

Bulimic Patients Respond to Family Therapy, CBT

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ORLANDO, FLA. — Family-based therapy and cognitive-behavioral therapy with guided self-help both show promise for the treatment of adolescents with bulimia nervosa, according to data presented at an international conference sponsored by the Academy for Eating Disorders.

Family-based therapy (FBT) has proven benefit for the treatment of anorexia nervosa in adolescents, but it was unclear whether this treatment would also be useful for patients with bulimia. Now, 3-year data from an ongoing 5-year randomized controlled trial suggest it can be adapted successfully for this population, reported Daniel le Grange, Ph.D., of the University of Chicago.

In 18 patients who underwent FBT and were eligible for 6-month follow-up, bingeing, purging, and laxative abuse were significantly reduced.

"This is a very good start," Dr. le Grange said at the meeting, which was cosponsored by the University of New Mexico.

The National Institutes of Health-sponsored study actually is comparing outcomes among adolescents treated with either manualized FBT or manualized individual supportive psychotherapy; only data from the FBT arm were available at the time of Dr. le Grange's presentation. The FBT was adapted from the therapy used for anorexia nervosa patients to meet the specific needs of bulimia patients, he explained.

Treatment consisted of 20 sessions over 6 months and also addressed comorbidities. In the first of three phases (first 10 sessions), the focus was on resolving the eating disorder and helping parents to help the adolescent reestablish healthy eating habits.

During the second phase (four to five sessions), patients were generally on the way toward healthy weight, and parents withdrew some of their vigilance in overseeing the patient's eating. The therapist began to address developmental issues that were postponed while focusing on the eating disorder.

In the final phase (four to five sessions), developmental issues continued to be addressed, but the focus was on patient independence in regard to control over eating.

Among the treatment challenges encountered in the study and in adapting the treatment for bulimic patients were the difficulty with overcoming the shame and resulting secrecy inherent in bulimia nervosa, as compared with anorexia nervosa, and the substantially greater risk for comorbid conditions among bulimia patients, Dr. le Grange noted.

Comorbidity issues can make it difficult for parents to maintain a focus on the eating disorder, he said.

Nonetheless, in this trial, 52% of patients had a good response (abstinent from bingeing and purging) at 6 months, 25% had an intermediate response (bingeing and purging frequency was reduced at least 50% from baseline), and 25% had a

poor response (bingeing and purging frequency was reduced by less than 50% from baseline).

Overall, 81% of the patients were binge free, he said, adding that another success was high treatment retention: 86% of patients completed at least 17 sessions.

Cognitive-behavioral therapy (CBT) with guided self-help also appears useful for the treatment of bulimia, and may be of particular use in older patients who tend to prefer to leave their families out of

the treatment equation, Ulrike Schmidt, M.D., reported.

Early data from a multicenter study looking at CBT with guided self-help show that about 45% of patients were abstinent from purging at 12-month follow-up and 32% were abstinent from bingeing and purging, said Dr. Schmidt of the Institute of Psychiatry, London.

Patients completed an average of 15 sessions, including 10 weekly individual sessions and 2 sessions with family mem-

bers. Treatment was based on a manual, which Dr. Schmidt helped to develop, that includes a patient manual and workbook and clinical guide. In her study, 30% of initial patients refused to participate because they did not want their families involved in the treatment.

Family therapy increasingly appears to have a place in the care of bulimic patients, but these findings support the need for offering at least some individual-based work in the course of treatment, she said. ■



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