



https://www.clipartkey.com/view/TmbRRx_family-eating-clipart-transparent/

Therapy Comparison in Adolescents with Anorexia Nervosa

Sydney Green, Isabelle McGreevey, Brynn Walker
Carroll College Nursing Department



Question

In adolescents with anorexia nervosa, does family-based therapy result in more effective recovery than cognitive-based therapies?

Background

- ❖ Anorexia nervosa is “a significant and persistent reduction in food intake leading to extremely low body weight in the context of age, sex, and physical health” (National Institute of Mental Health, 2017).
- ❖ “Anorexia nervosa has the highest mortality rate of any mental disorder” (National Institute of Mental Health, 2018).
- ❖ Family-based therapy (FBT) is based on involving the entire family in care within the out-patient home setting in three stages (Kakhi & McCann, 2016). Behavioral Family Therapy (BFT) is another name for FBT (Ball & Mitchell, 2004).
- ❖ Cognitive therapies focus heavily on the individual and their understanding of disease processes, as well as personalized behavior changes. This includes Cognitive behavioral therapy (CBT), adolescent-focused therapy (AFT) and CBT-E (enhanced CBT) (Flessner, 2019, p. 377).
- ❖ Eating Disorder Examination (EDE) score: “a measure of the range and severity of eating disorder features” (Child Outcomes Research Consortium, 2017).

STUDY	DESCRIPTION	RESULTS
A Randomized Control Study of Cognitive Behavioral Therapy and Behavioral Family Therapy for Anorexia Nervosa Patients (2004)	Level II Randomized Controlled Trial that examined the effectiveness of cognitive-behavioral therapy (CBT) compared to behavioral family therapy (BFT) as a treatment for anorexia nervosa for adolescents in an outpatient setting.	After 12 months, almost all of the patients in both the CBT and BFT groups showed increased body weight and BMI as well as decreased EDE scores. The authors determined that there were no significant outcome differences between CBT and BFT groups (Ball & Mitchell, 2004).
Randomized Clinical Trial Comparing Family-Based Treatment With Adolescent-Focused Individual Therapy for Adolescents With Anorexia Nervosa (2010)	Level II Randomized Controlled Trial that analyzed family-based therapy and adolescent-focused therapy comparing its effects on body weight and eating disorder examination (EDE) scores.	At the 6 and 12 month follow up, FBT had a greater full remission rate and a greater partial remission rate at the end of trial. The patients who participated in FBT were also found to have lower EDE scores and greater BMI at the end of trial (Lock et al., 2010).
Enhanced Cognitive Behaviour Therapy for Adolescents with Anorexia Nervosa: An Alternative to Family Therapy? (2012)	Level IV Cohort Study that focused on the baseline effectiveness of enhanced cognitive behavioral therapy (CBT-E) in decreasing EDE scores and weight restoration using BMI centile and maintaining that through the 60 week follow-up period.	In the 29 people that completed the full CBT-E therapy, there was a decrease in average EDE scores and 32.1% gained appropriate weight for their age and sex, this stayed consistent for the majority at the 60 week follow-up (Dalle Grave et al., 2013).
Time to Restore Body Weight in Adults and Adolescents Receiving Cognitive Behaviour Therapy for Anorexia Nervosa (2015)	Level IV Cohort Study on the effects of CBT-E in adolescents and adults with anorexia nervosa that focused more on the effectiveness and time needed to restore their proper weight (only effects on adolescents were considered).	Of the 46 adolescents in the study, 32 reached the BMI centile appropriate for their age (in the CDC guidelines), the mean time needed was 14.8 weeks and 98.6% of the adolescents reaching this maintained it to the treatment’s end (Calugi et al., 2015).
Inpatient Cognitive Behavioral Therapy for Adolescents with Anorexia Nervosa: immediate and Longer-Term Effects (2014)	Level IV Cohort Study that attempted to determine the effects of an inpatient program based on enhanced cognitive behavioral therapy (CBT-E) for adolescents with anorexia nervosa.	Of the 26 patients in the study, all 26 gained weight, 25 reached a healthy BMI centile, and 10 reached a minimal EDE score. These results were maintained at 6 and 12 month follow-ups (Dalle Grave et al., 2014).
Open Trial of Family-Based Treatment of Anorexia Nervosa for Transition-Age Youth (2018)	Level IV Cohort Study that used family-based therapy in transition age youth (16-25) to determine its efficacy on eating behaviors and weight restoration.	Researchers found that the participants had a decreased EDE score and a higher BMI at the end of the trial and at three months follow up, meaning the patients gained weight and had healthier thoughts about eating behaviors (Dimitropoulos et al., 2018).

Conclusions

- ❖ Overall, the articles suggested that family-based therapies and cognitive-based therapies have comparable outcomes in the treatment of adolescents with anorexia nervosa.
- ❖ More up-to-date and extensive comparison studies are needed for a definitive answer to the PICOT question.
- ❖ The research suggests that the family should be included in treatment in some capacity even if the treatment isn’t labeled “family-based.”

Applications

- ❖ Nurses can use this information to ensure that each individual adolescent patient who is suffering from anorexia nervosa find the proper treatment that keeps them the healthiest; whether it be cognitive-based, family-based, or combining elements of both.
- ❖ Nurses can advocate for more research into the field of eating disorder treatment to find definitive answers on best treatment practices to recommend to patients.
- ❖ Nurses can understand the importance of including the entire family of the adolescent patient with anorexia nervosa in treatment whenever possible and encouraging the family to be involved with therapy.

