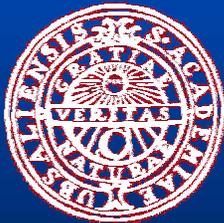


CBT via Internet for bulimia nervosa and binge eating disorder



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Remote treatment of bulimia nervosa and binge eating disorder: A randomized trial of Internet-based cognitive behavioral therapy

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■ Accepted in Behaviour Research and Therapy

Background

- CBT is suggested to be the treatment of choice for BN and BED
- Recovery rate: 40-70%
- Not more than 6% of Swedish psychotherapist are experts in CBT
- Not more than 10% of them work with eating disorders
- Most patients do not receive CBT!!!
- Many patients do not seek help due to stigmatization issues

Self-help

- To increase the accessibility of evidence-based treatment for BN and BED
- A viable first stage option (in a stepped care model) according to earlier studies
- An affordable treatment
- A good option for those not seeking help
- Can be combined with general supportive clinical management

Some earlier self-help studies

- Carter & Fairburn, 1998 (ftf)
- Ghaderi & Scott, 2003 (ftf)
- Loeb et al., 2000 (ftf)
- Peterson et al., 1998
- Wells et al., 1996 (tel)
- Palmer et al., 2002 (tel)
- Guided self-help probably better than pure: (e.g. Carter & Fairburn, 1998; Loeb et al., 2000)

Advantages of Internet-based support

- Advice and feedback can be given promptly
- No need for synchronicity as with telephone guidance
- Cost-effective
- Ease and accuracy of assessing the effects
- Therapist delivered CBT can be unnecessarily intensive for a sub-group of patients for whom self-help is sufficient

Aims of the study

1. To evaluate the efficacy of self-help with Internet-based guidance in the treatment of full and sub-threshold BN and BED
2. To investigate the effects of the program on depression, quality of life and self-esteem

Sample and procedure

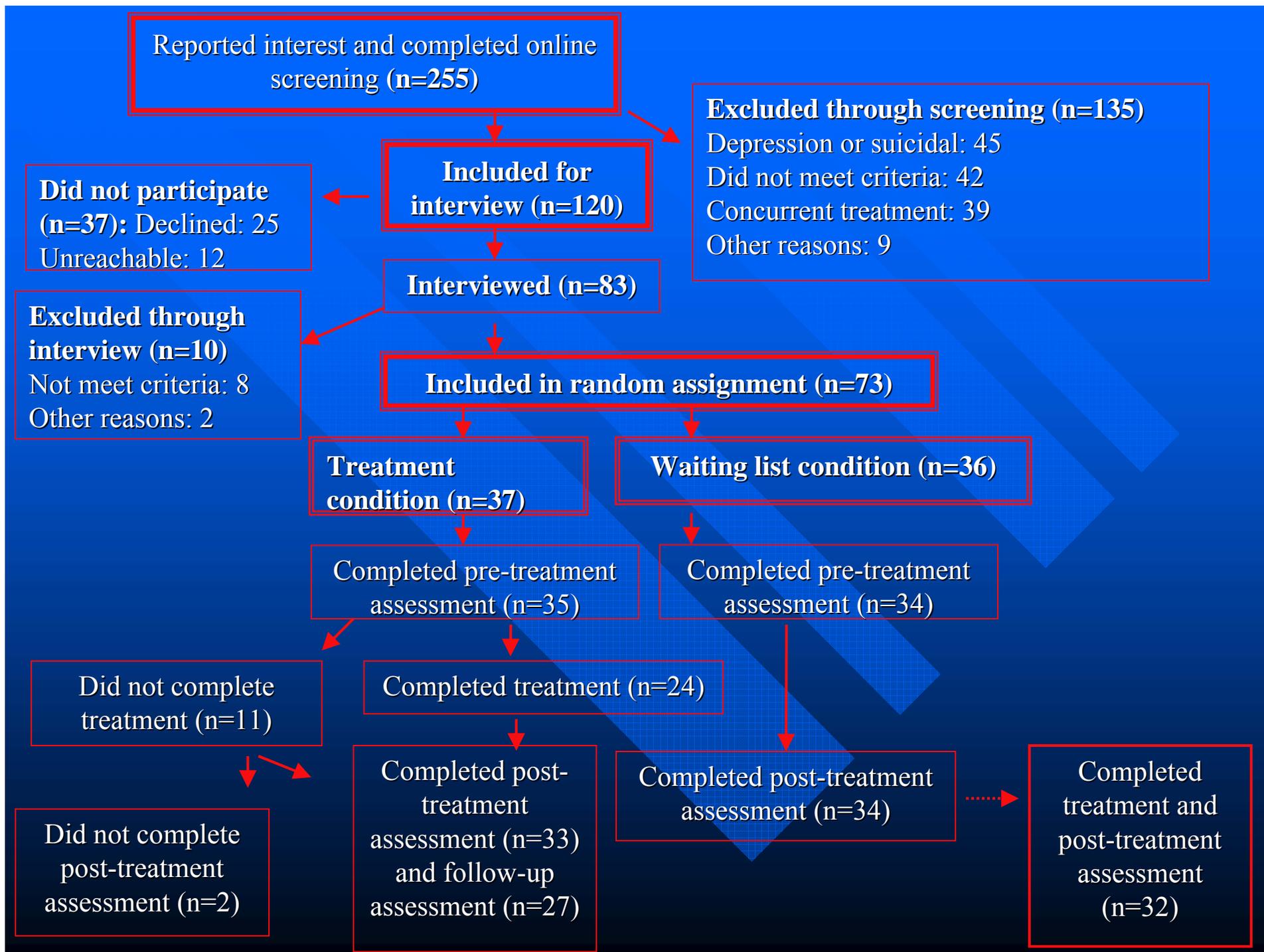
- Recruited through Swedish newspapers, one major tabloid and a local newspaper, which wrote articles about the study
- Those interested were instructed to visit a home page
- After obtaining written consent the applicant could receive a code for an online screening, and were later interviewed face to face if screening showed eligibility

Inclusion & exclusion

- Age \geq 18 and BMI \geq 18
- MADRS score $<$ 30
- Not currently suicidal (MADRS item 9 $<$ 4)
- Fulfil full or sub-threshold diagnoses of either BN or BED
- No concurrent psychological or psychopharmacological treatment

Screening instruments

- **Survey for Eating Disorders** (SEDs; Ghaderi & Scott, 2002)
- **Eating Disorders Examination Questionnaire** (EDE-Q; Fairburn & Beglin, 1994)
- **Montgomery Åsberg Depression Scale Self-assessment** (MADRS; Svanborg & Åsberg, 1994)
- **Quality of Life Inventory** (QOLI; Frisch, Cornell, Villanueva, & Retzlaff, 1992)
- **Body Shape Questionnaire** (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987).



Procedure-related issues

- Stratified randomization for equal number of BN and BED and severity (full/subthreshold) in both groups
- The EDE interview (the gold standard)
- Subthreshold BED: at least 2 OBEs/months during the last 6 months
- Excluded applicants were given individually tailored information on how to seek help from the public healthcare system

Treatment condition (12 weeks)

- Received “Overcoming binge eating” by Chris Fairburn
- They were assigned homework tied to each chapter in the self-help part of the book and had contact with a graduate psychology student via email
- Guidance followed a manual + supervision
- Access to an online private discussion forum, where they could discuss the treatment with each other

Attrition

- Thirty-five patients started the treatment
- 17% dropped out during the first half of the program
- 14% reached the second half
- 69% stayed in the program for the whole 12 weeks
- In total, 33 (94%) completed post-treatment assessment and 27 (77%) did the six-months follow-up assessment

Results (1)

- No differences between the conditions at pre-treatment except for Drive for thinness!
- ITT showed a 64% decrease in OBE, while patients in the waiting-list showed 26% increase in OBE*
- Purging decrease by 21% in treatment, while an 18% increase in the waiting-list (ns)
- Even better results for completers!

Results (2)

- 37% ($n=35$) were recovered by reporting no episodes of binge eating or purging during the last 28 days prior to the post-treatment assessment
- In combination with the wait-list group after receiving treatment ($n=67$) 36% recovered
- Corresponding percentages for completers were 46%, and 41%, respectively!

Table 2. The treatment completers and the wait-list control group at pre-, and post-treatment assessments.

Measurement	Pre-treatment		Post-treatment		Effect size ¹		Clinically improved ²
	Treatment	Control	Treatment	Control	Comp	ITT	
EDE-Q							
OBE ³	12.4 (8.9)	9.3 (7.7)	2.7 (3.7)	11.7 (18.4)	.12**	.08*	43%
Purging ⁴	7.2 (11.1)	13.6 (12.7)	2.3 (3.1)	16.0 (8.8)	.17	.06	31%
Restraint	2.8 (1.4)	2.8 (1.5)	2.1 (1.6)	2.6 (1.6)	.08*	.04	13%
Eating concern	3.2 (1.2)	3.4 (1.2)	1.7 (1.2)	3.4 (1.6)	.30**	.20**	23%
Shape concern	4.6 (1.2)	5.1 (1.0)	3.6 (1.5)	5.0 (1.1)	.26**	.18**	19%
Weight concern	3.9 (0.9)	4.3 (1.0)	2.7 (1.2)	4.2 (1.1)	.25**	.14**	33%
Total score	3.6 (0.9)	3.9 (1.0)	2.5 (1.2)	3.8 (1.1)	.34**	.23**	30%

Effect sizes (η_p^2) for 2x2 split plot ANOVA are given for both completers ($df = 1, 56$) and ITT-analyses ($df = 1, 67$)

Change in other variables among treatment completers and the wait-list control group at pre-, and post-treatment assessments

Measurement	Pre-treatment		Post-treatment		Effect size ¹		Clinically improved ²
	Treatment	Control	Treatment	Control	Comp	ITT	
BSQ	65.9 (12.7)	69.3 (12.3)	55.2 (14.3)	69.3 (12.7)	.32**	.15*	28%
SWLS	17.5 (5.8)	18.1 (6.0)	20.9 (5.5)	18.5 (7.3)	.13**	.09*	27%
SCQ	112.4 (17.4)	119.4 (12.9)	129.8 (15.2)	119.6 (16.4)	.11*	.06	18%
MADRS	19.0 (9.1)	15.6 (7.0)	10.4 (5.7)	16.9 (8.1)	.28**	.20**	46%

Follow-up (six months later)

- All improvements were maintained at group-level:
 - Of the 12 (44%) of these patients that were symptom free at post-treatment, 5 experienced relapse in the four weeks preceding follow-up and 7 remained symptom free
 - Additionally, 5 other patients reported being symptom free at follow-up
 - Thus 44% were symptom free at follow up

Conclusions

- This is the first study showing that CBT-based self-help in combination with support delivered through e-mail and a discussion forum via Internet might also be considered a viable first step treatment of full and sub-threshold BN and BED
- Partly higher improvement and recovery rates in the current study than many other self-help studies!