

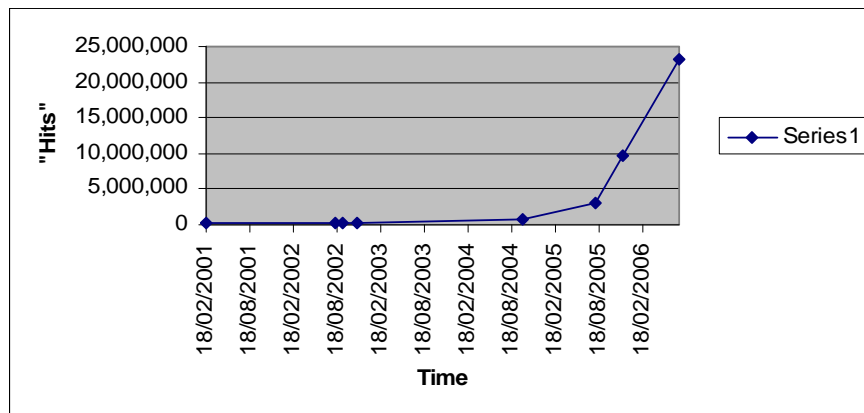
## An RCT of a internet-based CBT Skills Package for Carers of People with Anorexia Nervosa



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## Google self+help+eating+disorder



## Web-based Information on EDs

- 15 commonly accessed ED websites
- Two reviewers evaluated the characteristics, quality of content, & accountability of the sites
- The overall quality of the sites was poor.
- All 'quality of content' measures correlated with a measure of accountability (Silberg et al., 1993)

Murphy et al., (2004) Int J Eat Disord 35: 145-154.



## Randomised controlled trial of CD-ROM-based cognitive-behavioural self-care for bulimia nervosa

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### 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 (EDNOS) (bulimic type) in a routine setting.

### Method

Seventy-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).

(ISRCTN1564819). 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 × 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 ensuring its benefits.

### Declaration of interest

C.W. receives royalties for the CD-ROM intervention. Funding details in Acknowledgements.

Bulimia nervosa is a common and disabling disorder seen most frequently in young women.<sup>1,2</sup> Cognitive-behavioural therapy (CBT) is the treatment of choice.<sup>3</sup> Self-care manuals of CBT for bulimia nervosa exist, which have been evaluated in randomised controlled trials (RCTs).<sup>4,5</sup> A stepped care model using self-care as the first step has been recommended for bulimia nervosa<sup>6</sup> and was endorsed by the National Institute for Health and Clinical Excellence (NICE).<sup>7</sup>

Computerised CBT interventions (CD-ROM or internet based) may be an alternative to manual-based self-care. Such interventions may have advantages over books, as they are more interactive and individually tailored. Web-based interventions have been used in two RCTs for the prevention of eating disorders,<sup>8,9</sup> in a non-randomised trial of bulimia nervosa<sup>10</sup> and in one exploratory RCT in binge eating disorder.<sup>11</sup> We previously piloted a CD-ROM based CBT intervention<sup>12</sup> in individuals with bulimia nervosa<sup>13–14</sup> with good outcomes and acceptability. As yet, no RCT has addressed the effectiveness of a computerised intervention in the treatment of bulimia nervosa. The aim of the present study was to investigate the effectiveness of an unsupported/unguided CD-ROM based CBT intervention followed by a flexible number of therapist sessions (5 or 15) against 3 months on a waiting list followed by 15 therapist sessions, using a stepped care design in a routine clinical setting. We hypothesised that people receiving the CD-ROM treatment as the first step in treatment would show greater symptomatic improvement compared with those on the waiting list at 3 months, and that at 7 months individuals in both groups would have similar outcomes. We also hypothesised that participants in the CD-ROM group would need fewer therapist sessions than those who did not have the CD-ROM as the first step of treatment.

in the South London and Maudsley National Health Service (NHS) Foundation Trust. This is the main eating disorders service provider for a local population of 2 million people. Individuals are referred by general practitioners. Referrals with bulimia nervosa or eating disorder not otherwise specified (NOS) (bulimic type) as defined by DSM-IV,<sup>15</sup> were eligible for the study and were invited to participate. Diagnosis was confirmed by senior clinicians using a semi-structured interview designed and used within the service as part of the assessment procedure. We included participants with clinically significant levels of compensatory behaviours (purging), but without objective binge. As a minimum frequency for inclusion, participants had to engage in key bulimic behaviours on average once a week over the previous 3 months.

Exclusion criteria were insufficient knowledge of English, insufficient literacy skills, severe intellectual disability, anorexia nervosa, severe depression, acute suicidality, and alcohol or substance dependence. We did not exclude participants on antidepressants, provided they were on a stable dose for at least the preceding 4 weeks.

Eligible individuals were approached for participation at initial clinical assessment and gave written informed consent to participate in the trial. The study was approved by the joint research ethics committee of the Institute of Psychiatry and the South London and Maudsley NHS Foundation Trust. The trial was registered in the ISRCTN register (ISRCTN1564819).

### Trial interventions

CD-ROM group

Participants in this group undertook a CD-ROM self-care treatment with no practitioner guidance/support followed by therapist sessions depending on clinical need. 'Overcoming Bulimia'<sup>11</sup> is a

### Method

## A randomized controlled trial of internet-based cognitive-behavioural therapy for bulimia nervosa or related disorders in a student population

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**Background.** Bulimic eating disorders are common among female students, yet the majority do not access effective treatment. Internet-based cognitive-behavioural therapy (iCBT) may be able to bridge this gap.

**Method.** Seventy-six students with bulimia nervosa (BN) or eating disorder not otherwise specified (EDNOS) were randomly assigned to immediate iCBT with e-mail support over 3 months or to a 3-month waiting list followed by iCBT [waiting list/delayed treatment control (WL/DTC)]. ED outcomes were assessed with the Eating Disorder Examination (EDE) at baseline, 3 months and 6 months. Other outcomes included depression, anxiety and quality of life.

**Results.** Students who had immediate iCBT showed significantly greater improvements at 3 and 6 months than those receiving WL/DTC in ED and other symptoms.

**Conclusions.** iCBT with e-mail support is efficacious in students with bulimic disorders and has lasting effects.

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**Key words:** Bulimia nervosa, CBT, eating disorder, internet, self-help treatment.

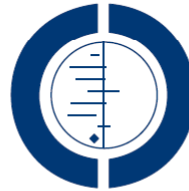
### Introduction

The transition from school to higher education is associated with a steep rise in the incidence of mental health problems, and these are seriously disruptive to students' education and emotional development (The Royal College of Psychiatrists, 2003). Female

2005). In BN, shame commonly acts as a barrier to help-seeking. Moreover, student mobility between term-time and holiday addresses disrupts treatment (Treasure *et al.* 2005). To overcome these barriers and engage young people with BN in effective treatment without delay or disruption, new ways of service delivery need to be identified. Computerized CBT

Self-help and guided self-help for eating disorders (Review)

Perkins SJ, Murphy R, Schmidt U, Williams C



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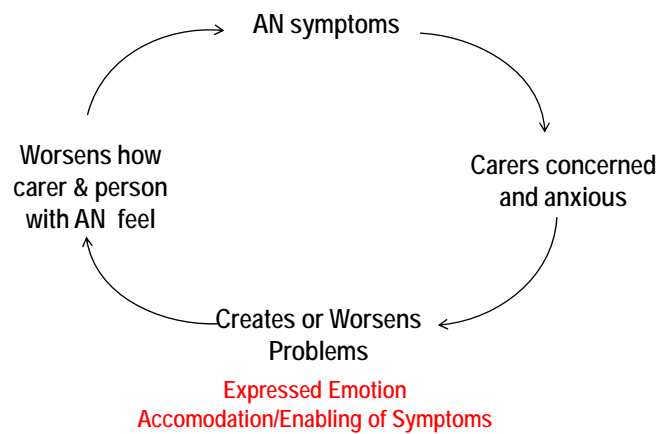
<http://www.bmjjournals.com>



Self-help and guided self-help for eating disorders (Review)  
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## How Families/Carers keep AN going

KING'S  
College  
LONDON  
Founded 1829  
University of London



Schmidt & Treasure (2006) Br J Clin Psychol

## Overcoming Anorexia Nervosa Online (OAO)

A web-based skills training for families

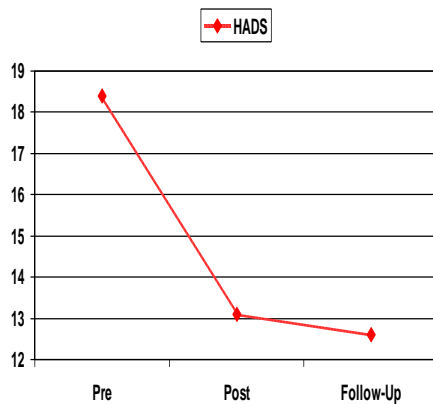


Follows a systemic CBT model

- 8 interactive online modules, e.g.:
  - Communication about AN
  - Giving meal support
  - Assessing/managing risk
  - Carers' own needs
- Accompanying Workbooks
- [www.overcominganorexiaonline.com](http://www.overcominganorexiaonline.com)

Schmidt et al., 2007; Grover et al., 2010; Grover et al., 2011

## Offline Pilot Study OAO



- 27 AN carers
- Interactive workbooks
- Telephone or email support
- Significant improvements in carer depression, anxiety, burden, expressed emotion & enabling of symptoms

Grover et al. (2010). IJED

## An Off-Line Pilot Evaluation of a Web-Based Systemic Cognitive-Behavioral Intervention for Carers of People with Anorexia Nervosa

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### ABSTRACT

**Objective:** To evaluate the feasibility and acceptability of a novel systemic cognitive-behavior therapy-based intervention for carers of people with anorexia nervosa (AN). The intervention provides information and promotes skills development in managing the illness. Carers were also offered professional support.

**Method:** Twenty-seven carers were recruited. Outcomes measuring carer distress, experience of care-giving, level of expressed emotion and problem solving were measured pre- and post-intervention and at follow-up. Carers also gave feedback.

**Results:** There was a significant reduction in carers' anxiety and depression, negative experiences of caregiving and

expressed emotion and a significant increase in positive experiences in caregiving after the intervention. Most improvements were maintained at follow-up. The intervention was well received.

**Discussion:** The results of this pilot study indicate that the intervention is acceptable to carers and may have a positive impact on carers' mental health and experience of care-giving. Further investigation of the intervention is warranted. © 2010 by Wiley Periodicals, Inc.

**Keywords:** anorexia nervosa; psychoeducation; cognitive behaviour therapy; systemic therapy; carer

(Int J Eat Disord 2010; 00:000-000)

### Introduction

Carers (e.g. friends, relatives, or partners) of people with ED are usually highly motivated to contribute to their loved one's treatment but feel ill-equipped to do so.<sup>1</sup> Carers often have unmet needs and difficulties<sup>2</sup> and high levels of distress.<sup>3</sup> This may unwittingly manifest in unhelpful responses which maintain their loved one's illness. These responses include high levels of expressed emotion (EE),<sup>4</sup> a blurring of relationship boundaries and roles,<sup>5</sup> age-

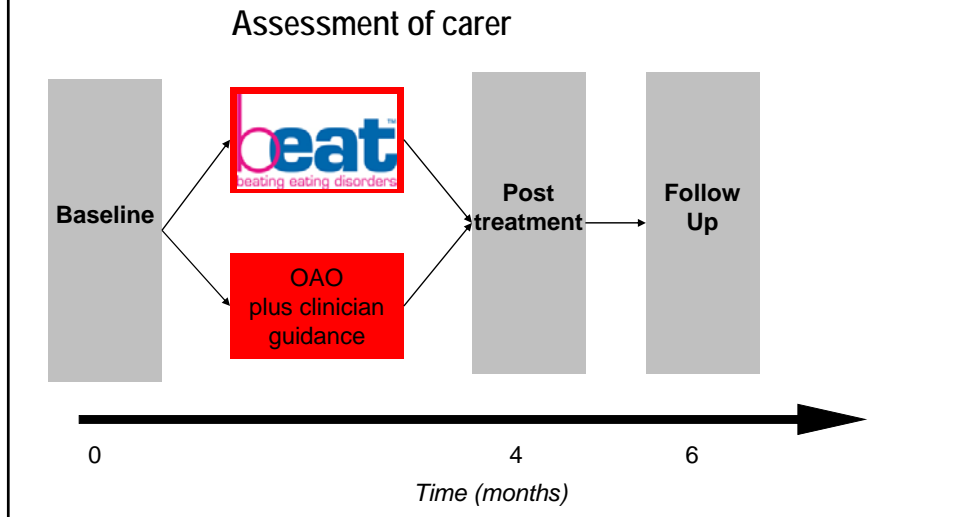
in appropriate levels of care,<sup>4</sup> and the deferral of carers' own needs.<sup>6</sup>

Our group has developed a model of carer distress in ED<sup>4,7,8</sup> and based on this, a skills training workshop intervention.<sup>1</sup> However, this is not suited to all carers, given time and other constraints. In recognition of this, "distance learning" models of skills training for carers have begun to emerge. One such package involves DVDs developed from the above workshop materials,<sup>1</sup> in conjunction with a

## Randomised Controlled Trial of OAO

- OAO plus guidance by a clinician through email or phone (approx 20 mins per week)
- Ad-hoc support from the patient & carer organisation *Beat*: e.g. via telephone helpline, email support, or support groups

## Design



## Carer Outcomes

Assessed at baseline, 4 months and 6 months:

- Depression and anxiety
- Care giver burden:
  - Experience of Care Giving
  - Impact of ED symptoms on the carer
- Level of Expressed Emotion (criticism, overinvolvement)
- Accomodation to & Enabling of Symptoms
- Feedback on Intervention

## Characteristics of Carers

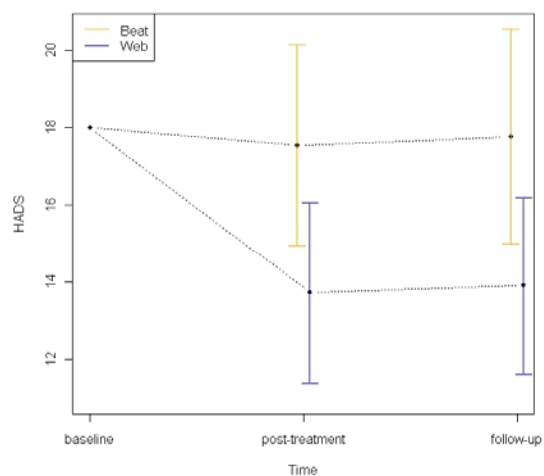
	OAO (n=34)	Beat (n=30)
Mean Age (Years)	47.3 (8.7)	49.1 (6.2)
Living with Patient	78.8%	76.7%
<b>Relationship to Patient</b>		
•Mother	69.7%	90%
•Other	30.3%	10%

## Characteristics of Person with AN

	OAO	Beat
Mean age (years)	21.1 (7.0)	19.7 (5.2)
<b>Diagnosis:</b>		
• AN	78.7%	76.7%
• EDNOS	21.2%	23.3%
Duration of illness	4.7 (4.9)	3.8 (4.)
Previous In-Patient Treatment	69.7%	43.2%
<b>Current Treatment:</b>		
• Inpatient/day-care	21.2%	20%
• Out-patient	72.7%	70%
• None	6.1%	10%



## Hospital Anxiety & Depression Scale



## Other Outcome Measures

- Greater reductions of carer symptoms in the OAO group than *Beat*, but none of these reached significance
  - Expressed Emotion:  $p = 0.076$

## Type & Amount of Therapist Guidance

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- 79% of carers wanted email support
- 21% wanted phone support
- Mean amount of guidance: 93 minutes (range 36 to 253)

## Acceptability of OAO

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- 90% of participants completed all the modules
  - Most rated the intervention as highly interesting and useful
  - Most useful module: effective communication

## Carers' Comments

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- "...it broadened my knowledge of eating disorders."
- "... the best thing in it for me was ... giving me training in communications, which I found excellent ..."
- "... the workbooks were really comprehensive ..."
- "... if I've got something I think needs dealing with, I will think about it first, so that I'm well prepared before I talk to her ..."
- "I think actually she feels better supported ... I think I'm much more clear on what I'm doing because I feel a bit more confident."
- "... I'm really glad that I've done it ..."

## Summary

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- Trial provides preliminary evidence that giving carers' skills to support the person with AN reduces carer distress and expressed emotion
- Future studies should
  - assess OAO with or without out guidance
  - Assess impact of the intervention on patients

## Acknowledgements

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