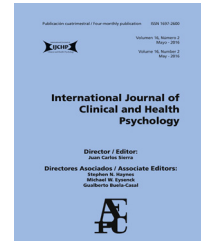




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ORIGINAL ARTICLE

Purging behaviors and therapeutic prognosis of women with eating disorders treated in a healthcare context

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KEYWORDS

Cognitive-behavioral
intervention;
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study

Abstract *Background/Objective:* The evidence on efficacy of cognitive-behavioral interventions in Eating Disorders (ED) still shows inconclusive results with respect to the role of purging behaviors, more so in uncontrolled situations. Evolution of ED patients with and without purging behavior was studied 30 months after start of a multicomponent treatment. *Method:* 162 women (87 purging, 75 non-purging) treated in outpatient or hospitals + outpatient care units in Spain participated. The evaluation instruments were: BSQ, EAT-40, EDI, STAI, BDI and BITE. *Results:* At the beginning of the treatment, participants with purging behavior showed higher bulimic symptomatology, more body dissatisfaction, drive for thinness, perfectionism and ineffectiveness, anxiety and depressive symptomatology. After thirty months, intervention produced improvement in ED characteristics, emotional alterations and personal development variables, in both groups, but less in patients with no purging behavior. The effect of intervention was stronger in purging patients and variables with larger effect size: body dissatisfaction, bulimic symptomatology and anxiety. *Conclusions:* Purging behaviors must be considered in the design of these treatments with a view to prognosis.

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PALABRAS CLAVE

Intervención
cognitivo-conductual;
trastornos de la
conducta
alimentaria;
conductas purgativas;
pronóstico;
estudio
cuasi-experimental

Conductas purgativas y pronóstico terapéutico en mujeres con trastornos alimentarios tratadas en el contexto sanitario

Resumen

Antecedentes/Objetivo: La evidencia sobre la eficacia de intervenciones cognitivo-conductuales en los Trastornos de la Conducta Alimentaria (TCA) aún presenta resultados no concluyentes respecto al papel que desempeñan en las conductas purgativas, más aún cuando se realizan en situaciones no controladas. Se pretende conocer la evolución tras un tratamiento multicomponente en pacientes con TCA, con presencia o ausencia de conductas purgativas, después de 30 meses del inicio del tratamiento.

Método: Participaron 162 mujeres (87 purgativas y 75 no purgativas), tratadas en régimen ambulatorio o hospitalario + ambulatorio, en España. Los instrumentos de evaluación fueron: BSQ, EAT-40, EDI, STAI, BDI y BITE.

Resultados: Al inicio del tratamiento, las participantes con conductas purgativas presentaban mayor sintomatología bulímica, más insatisfacción corporal, obsesión por la delgadez, perfeccionismo e ineficacia, ansiedad y sintomatología depresiva. Tras 30 meses, en ambos grupos, la intervención produjo mejoría en las características de TCA, alteraciones emocionales y variables de desarrollo personal, siendo menor en las pacientes sin conductas purgativas. El efecto de la intervención fue mayor en las participantes purgativas y las variables con mayor tamaño de efecto: insatisfacción corporal, sintomatología bulímica y ansiedad.

Conclusiones: Es importante considerar las conductas purgativas en el diseño de estos tratamientos de cara al pronóstico.

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Empirical evidence has demonstrated the efficacy of cognitive-behavioral treatment (CBT) in eating disorders (ED), especially in bulimia nervosa (BN) (Fairburn et al., 2013; Poulsen et al., 2014; Watson & Bulik, 2013; Zipel et al., 2014). Studies have shown the role of recurrent purging behaviors in ED, purging subtype, such as self-induced vomiting for its effect on weight or shape. Several authors have tried to identify similarities and differences in the severity of eating disorder symptomatology and personality characteristics in disorders with purging behaviors, however, results are still not conclusive (Brown, Haedt-Matt, & Keel, 2011). Thus, Núñez-Navarro et al. (2011), comparing patients with and without purgative behavior did not observe any difference in personality traits. However, they did find higher scores on psychopathological symptomatology in patients with purging bulimia nervosa (BNp) followed by those with non-purging bulimia nervosa (BNnp), and these with patients diagnosed with binge-eating disorder (BED). They concluded that the symptoms were more severe in patients with purging behavior.

The study by Köch, Quadflieg and Manfred (2013) focused on finding the influence of purging behaviors on therapeutic improvement. These authors thought most research had concentrated on controlled studies of cognitive-behavioral intervention efficacy, while studies done in uncontrolled environments, such as outpatient or hospital care provided by healthcare services are infrequent (Turner, Marshall, Stopa, & Waller, 2015; Turner, Tatham, Lant, Mountford, & Waller, 2014; Waller et al., 2014). In general, the results showed significant improvement in psychopathology of ED, psychological functioning and psychosocial adjustment similar to the results of a systematic review done by Zöe and

Kim (2014). These authors emphasized the effectiveness of outpatient treatment in reducing purging behavior.

Most studies concerning therapeutic improvement concentrate on disorders with purging behaviors, while few studies compare patients, such as restrictive anorexia nervosa (ANr), BNnp and BED, with and without purging behaviors. Thus findings are not conclusive. In some studies, no posttreatment differences are found between BNp and BNnp disorders. Concerning symptomatology, they show greater distortion of body image, anxiety about thinness and dissociative symptoms, among others, in patients with purging behaviors. Moreover, more severe affectation is observed in ANp patients than BNp (Agüera et al., 2013; Fassino et al., 2002; Muñoz, Beato, & Rodríguez, 2011; Tasca et al., 2012).

Recent studies show more treatment efficacy in concurrent psychopathology in BN than AN. Thus, a review by Mischoulon et al. (2011) emphasized that patients with ANr were less prone to recovery from major depression than those with BN. Nor were findings conclusive in determining the effectiveness of CBT for AN. Finally, Fassino et al. (2002) concluded that BN could be a protection factor as novelty seeking could facilitate motivation for change.

In summary, empirical evidence found to date on CBT provided in outpatient or hospital care suggests that there are no significant differences in the evolution of patients with purging behaviors. Few studies compare such patients with those without these behaviors, and their findings are inconclusive. In some cases no significant differences are found and in others there are indicators of better prognosis in patients with purging behaviors. From this perspective, it seems of interest to study this subject in greater depth, specifically, analyze the influence of purging behaviors on

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