Shorter communication

Short-term Cognitive-Behavioral Therapy for Binge Eating Disorder: Long-term efficacy and predictors of long-term treatment success

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ABSTRACT

The present study evaluates the long-term efficacy (four years after treatment) of a short-term Cognitive-Behavioral Treatment (CBT) of Binge Eating Disorder (BED). We examined patient characteristics, mostly measured at the *end of treatment*, for their predictive value of long-term success. Forty-one BED-patients between 18 and 70 years took part in a randomized controlled trial (RCT) for a short-term treatment and were evaluated until 4 years after treatment. Assessments comprised structured interviews on comorbid mental disorder/eating disorder pathology and questionnaires on eating disorder pathology/general psychopathology. BED core symptoms and associated psychopathology improved substantially during treatment phase and further improved or at least remained stable during the follow-up period. End of treatment predictors for long term success were elevated weight and eating concern and higher frequency of objective binges. Tailoring additional interventions to patients' individual needs could further improve treatment efficacy.

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Introduction

Binge Eating Disorder (BED), characterized as recurrent binge eating accompanied by the feeling of loss of control over eating without regular compensatory behavior, is introduced in the DSM-V as a new eating disorder category with minor adaptations of the research criteria of DSM-IV-R (lower required frequency and duration of binge eating episodes; American Psychiatric Association, 2013). BED represents the most common eating disorder, with prevalences in population-based studies ranging from 0.7 to 6.6% and is usually accompanied by elevated body weight and comorbid mental disorders (Grucza, Przybeck, & Cloninger, 2007; Westenhoefer, 2001; Yager, 2008). Cognitive-Behavioral Therapy (CBT) seems to be one of the most efficacious treatments for BED regarding binge eating and general eating disorder pathology (Vocks et al., 2010; Wilson, Wilfley, Agras, & Bryson, 2010). Given the high prevalences, especially in obese populations, and considerable long-term morbidity, facilitated accessibility of efficacious treatment options is indispensable. For this reason, shorter cost-effective versions of CBT or self-help treatments have recently been developed (Beintner, Jacobi, & Schmidt, 2014; Masheb & Grilo, 2008a; Perkins, Murphy, Schmidt, & Williams, 2009; Peterson et al., 2000; Schlup, Munsch, Meyer, Margraf, & Wilhelm, 2009). In a prior non-randomized study of our group short-term CBT revealed a comparable treatment effect to a 16-sessions CBT at 1-year follow-up (Schlup, Meyer, & Munsch, 2010). However, to our knowledge, up to now no data is available on long-term efficacy beyond two years for either self-help or treatments with a frequency of beyond 10 to 20 active treatment sessions.

Another important issue in treatment research on BED is the identification of predictors of treatment efficacy in order to adapt interventions to patients' individual needs or the needs of subgroups of patients (Kraemer, Wilson, Fairburn, & Agras, 2002). Recent research revealed that higher frequency of binge eating and elevated eating disorder pathology at baseline had a negative influence on treatment efficacy (Castellini et al., 2012; Hilbert,

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Saelens, et al., 2007; Masheb & Grilo, 2008a; Munsch, Meyer, & Biedert, 2012; Peterson et al., 2000; Wilson et al., 2010). Additionally, rapid response defined as early symptom improvement during treatment turned out to be a robust within-treatment predictor of therapy outcome immediately after treatment and during follow up (Grilo, White, Wilson, Gueorguieva, & Masheb, 2012; Munsch et al., 2012; Schlup et al., 2010). However, up to now post-treatment predictors of long-term outcome have not been identified. The identification of *post-treatment* predictors of long-term outcome will help to identify persons who are at risk to relapse and are in need of tailored interventions *after* initial treatment.

Our study aim was *first* to evaluate the long-term efficacy of a short-term treatment of BED during a 4-year follow-up period in terms of binge eating, eating disorder pathology, BMI and general psychopathology. *Second*, we attempted to identify *post-treatment predictors* (number of objective binge episodes, eating disorder pathology, negative-affect subtype, BMI, general life satisfaction, self-efficacy) of treatment success (abstainer rate and number of objective binge episodes) during the 4-year follow-up course. As rapid response measured during early treatment phase was of high

negative predictive value for treatment success in several studies (Grilo et al. 2012; Munsch et al., 2012; Schlup et al., 2010), we additionally included this predictor, which was measured before the end of treatment.

Methods

Participants

Forty-one patients met the research criteria for BED according to DSM-IV (American Psychiatric Association, 2000) and took part in a randomized controlled trial conducted at the University of Basel (description see below). Participants were recruited through newspaper advertisements and flyers, they had to be aged between 18 and 70 years and to meet full diagnostic criteria for BED. Exclusion criteria were severe mental disorders, pregnancy, and participation in other psychotherapy/weight loss programs. The local ethics committee approved the treatment trial, and all participants provided written informed consent. In the present study, 26 participants still participated at 4-year follow up (see participant flow chart, Fig. 1). In the initial study of Schlup et al. (2009) only
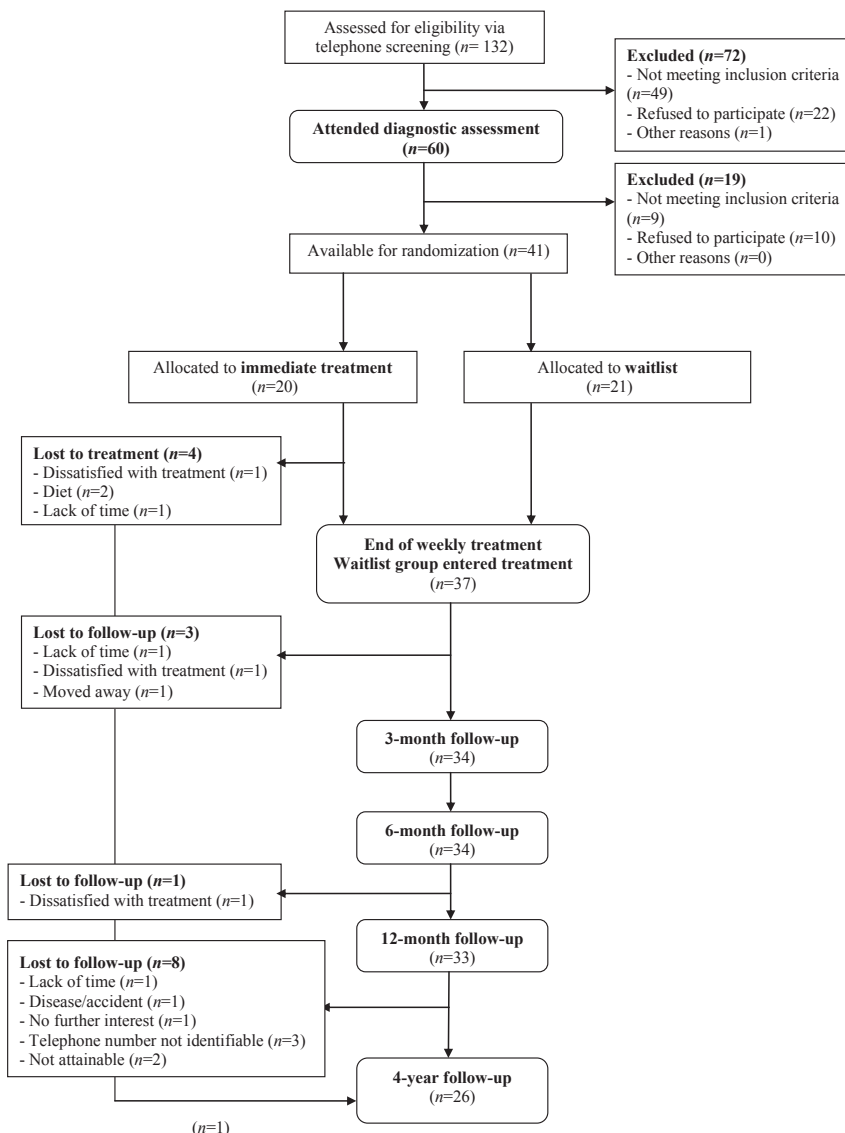

Fig. 1. Participant flow chart, according Consort guidelines, www.consort-statement.org.