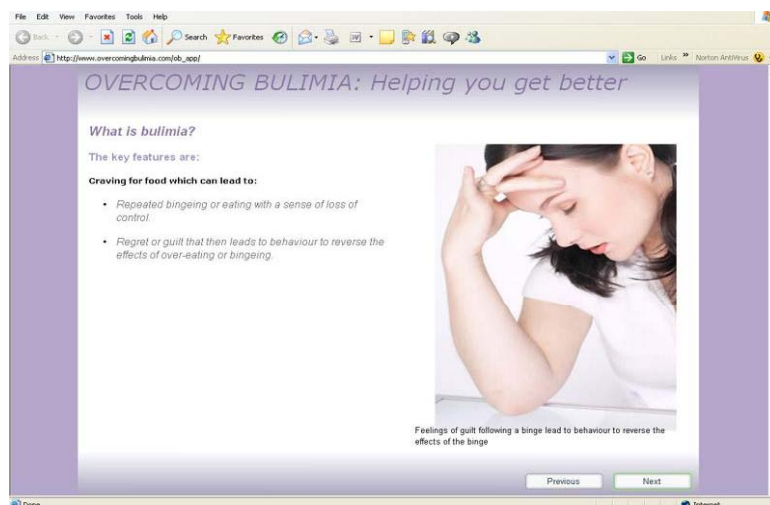


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Overcoming Bulimia Online



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Address http://www.overcomingbulimia.com/job_app/

OVERCOMING BULIMIA: Helping you get better

What is bulimia?

The key features are:

Craving for food which can lead to:

- Repeated bingeing or eating with a sense of loss of control.
- Regret or guilt that then leads to behaviour to reverse the effects of over-eating or bingeing.

Feelings of guilt following a binge lead to behaviour to reverse the effects of the binge

Previous Next

Interactive package

The screenshot shows a web browser window displaying an interactive package page. The page title is "OVERCOMING BULIMIA: Helping you get better" and it is page 3 of 40. The main heading is "Establish a new eating pattern." The text discusses the benefits of eating regularly, such as helping to break the vicious cycle of bulimia, and provides advice on how to start, including keeping a food diary and eating small, frequent meals. A video player is embedded on the right side of the page, showing a person sitting at a desk. The page includes a navigation menu at the top with options like Home, Subscription, Forums, Course Menu, Screeners, Downloads, and Technical Help. The footer contains a Privacy Statement, Terms of Use, and copyright information for 2007-10 by Media Innovations & Dr. Chris Williams.

Mood monitoring

The screenshot shows a web browser window displaying an interactive package page. The page title is "OVERCOMING BULIMIA: Helping you get better" and it is page 1 of 26. The main heading is "Graphs." The text states that the graphs show scores on the depression and anxiety HAD scale. Two bar charts are displayed side-by-side, both labeled "Session 4". The left chart is titled "Anxiety HAD Scale" and the right chart is titled "Depression HAD Scale". Both charts show two bars for each session, with the second bar being higher than the first. The page includes a navigation menu at the top with options like Home, Subscription, Forums, Course Menu, Screeners, Downloads, and Technical Help. The footer contains a Privacy Statement, Terms of Use, and copyright information for 2007-10 by Media Innovations & Dr. Chris Williams.

Previous Research - online CBT & Bulimia Nervosa

Pilot study of OBO (Sanchez-Ortiz et al, 2010)


- Students recruited - 72% had never received any therapy for their eating disorder.
- Community recruitment - accesses "the iceberg of unrecognised and untreated bulimia nervosa and EDNOS" (p.15).
- Episodes of bingeing significantly improved in both groups at the 3 month follow up.
- The 6 month follow up assessments indicated that 52.2% of participants no longer met the criteria for an eating disorder.

Pilot study of OBO (Sanchez-Ortiz et al, 2008)

- 13-20 year olds recruited
- Given access to OBO with email support and use of forum.
- Bulimic symptoms significantly reduced at 3 month and 6 month follow-ups.
- Reports that workbooks were too large.
- Email support was not frequent or responsive enough


Community Bulimia Nervosa RCT

- Novel recruitment methods.
- Baseline questionnaires: Eating habits, depression and anxiety, social functioning etc.
- Immediate or delayed access to 'Overcoming Bulimia Online'.
- Weekly email, telephone or text support.



Adolescent study (Pretorius et al (2010))

- Accessibility and flexibility of cCBT.
- Desire to have autonomy and control over their eating disorder and recovery.
- First step in their treatment.



Student study (Sanchez-Ortiz et al, 2011)

- Other treatments they had accessed and compared these with their experience of OBO- online CBT package was more structured than counselling.
- Apprehension with regard to approaching their GP about their eating problems.



Participants

- 8 interviewed, all women, mean age = 33.9 years (range = 28-50 yrs).
- Duration of ED ranged from 2 years to 30 years, the mean was 16.6 (SD = 8.6).
- Mean number of sessions completed was 6.4 out of the 8 session online course



Method

- Participants had taken part in a community based RCT.
- Low users (0-2 sessions), medium users (3-5 sessions) and high users (6-8) sessions) were selected for interview.
- Six step inductive thematic analysis approach used Braun and Clark (2006)



Conceptualising eating disorders

“..there’s a standard joke that people who are bulimic are failed anorexics ... and that’s an extra thing that you carry around with you”.

“I thought I was just a horrible, horrible person”.

“I could take a deep breath and think oh my god (laughs) this is real”.



Help-seeking

“Yeah I’ve been turned, turned away by I think it’s 4 GPs who’ve all said it’s not a problem”.

“...if you go to your doctors there’s a long waiting list, that’s if you get help”.

“... looking through internet websites for online help ... it’s the question between living and dying really”.



Privacy

“...there’s nobody else in my life day to day that I’ve told about this”.

“And there’s something about you know it being hidden and awful that it’s not helpful isn’t it. It just feeds itself”.



The intervention

“It helps you tackle other stuff as well, and being assertive”.

“actually just thinking about it, in 10 years time do I actually still want to be in the same position”.

“...would like to have monthly follow-up sessions for another few months”.



The intervention - challenges

“need for a personal element..bit more tailored..”.

“I immediately started to put on weight so that was, that really put me off”.

“I think it’s quite a bit to be involved in the package ...found er um, almost impossible to do one a week”.



Motivation

“..it was easier to just not really do it”.

“..if it hadn’t been for the support worker .. I would have thought that it’s not it err is obviously not working, it’s not worth persevering with”.

“..if I don’t take this opportunity and sort of, em, give it my best shot..then I was going to go back to how I was”.



Public engagement

“you’re kind of doing something which might benefit other people as well”.

“...seeing it there in black and white I felt I was more in control of the problems if you see what I mean”.



Discussion

- Small sample size
- Purely community based users
- Wider age range than previous qualitative studies
- Qualitative data from individuals who may not normally access treatment
- Desirable option for individuals in community and voluntary sector setting



Published in JMIR

- McClay, C-A., Waters, L., McHale, C., Schmidt, U. & Williams, C. Online Cognitive Behavioral Therapy for Bulimic Type Disorders, Delivered in the Community by a Nonclinician: Qualitative Study. *J Med Internet Res* 2013;15(3):e46
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