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Original article

Comparative study of cognitive-behavioral psychotherapy and nutritional support in patients with different types of eating disorders

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ABSTRACT

Background and objective: There are several psychological approaches to treat ED with efficacy being revealed by empirical research; however none of them are universally accepted. The objective was to compare response to Cognitive Behavioral Therapy in patients with different clinical forms of Eating Disorders.

Material and method: Seventy-four patients diagnosed with eating disorders, 32 with Anorexia nervosa (AN), 19 with Bulimia nervosa (BN) and 23 with Eating disorders not otherwise specified (EDNOS) were included. This is a prospective and comparative study. Patients were treated by psychotherapy, nutritional treatment and pharmacotherapy.

Results: The recovery rates in the groups of patients with AN, BN and EDNOS were 14 (43.7%), 8 (42.1%), 10 (43.4%), respectively, $p > 0.05$. The rates of improvement were 14 (43.7%), 10 (52.6%), 12 (52.1%) for AN, BN and EDNOS, respectively, $p > 0.05$. Finally, the rate of patients who had poor outcome were 3 (9.3%), 1 (5.2%), and 1 (4.3%), $p > 0.05$, for AN, BN, and EDNOS, respectively. Cox regression analysis showed that the age of disease onset and no use of psychotropic drugs predicted a good response in patients with ED.

Conclusions: The treatment response to Cognitive Behavioral Therapy, nutritional support and psychotropic drugs in the majority of patients was favorable and similar in most patients with different types of Eating Disorders. Furthermore, a young age and no use of psychotropic drugs predict a favorable outcome in patients with ED.

Estudio comparativo de psicoterapia cognitivo-conductual y terapia nutricional en pacientes con diferentes tipos de trastornos de la conducta alimentaria

Palabras clave:
Trastornos de la conducta alimentaria
Psicoterapia cognitivo-conductual
Terapia nutricional
Estudios de resultado
Farmacoterapia

RESUMEN

Fundamento y objetivo: Hay diferentes aproximaciones psicológicas para tratar los trastornos de la conducta alimentaria (TCA) que estudios empíricos han demostrado eficaces, sin embargo, ninguna de ellas está aceptada de manera universal. El objetivo fue comparar la respuesta a la terapia cognitivo-conductual en pacientes con diferentes formas clínicas de TCA.

Material y método: Setenta y cuatro pacientes con diagnóstico de TCA, 32 con anorexia nerviosa (AN), 19 con bulimia nerviosa (BN) y 23 con trastornos alimentarios no especificados (TCANE), fueron incluidos. Se trata de un estudio prospectivo y comparativo. Los pacientes fueron tratados con psicoterapia, tratamiento nutricional y farmacológico.

Resultados: La tasa de recuperación en los grupos de pacientes con AN, BN y TCANE fueron 14 (43,7%), 8 (42,1%) y 10 (43,4%), respectivamente ($p > 0,05$). Las tasas de mejoría fueron 14 (43,7%), 10 (52,6%) y 12

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(52,1%) para la AN, BN y TCANE, respectivamente ($p > 0,05$). Finalmente, la tasa de pacientes que tuvieron mal resultado fueron 3 (9,3%), uno (5,2%) y uno (4,3%) ($p > 0,05$) para AN, BN y TCANE, respectivamente. El análisis de regresión de Cox mostró que la edad de inicio de la enfermedad y el no uso de fármacos psicotrópicos prevén una buena respuesta en los pacientes con TCA.

Conclusiones: La respuesta al tratamiento con terapia cognitivo-conductual, soporte nutricional y uso de psicofármacos fue favorable y similar en la mayoría de nuestros pacientes con diferentes tipos de TCA. Por otra parte, una edad joven y el no uso de fármacos psicotrópicos predicen un resultado favorable en los pacientes con TCA.

Introduction

Eating disorders (ED) include anorexia nervosa (AN), bulimia nervosa (BN) and eating disorders not otherwise specified (EDNOS).[1,2] In recent decades, ED has become a major challenge for health care due to the increase of its incidence and prevalence, mainly in EDNOS.[3,4]

There are several psychological approaches to treat ED with efficacy being revealed by empirical research; however none of them is universally accepted, which could be explained because each particular case requires an adaptation of these techniques taking into account the characteristics of each patient and the environment.[5,6] It is well known that ED are diseases with a multifactorial psychopathological basis which affect the nutritional status and the functioning of all the organs and systems of the body; therefore, the best approach should include different disciplines to treat all aspects of the problem. Most experts involved in the treatment of eating disorders work in interdisciplinary teams that have a common denominator, namely, solving the conflicts that lead to disturbances in eating behavior through nutritional rehabilitation and psychotherapy. Some patients prefer individual psychotherapy, while others prefer group psychotherapy, in which they can share experiences with other patients with similar characteristics.[7]

There are numerous psychotherapeutic approaches for treating ED, but none of them is recommended across all the different eating disorders. Cognitive behavioral therapy is reasonably effective to treat patients with BN and Binge eating.[8–11] The situation for AN and EDNOS is less conclusive, even though the available data support the use of CBT also in AN and EDNOS.[12–15]

The aim of the present exploratory study was to compare the treatment response in patients with AN, BN and EDNOS treated with a cognitive-behavioral psychotherapy together with nutritional support and to determine predictive variables of the outcome in these patients.

Material and methods

Participants

Inclusion criteria: Incident cases of AN, BN and EDNOS diagnosed according to criteria from the American Psychiatry Association (APA),[2] of both genders, aged 15 years old and over, attended at the outpatients Eating Disorders Unit of the University Hospital of Vigo, were included in the study; the patients were followed up for at least 3 years after treatment and the study duration was from January 2005 to December 2011. Some patients required periods of inpatient treatment when their outpatient treatment failed or had severe electrolyte imbalance, cardiac arrhythmias, physiological instability, food refusal, inability of the family to support recovery, uncontrolled binge eating and vomiting, medical complications of malnutrition, and suicide risk.

Exclusion criteria: patients with a coexisting axis I psychiatric disorder that precluded eating disorder-focused treatment as well as pregnant or lactation patients.

Diagnostic criteria

Clinicians conducted an unstructured interview using the ED diagnostic criteria from the APA.[2] The questionnaires used in the evaluation were the Eating Attitudes Test 26 (EAT 26) and the Questionnaire of Eating and Weight Patterns Revised (QEWP-R).

Design: this was a prospective and comparative study.

Study variables: demographic variables (gender, age), anthropometric variables (height, weight, BMI), period of time before diagnosis, presence of family history of ED (yes or no), ED clinical form (AN, BN or EDNOS), periods of inpatient treatment (yes or no), psychopharmacological treatment and the treatment outcome.

Intervention

All patients were treated following the regular practice or our unit which consists of psychotherapy, nutritional treatment and pharmacotherapy.

Psychotherapy: Cognitive-Behavioral therapy (CBT) according to Williamson's approach,[15] administered by the same psychologist in individual sessions, using the cognitive restructuring, self-reports, stimulus control, extinction of habits and inappropriate behaviors and differential reinforcement of appropriate behaviors. The sessions lasted between 30 and 60 minutes, and were initially administered once a week and then one every two, three or four weeks according to patient's outcome. In AN, at each session, homework, work sheets and exercises were assigned. The treatment plan focuses on patients' education about underweight and starvation as well as on the initiation and maintenance of regular dietary habits and weight gain. In contrast, in BN and EDNOS, the primary focus is on developing a regular pattern of moderate eating using self-monitoring, self-control strategies and problem-solving.

Nutritional therapy: The aim was to return the patients to their normal habits and body weight. Patients with AN were submitted to a gradual increase of caloric intake, used enteral and parenteral artificial nutrition according to patients' requirements. In contrast, in the group of patients with BN and EDNOS, the objectives of nutritional therapy were to lose weight and to maintain it since most of these patients had overweight or were obese. These patients were treated with individualized dietary recommendations based on a schedule of meals, portion size and the distribution of the essential elements in each meal.

Psychiatric intervention: the psychiatrist of the team confirmed the diagnosis of ED in all the patients. Patients with comorbidities such as anxiety or depression were evaluated and treated by him. He prescribed the appropriate psychotropic drugs for each patient requiring them.

The nutritional and psychiatric treatments were administered at regular intervals, according to our clinical practice; initially, each patient was evaluated every three weeks, and then, according to their need, this period was extended.

Outcome of patients

We considered the following treatment outcome: Recovery, Improvement or Partial Remission, Poor Outcome, and Mortality,