



The MABIC project: An effectiveness trial for reducing risk factors for eating disorders



David Sánchez-Carracedo ^{a,*}, Jordi Fauquet ^{a,b,c}, Gemma López-Guimerà ^a, David Leiva ^d, Joaquim Puntí ^{a,e}, Esther Trepát ^f, Montserrat Pàmias ^{e,g}, Diego Palao ^{e,g}

^a Research Unit on Eating and Weight-related Behaviors, Dept. Clinical and Health Psychology, Universitat Autònoma de Barcelona, 08193, Bellaterra, Cerdanyola del Vallès, Barcelona, Spain

^b Dept. Psychobiology and Methodology of Health Sciences, Universitat Autònoma de Barcelona, 08193, Bellaterra, Cerdanyola del Vallès, Barcelona, Spain

^c Neuroimaging Research Group, IMIM (Hospital del Mar Medical Research Institute), Barcelona Biomedical ResearchPark, C/Doctor Aiguader, 88, 08003, Barcelona, Spain

^d Dept. Methodology of Behavioral Sciences, Universitat de Barcelona, Passeig de la Vall d'Hebron, 171, 08035, Barcelona, Spain

^e Mental Health Unit of the ParcTaulí Health Corporation, 08208, Sabadell, Barcelona, Spain

^f Institute of Psychology Foundation, República Argentina, 182, 08023, Barcelona, Spain

^g Dept. Psychiatry and Forensic Medicine, Universitat Autònoma de Barcelona, 08193, Bellaterra, Cerdanyola del Vallès, Barcelona, Spain

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ABSTRACT

Challenges in the prevention of disordered eating field include moving from efficacy to effectiveness and developing an integrated approach to the prevention of eating and weight-related problems. A previous efficacy trial indicated that a universal disordered eating prevention program, based on the social cognitive model, media literacy educational approach and cognitive dissonance theory, reduced risk factors for disordered eating, but it is unclear whether this program has effects under more real-world conditions. This effectiveness trial tested whether this program has effects when previously trained community providers in an integrated approach to prevention implement the intervention. The research design involved a multi-center non-randomized controlled trial with baseline, post-test and 1-year follow-up measures. The sample included girls in the 8th grade from six schools ($n = 152$ girls) in a city near Barcelona (intervention group), and from eleven schools ($n = 413$ girls) in four neighboring towns (control group). The MABIC risk factors of disordered eating were assessed as main outcomes. Girls in the intervention group showed significantly greater reductions in beauty ideal internalization, disordered eating attitudes and weight-related teasing from pretest to 1-year follow-up compared to girls in the control group, suggesting that this program is effective under real-world conditions.

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Worldwide lifetime prevalence for eating disorders in young women is estimated at about 5% (Treasure, Claudino, & Zucker, 2010), according to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; *DSM-IV*; American Psychiatric Association, 1994). Eating disorders are associated with some of the highest mortality rates for any mental disorder (Arcelus, Mitchell, Wales, & Nielsen, 2011). In addition, disordered eating attitudes and behaviors, such as unhealthy weight-control practices or the

desire to be thinner, are highly prevalent among adolescents worldwide (Austin et al., 2008; Calado, Lameiras, Sepulveda, Rodriguez, & Carrera, 2010; López-Guimerà et al., 2013). These behaviors and attitudes can have negative effects on both physical and psychosocial health (Larson, Neumark-Sztainer, & Story, 2009; Rawana, Morgan, Nguyen, & Craig, 2010) and increase the risk of weight gain, overweight status, and the development of clinical eating disorders (Field et al., 2003; Neumark-Sztainer et al., 2006; Patton, Selzer, Coffey, Carlin, & Wolfe, 1999). Regarding treatment resistance, attrition and non-response to the treatment of these disorders are much higher than desirable (Cooper & Fairburn, 2011; Schnicker, Hiller, & Legenbauer, 2013).

In sum, the high prevalence of eating disorders and disordered eating, together with their chronic tendency, high comorbidity

* Corresponding author.

E-mail addresses: David.Sanchez@uab.es (D. Sánchez-Carracedo), Jordi.Fauquet@uab.cat (J. Fauquet), Gemma.Lopez@uab.cat (G. López-Guimerà), dleiva@ub.edu (D. Leiva), Joaquim.Puntí@uab.es (J. Puntí), etrepát@ipsicologia.cat (E. Trepát), mpamias@tauli.cat (M. Pàmias), dpalao@tauli.cat (D. Palao).

with other mental disorders, association with serious physical and psychosocial health consequences and resistance to available treatments, constitute powerful reasons for an approach focused on their prevention.

A range of programs for the prevention of disordered eating have been developed in recent decades. Larger effects were found for programs with interactive exercises focused on risk factors for onset of eating pathology, with multiple sessions, that were assessed with validated measures, that were delivered by experts, and that targeted high-risk individuals (Stice, Shaw, & Marti, 2007). In general, prevention programs conducted with adolescents in this field have led to improvements in knowledge, though only a small number of such programs have succeeded in improving significant disordered eating attitudes and behaviors at follow-up (López-Guimerà, Sánchez-Carracedo, & Fauquet, 2011).

Recently, new challenges have been emerging in this field, including moving from efficacy to effectiveness and the integrated prevention of obesity and disordered eating. Prevention scientists distinguish between efficacy trials and effectiveness trials (Glasgow, Lichtenstein, & Marcus, 2003). *Efficacy* refers to the beneficial effects of a program or policy under optimal conditions of delivery (Flay et al., 2005), and involves the systematic and scientific evaluation of whether an intervention works. Efficacy is one of the two dimensions established by the American Psychological Association for the evaluation of its intervention guidelines (American Psychological Association, 2002). *Effectiveness* refers to the beneficial effects of a program or policy under more real-world conditions (Flay et al., 2005). It is the second dimension established by the APA, *clinical utility*, and refers to the applicability, feasibility and usefulness of the intervention in the local or specific setting in which it is implemented (American Psychological Association, 2002). An important feature of effectiveness is whether the intervention has been shown to be effective when delivery is by community providers (e.g., teachers), who have many competing demands on their time and attention every day, as opposed to experts or professional researchers (Hansen & Dusenbury, 2001).

Moving from efficacy to effectiveness trials in prevention research is necessary (Marchand, Stice, Rohde, & Becker, 2011), but examples of this transition in the disordered eating prevention field are scarce. To the best of our knowledge, only three programs have been evaluated with effectiveness trials. One is a targeted prevention program, The Body Project, whose efficacy (Stice, Marti, Spoor, Presnell, & Shaw, 2008) and effectiveness (Stice, Rohde, Gau, & Shaw, 2009) had been evaluated. Subsequent effectiveness trials have shown that the Body Project retains its effectiveness even when it is delivered in a universal format with college students from sororities (Becker, Smith, & Ciao, 2006). There are indeed two other universal prevention programs whose effectiveness has been evaluated when intervention is delivered by previously-trained teachers. One of them only showed positive changes in the measures of knowledge at follow-up (Wick, Bormann, Sowa, Strauss, & Berger, 2011). Evaluation of the results of the third program (Warschburger, Helfert, & Krentz, 2011) is still under way. Therefore, to the best of our knowledge, our study would be one of the few effectiveness trials in disordered eating universal prevention research with adolescents.

Our research team has developed and assessed a universal school-based disordered eating prevention program (López-Guimerà, Sánchez-Carracedo, Fauquet, Portell, & Raich, 2011). A detailed description can be found in the intervention manual (Raich, Sánchez-Carracedo, & López-Guimerà, 2008). The efficacy of the program was assessed under strong methodological conditions, including delivery conducted by two of the developers (GLG and DSC). The program was efficacious in generating positive changes in eating attitudes and beauty ideal influences at the 6-month follow-

up. In 2009, a new research project was launched, setting out to assess the effectiveness of the aforementioned program in an effectiveness trial. The effect of the program will now be evaluated when delivered by previously-trained community providers. The project's name, the MABIC project, is a Spanish acronym for four risk factors of disordered eating with strong empirical support: "M" for media pressures and beauty-ideal internalization ("Medios de comunicación" in Spanish); "A" for dieting and disordered eating ("Alimentación alterada" in Spanish); "B" for weight-related teasing ("Burlas relacionadas con el peso" in Spanish); and "IC" for body dissatisfaction ("Insatisfacción Corporal" in Spanish).

Recent research supports that prevention interventions should not overlook the comorbid nature of obesity, disordered eating and poor psychosocial health (Loth, Wall, Larson, & Neumark-Sztainer, 2015). The training of community providers in the present study was based on this integrated approach to prevention.

The main aim of this study is to assess the effectiveness of a universal disordered eating prevention program for girls whose efficacy has been demonstrated previously. The effectiveness will be now evaluated when the program is delivered not by their developers, but by community providers previously trained in an integrated approach to the prevention of eating and weight-related disorders.

1. Methods

1.1. Study design

The study was a multi-center non-randomized controlled trial involving the measurement of a cohort of adolescent girls at baseline, post-test and 1-year follow-up. The study is registered in the ISRCTN (Sánchez-Carracedo, 2011; ISRCTN47682626), and was approved by the Clinical Research Ethics Committee of the Parc Taulí Health Corporation (PTHC). Family informed consent was requested prior to the study. Participants' assent was also requested.

1.2. Participants

The intervention was school-based. Schools are widely recognized as appropriate sites for interventions to prevent disordered eating among adolescents (Levine & Smolak, 2006; Yager, Diedrichs, Ricciardelli, & Halliwell, 2013). The total number of participants registered in class lists prior to baseline was 656 girls recruited from 17 schools, 12 public and five grant-aided private (GAP), all located in the area of Barcelona (Spain). The effective sample consisted of 565 adolescent girls (see Fig. 1). Six schools from the city of Sabadell, two public and four GAP, participated in the intervention group, providing a total number of 152 participants. The control group consisted of 413 adolescent girls from 11 schools located in four towns neighboring Sabadell, 10 public and one GAP. Total retention rates were 95% at post-test and 82.5% at follow-up. All participants were in the eighth-grade (second-grade in Spanish secondary education), with an age range of 13–14 years (mean = 13.83, SD = 0.53). Participants' origin was as follows: Spanish, 67.61%; European (non-Spanish), 2.48%; Latin American, 13.63%; African, 5.13%; mixed, 7.79%; and other, 3.36%. A complete description of the socio-demographic characteristics of the two groups appears in Table 1. Although the main focus of this study was on the girl participants, taking into account that boys also participated in the study (see end of the Procedures section), the description of the boys' socio-demographic characteristics can be found in the supplementary data files to this paper.

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