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CASE REPORT

Internet-based aftercare program for patients with bulimia nervosa in Mexico – A pilot study



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KEYWORDS

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Abstract High rates of relapses are common in eating disorder patients after achieving the status of remission. The lack of support after completing a treatment can contribute to relapse. Therefore aftercare programs are needed to maintain the benefits of treatment, to reduce the risk of relapse, and to stabilize patients' well-being. This paper describes the Internet-based aftercare program ACTUA (Continued Support for Eating Disorders) developed to support patients with bulimia nervosa in Mexico. ACTUA is an adaptation of the program EDINA (Internet-based maintenance treatment for eating disorders) which was developed and evaluated in Hungary. In this paper we first describe the intervention which consists of different modules including a monitoring and feedback tool, forums, and counseling chat with a clinician. In the second part, we report on first experiences following the introduction of the program in two treatment centers in Mexico (Monterrey and Mexico City). Fifteen patients participated in a semi-structured interview assessing perceived benefits of participating in ACTUA as well as barriers that prevented patients from joining the program. Implications for the implementation of Internet-based interventions in Mexico are discussed.

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PALABRAS CLAVE

Trastornos de la conducta alimentaria;

Programa de seguimiento en línea para pacientes con trastornos de la conducta alimentaria en México – Estudio piloto

Resumen Las elevadas tasas de recaída son comunes en los pacientes con trastornos de la conducta alimentaria una vez que se les ha dado de alta de un tratamiento. La falta de apoyo

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Seguimiento de
pacientes;
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después de terminado el tratamiento puede contribuir a las recaídas. Por lo tanto, los programas de seguimiento son necesarios para mantener los beneficios obtenidos en el tratamiento, para reducir el riesgo de recaídas y para estabilizar el bienestar de los pacientes. Este trabajo describe el programa de seguimiento en línea ACTUA (Apoyo Continuo para Trastornos Alimentarios), desarrollado para dar apoyo a pacientes con bulimia nervosa en México. ACTUA es una adaptación del programa EDINA (Programa de seguimiento en línea para trastornos alimentarios), que fue desarrollado y evaluado en Hungría. En este trabajo se describe primero la intervención, que consiste en diferentes módulos, incluyendo una herramienta de monitorización y retroalimentación, foro y un chat con un clínico para obtener supervisión. En la segunda parte se reportan las primeras experiencias después de la introducción del programa en 2 centros de tratamiento en México (Monterrey y Ciudad de México). Quince pacientes participaron en una entrevista semi-estructurada, que evaluó la percepción de los beneficios obtenidos de participar en ACTUA, así como las barreras que impidieron que los pacientes participaran en el programa. Se discuten las implicaciones que tiene en México la implementación de un programa en línea.

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Introduction

Bulimia nervosa (BN) is a severe and in many cases a chronic mental illness which is associated with substantial impairment on the psychological, physical, interpersonal, and social levels (APA, 2000). According to the national survey of psychiatric epidemiology in Mexico, in the population over 18 years, 0.6% of males and 1.8% of females suffer from BN (Medina-Mora et al., 2003). However, the prevalence of partial syndromes is substantially higher (Hoek & van Hoeken, 2003).

According to the National Institute for Clinical Excellence (2004) Cognitive Behavior Therapy (CBT) is considered the treatment of choice for BN. Despite the efficacy of CBT, relapse is frequent in eating disorder patients (Keel & Mitchell, 1997; Olmsted, Kaplan, & Rockert, 1994). Frank et al. (1991) defined relapse as “a return of symptoms satisfying the full syndrome criteria for an episode that occurs during the period of remission, but before recovery”. Keel and Mitchell’s (1997) review showed that approximately 50% of the women initially diagnosed with BN recovered from their disorder, but 30% of the women experienced a relapse.

At the end of treatment, eating disorder patients are confronted with the stresses of everyday life again. It has been reported that the risk for relapse is particularly high within the first 6–7 months after discharge from hospital (Richard, Bauer, & Kordy, 2005). Taking into account the high rates of relapse, offering an aftercare support in this critical time should help to stabilize the patient’s well-being and thus reduce relapses.

Psychosocial interventions based on Information and Communication Technology (ICT) became more common over the past ten years. They promise many benefits such as (1) to extend services for economically disadvantaged populations and individuals living in rural areas, (2) to improve self-management competences, (3) to provide support at relatively little cost. ICT-based interventions have demonstrated their potential for anxiety disorders (Anderson, Jacobs, & Rothbaum, 2004), post-traumatic

stress disorder (PTSD), smoking cessation, body image, drinking, weight loss, depression and anxiety (Barak, Hen, Boniel-Nissim, & Shapira, 2008).

So far, four review articles have been published on the use of ICT in the prevention and treatment of eating disorders (ED) (Aardoom, Dingemans, Spinhoven, & Furth, 2013; Bauer & Moessner, 2013; Dölemeyer, Tietjen, Kersting, & Wagner, 2013; Loucas et al., 2014). In the field of aftercare promising findings on the efficacy of 3 interventions have been published so far (Bauer, Okon, Meermann, & Kordy, 2012; Fichter et al., 2012; Gulec et al., 2014).

As in most other countries, the use of Internet and new technologies has increased in Mexico over the last years. The Mexican Association of Internet (AMIPCI, 2007) carried out several investigations from 2003 to 2007. The main objective was to evaluate the habits of Internet users in México. AMIPCI reported an increase of Internet users of 12.75% (9 millions) during these years. The users’ main activities on the Internet were sending or reading emails and chatting with other people.

Mental health resources in Latin America are very scarce. In Mexico an epidemiological study reported a prevalence of 28.6% for mental disorders (Medina-Mora et al., 2003). Despite this high burden of illness, resources are mostly devoted to chronic cases, so that outpatient treatment and aftercare services are massively under-financed (Alarcón, 2003). In the light of this lack of aftercare interventions despite the high risk of relapse, we developed and implemented an online aftercare program to support patients who finished inpatient treatment.

The present paper has two aims: (1) to introduce the online aftercare program ACTUA (Continued Support for Eating Disorders) and (2) to explore factors that patients consider relevant for participation (i.e. perceived benefits and barriers).

In order to explore factors that are important for participation and adherence to the aftercare program, interviews were conducted with three groups: (1) individuals still participating, (2) individuals who quit early, and (3) individuals not willing to participate.

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