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Psychoeducational treatments for bulimia nervosa



Bulimia nervosa is defined as a psychiatric mental eating disorder characterized by recurrent episodes of binging (eating an abnormally large amount of food in a very short period of time, experiencing a lack of control over eating during the episode), usually accompanied by recurrent inappropriate compensatory behaviours to prevent weight gain (such as self-induced vomiting, laxatives, diuretics and excessive exercise). This disorder primarily affects women extremely concerned about weight control and self-image. Early diagnosis is difficult because patients often try to hide their condition and may deny they have a problem; the evolution of the disorder is sometimes chronic and life-threatening.

There has been no single, consistently-effective treatment for bulimia nervosa. During the last years several empirically-supported psychosocial treatments (individual and group

therapy) have helped patients understand the reasons of the disorder and learn to control the symptoms. The most common referred to cognitive behavioural therapy (CBT), which involves teaching patients to challenge thoughts and dysfunctional behaviours. Recently, some researchers have also claimed positive outcomes for alternative brief psychoeducational treatments, but evidences for these alternatives are limited.

This research was conducted in collaboration between the Eating Disorders Unit of the University Hospital of Bellvitge and the Department of Psychobiology and Methodology of the Autonomous University of Barcelona. The main goal of the research was to explore what are the best baseline predictors of treatment response (measured by the presence of eating symptoms and dropouts, and the percentage of symptoms reduction) on women diagnosed of bulimia nervosa. Therapy outcomes were valued at the end of the first month of treatment and at the end of a six-session psychoeducational treatment (each session included a total of 8-10 patients per group and had a mean duration of 90 minutes). The study included 241 seeking-treatment females (mean age equal to 26.4 years), consecutively admitted to the Eating Disorders Unit between years 2002 and 2004.

The results of the study evidenced that poor treatment outcomes were related to childhood obesity, lower frequency of eating symptoms, lower body mass index, older age and lower family's and patient's concern about the own disorder. In addition, drop-outs were strongly associated with suicidal ideation, alcohol abuse, higher body mass index, lower baseline purging behaviour and a personality profile characterized by high novelty seeking.

The results of our study evidence that early symptom changes and dropouts are similar to those identified in longer CBT interventions, which also confirm the usefulness of a brief psychoeducational therapy. Unlike other recent researches, no personality predictors of abstinence were identified. Additional research is required to determine the optimal approach to treatment of bulimia nervosa.

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References

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