Meds + Therapy Produce Loss in Binge Eaters

Remission was achieved by nearly two-thirds of the combination group vs. about one-third of controls.

BY JANE SALODOF MACNEIL
Contributing Writer

LAS VEGAS — Adding a weight-loss medication to cognitive-behavioral therapy for binge eating disorder produced a higher remission rate and greater weight loss than cognitive-behavioral therapy alone in a randomized, double-blind, placebo-controlled trial.

More than a third (36%) of 25 obese binge eaters had a 5% weight loss with the combination of cognitive-behavioral therapy (CBT) and orlistat (Xenical), Carlos M. Grilo, Ph.D., reported at the annual meeting of North American Association for the Study of Obesity.

Fewer patients in the control group met the 5% standard for weight loss: only 8%, compared with the 36% of patients on combined therapy. The control group of 25 patients received CBT and a placebo.

Remission was achieved by nearly two-thirds (64%) of the combination therapy group during the 12-week study, and 52% were still in remission 3 months after the end of treatment, according to Dr. Grilo, director of the eating disorder program in the department of psychiatry at Yale University, New Haven.

In the control group, only 36% achieved remission, which was defined as no binge eating for at least 28 consecutive days.

The dosage of orlistat used in the combined therapy group was 120 mg, three times a day.

The average weight loss of 4.4 kg in the combined therapy group was small, but it was encouraging because helping binge eaters to achieve any degree of weight loss has been a major challenge. "This may appear modest, but with this patient group, it is a promising first step," Dr. Grilo said at the meeting, which was cosponsored by the American Diabetes Association. The control group lost less weight on average—only 1.9 kg.

The Eating Disorder Examination interview was used to assess outcomes. After patients finished the program, they were encouraged to stay on a three-meal, three-snack-a-day regimen.

Weight loss in the combined therapy group was small but encouraging. Helping binge eaters to achieve any weight loss has been a challenge.

The trial enrolled 50 consecutive obese patients, mean age 47, who met strict criteria for binge eating. Predominantly white and female, the population averaged 13.5 binge-eating episodes per month and had an average body mass index of 36 kg/m^2. Sixty percent had at least one additional psychiatric disorder, the most common of which was major depression.

"The severity of our patients is similar to most CBT trials and greater than most medication trials," Dr. Grilo said. In both arms of the study, he noted, 78% of patients completed the treatment.

CBT was the same for both groups, and it consisted primarily of guided self-help with six individual meetings.

CBT has been the best-established treatment for binge eating to date, but it has produced modest results, according to Dr. Grilo.

"The cognitive-behavioral therapy guided self-help was given by specialists—doctoral-level research clinicians with experience in CBT as well as obesity and eating disorders," Dr. Grilo said. "It's unknown whether similar outcomes would be seen with generalists."

The approach needs to be extended to other patient groups, especially diabetic binge eaters who were excluded from the study, he said. Longer follow-up, as well as replication of the trial, is also needed. ■

Compulsive Exercise in Men Poses Challenge

BY SHARON WORCESTER
Tallahassee Bureau

ORLANDO, FLA. — Anorexia nervosa in males is often accompanied by compulsive exercising, which tends to be driven more by a desire for muscularity than a desire to lose weight, Theodore Weltzin, M.D., said at an international conference sponsored by the Academy for Eating Disorders.

Treatment initially requires abstinence from all exercise while eating and weight are normalized. Noncardiovascular exercise is gradually added.

Unlike most anorexic women with an exercise compulsion, very few men say their disease began with weight loss attempts, said Dr. Weltzin, medical director of the eating disorder programs at Rogers Memorial Hospital, Oconomowoc, Wisc.

With male patients, the focus is generally on developing upper body strength, and it often is fueled by an unrealistic desire to achieve the muscular male body type that is increasingly featured in advertisements and elsewhere in the popular media, he said during a workshop at the conference, which was cosponsored by the University of New Mexico.

Chief among the signs that a patient is exercising compulsively are following a rigid daily exercise schedule, exercising while injured, experiencing a negative mood when unable to exercise, harboring unrealistic expectations regarding exercise, and allowing exercise to take the place of other priorities.

Dr. Weltzin described a 19-year-old patient with comorbid obsessive-compulsive disorder who ran 8-10 miles twice each day, and a 45-year-old who had to exercise any time he ate.

"For this (latter) patient, the exercise was more about purging his feelings than about purging calories," Dr. Weltzin said, explaining that through therapy, the patient pinpointed the start of his disease to high school football camp when his coach called him "fat ass."

Treatment of male patients with a compulsive exercise component to their disease can be quite challenging.

In Dr. Weltzin's experience, there is a "higher level of intensity" in terms of the psychological withdrawal experienced by men, compared with women, who undergo treatment for eating disorders with such a compulsive exercise component.

Treatment initially requires abstinence from all exercise while eating and weight are normalized.

Noncardiovascular exercise in a controlled environment is gradually added back into the patient's routine as appropriate.

Exercise can continue to be added back to the routine as long as the amount of exercise is reasonable, the patient maintains normal nutritional status, and it is enjoyable rather than compulsive. A "health mentor" or exercise group can be helpful.

Meanwhile, the patient should be encouraged to develop nonexercise interests as well, Dr. Weltzin noted.

In males with anorexia and compulsive exercising, weight maintenance is a sign that treatment is working, he added. ■

Men Respond Differently to Treatment

Far less is known about eating disorders and their treatment in men than in women, but a recent pilot study looking at outcomes provides some insight.

Data from the follow-up study of 7 men and 26 women who were discharged from a residential treatment program at Rogers Memorial Hospital suggest that men are less concerned about weight loss and that they gain more weight following treatment than do women, Dr. Weltzin reported (J. Addict. Dis. 2004;23:83-94).

Men gained an average of 19 pounds during follow-up; women gained an average of 7 pounds. About 40% more women than men said their weight was too high.

Furthermore, when men were dissatisfied with their bodies, they said they should be more muscular, not thinner, Dr. Weltzin noted.

A finding that patients with a higher weight at follow-up had a higher weight at discharge was consistent with findings from another recent study, which showed that low discharge weight is a critical risk factor in eating disorder relapse, he said.

In this study, higher weight at follow-up was more likely in males than in females.

Maternal Obesity, Depression Predict Bulimia Outcomes

ORLANDO, FLA. — Maternal obesity and depression play a significant role in the long-term recovery of patients with bulimia nervosa, Aimee J. Arikian reported at an international conference sponsored by the Academy for Eating Disorders.

In a follow-up study of 95 women with bulimia who were previously involved in a randomized controlled study of imipramine and cognitive-behavioral therapy, maternal obesity—defined as the obesity of the patients' mothers—was shown to be associated with reduced symptoms.

Severe maternal depression was shown to be an independent predictor of continued bingeing and purging symptoms at up to 10 years follow-up, said Ms. Arikian, community program assistant at the University of Minnesota, Minneapolis.

The presence of a lifetime affective disorder in the patient was also an independent predictor of continued bingeing and purging symptoms, she noted at the conference, cosponsored by the University of New Mexico.

Patients included in the initial study all had at least three weekly episodes of bingeing and purging for the previous 6 months. They completed a baseline questionnaire on family medical and psychiatric history, which revealed rates of maternal psychopathology as follows: 2.1% had an eating disorder, 6.3% were substance abusers, and 7.4% had severe depression. In addition, 12.7% of mothers were obese.

This rare, systematic assessment of parental pathology in eating disordered patients highlights the importance of maternal characteristics in recovery from bulimia, independent of patient psychopathology, Ms. Arikian said.

—Sharon Worcester