

Maudsley Parents Newsletter



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family-based treatment for eating disorders

OCTOBER 2012

New Developments in Family-Based Treatment for Adolescent Anorexia Nervosa

By Sarah Braun

Anorexia nervosa (AN) is a devastating illness that has the highest mortality rate of any psychiatric disorder. ¹ Though it often arises in adolescence, very few randomized controlled trials have been conducted on this age group.

The first two of these studies were conducted in the late 80s and early 90s in London. ²⁻³ Subsequently, five more studies were conducted in the United States. ⁴⁻⁸ The most recent of these studies, published in October 2010, compares family based treatment (FBT) with adolescent-focused individual therapy (AFT). ⁸ The study involved 121 individuals aged 12 through 18 and was conducted both at the University of Chicago and Stanford University.

The study showed promising results for FBT. At a 12-month follow up 49% of adolescents treated using FBT had achieved full remission compared with 23% of adolescents treated using AFT. While these results show that FBT is significantly more effective than other treatment options, more can be done to ensure an even higher recovery rate amongst adolescents with AN.

Recently researchers have been studying why FBT works and what can be done to improve FBT as a treatment method. A 2009 study shows that the strongest predictor of full remission for adolescents being treated with FBT is significant weight gain early in treatment. ⁹ Dr. James Lock the Director of the Eating Disorders Research Program at Stanford University notes that this correlation can be seen after just four sessions. "A five-pound gain by session four generally predicts a positive outcome," he says. He emphasized the fact that early weight gain does not just predict physical recovery, but overcoming of psychological and

Boston Conference Follow-up

We had a great turnout at our fifth conference on September 28th in Boston. Many thanks to all our great speakers. Thanks also to our friends at [Eating for Life Alliance](#) and [MEDA](#).

If you couldn't make it, take a look at the presentation slides [here](#).

And check out a video of Dr. Peebles talk here: [Eating Disorders: What Pediatricians and Parents Should Know](#)



behavioral components of the disorder as well.

A new trial by researchers at Stanford University and the University of Chicago will further study FBT and attempt to improve treatment outcomes. The study aims to develop an adapted form of FBT called Intensive Family-Focused Treatment (IFT) to improve outcomes in adolescents who do not show an early response to FBT. FBT remains the core treatment, but IFT includes additional enhancements. Dr. Lock compares this new strategy to similar approaches used to treat other diseases. "If you are treating cancer with one drug it's like adding a boost of another drug." he says.

Phase one of the study, during which patients and families acted as IFT pilot participants, has already been completed. Some of the adaptations to traditional FBT include adding in new "crisis sessions" for patients and families as well as separate meetings with parents and other family members to address some of their worries and struggles with refeeding.

Recruiting is now underway for phase two of the study. During this phase patients will be randomized to two groups. One group will receive traditional FBT throughout treatment while patients in the other group will begin receiving IFT if they do not gain sufficient weight by the fourth treatment session. If researchers can make this already effective treatment even more successful then there is hope for significantly reducing the impact of AN in adolescents.

Would you or someone you know would like to participate in the Adaptive Family Treatment study? Treatment is free and open to families of adolescents (12-18) with anorexia nervosa. Please read more here: [Stanford Eating Disorder Research Program](#) or the [University of Chicago Eating Disorder Program](#).

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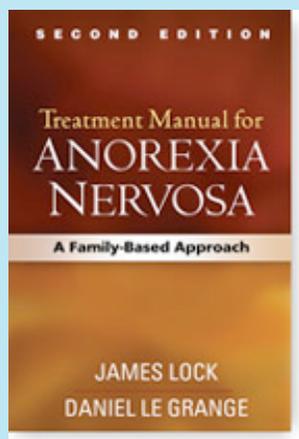
Maudsley Parents intern Sarah Braun is a recent graduate of the University of Pittsburgh. She plans to work in the field of public health.

Connect with us on the web!

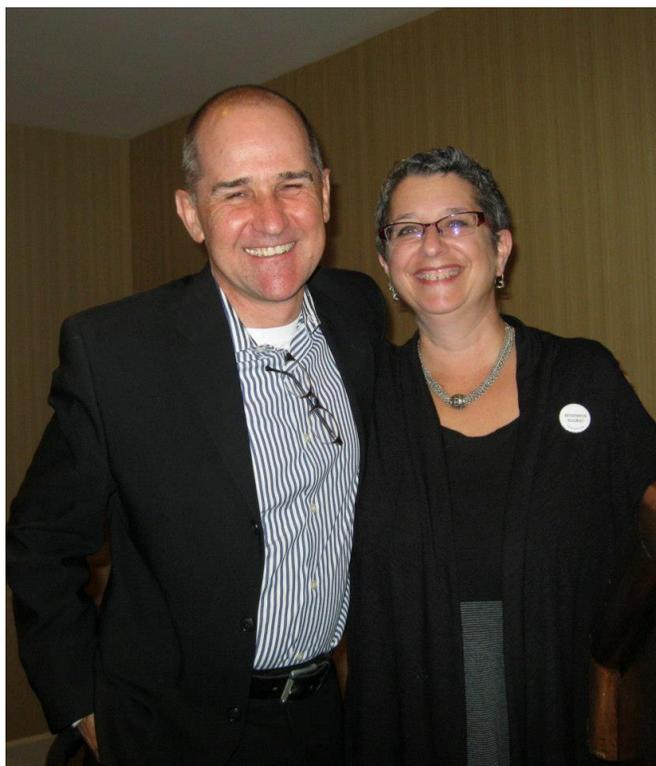


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New and Notable



The second edition of Treatment Manual for Anorexia Nervosa: A Family-Based Approach is now available. The new edition reflects the latest knowledge on AN and its treatment and includes a new information on training and treatment dissemination. Read a sample chapter [here](#).



Dr. Le Grange and Harriet Brown are all smiles at our Boston conference.

Are you a parent who has participated in family-based treatment?

Research Participants Invited: University of Iowa

Our research team is conducting a study to investigate parents' unique experiences of participating in family-based treatment. We are recruiting 25 parents who have participated in family-based treatment for a child or adolescent with anorexia nervosa.

Who can participate?

- Parents (biological, adoptive, or step) who have participated in family based treatment for a child with anorexia nervosa at some point in the past
- Child was between ages 10 and 18 at the time of family-based treatment
- Are not currently in family-based treatment

What is the process?

- Participants will contact the researcher
- The researcher will email information about the study and a demographic questionnaire
- Participants will review the information about the study and, if they consent to participate, will complete and mail the demographic questionnaire to the researcher
- Some participants will be invited to participate in a 60-90 minute interview which may occur in person, via telephone, or via web chat

This study is being conducted by Joanna Wiese and Megan Foley Nicpon, PhD. If you are interested in participating, please contact Joanna Wiese at 563-676-2500 or joanna-wiese@uiowa.edu. If you are an eating disorder practitioner and have eligible clients interested in participating, please forward them this contact information.

Permission to Be Parents: Support Groups for Families Dealing with an Eating Disorder

By Matt Wood

This article was published on the University of Chicago's [Science Life](#) blog.

Parents of a child with anorexia nervosa often feel embarrassed or isolated, like they're on their own dealing with this difficult and confusing illness. For decades, the first line of treatment for an adolescent with anorexia was inpatient care to restore their weight, with little parental involvement. In the late 1970s and early 1980s, however, clinicians started to recognize the importance of involving families in their child's recovery. Unless a teen returned from inpatient care to parents who understood the illness and how to manage it, they were likely to relapse.

Daniel Le Grange, PhD, director of the Eating Disorders Program at the University of Chicago, is one of the pioneers of this new approach, called family based treatment. He said this method treats parents as part of the solution instead of blaming them for condoning or enabling their child's behavior. "Our job is to be the consultants and help them find their footing again, given how confusing this illness is and how it has thrown them off track," he said. "We see what we do as 'Parenting 101,' or giving them permission to be parents again."

Family based treatment has been traditionally focused on counseling families individually. The method is effective, but in trials, 50 percent of patients don't recover fully after completing the program. To close this gap, Le Grange and his colleagues are developing programs to supplement the standard family based treatment, including internet-based support groups to connect parents of adolescents with eating disorders with each other.

Le Grange said he had long felt that some families needed more support than the hour or so of treatment they were getting through the standard therapy. He also noticed families connecting with each other informally in the waiting room before their appointments, so he and his colleagues started developing a series of studies to explore building formal support groups for parents.

The first of these used an online chat room where parents of children with eating disorders could discuss their challenges with each other. The results of this study were published recently in the *European Eating Disorders Review*. Parents at various stages of the family based treatment program joined a secure, anonymous chat group once a week on Saturday for a two-hour session. Roslyn Binford Hopf, who was a postdoctoral researcher at the University of Chicago before moving to the University of Hiedelberg in Germany, moderated the sessions from Germany, highlighting one of its key advantages: It was convenient for both parents and clinicians, who participate from anywhere.

"I think this speaks to families with two or three kids, lots of other commitments and two busy, professional parents," Le Grange said. "They have a need to hear from other parents and get the support, but that's adding a another appointment to their schedule. To be able to reach them when it's convenient for them, on a Saturday at home, really makes it a lot easier for parents."

Le Grange said there are pros and cons to an internet-based support group. Convenience for families is important, and the anonymity helps break the ice for parents who are reluctant to open up about their situation. But they also miss out on the more personal connections made possible by in-person support groups. While this can be addressed by adding video conferencing, it's still not the same as meeting someone face-to-face.

In a second study currently in progress, Le Grange and his colleagues are testing in-person support groups for parents, moderated by a clinician who guides the discussion on specific topics. They are also studying ways to customize the standard family based treatment for patients who don't respond with the first few weeks. It's all part of their larger program to reach that 50 percent of adolescents who don't fully recover during the program. Helping parents find a connection with others may be the key to closing that gap.

"I think there's something to be said for the comfort of hearing that you're not on your own," Le Grange said. "Intellectually, you understand you're not, but when you're in the thick of things having to go through this and your child is particularly difficult, you don't feel that way. When you learn that's not quite the case it gives you courage again and the support that I think is very helpful."

Save the Date!

The next Maudsley Parents conference is coming up April 19th 2013 in Madison Wisconsin.



Stay tuned for details. We hope to see you there!

Fun Fall Recipe!

Sweet potatoes are a classic fall food. Enjoy them in this creamy side dish.



Ingredients:

- 4 tablespoons unsalted butter, cut into 4 pieces
- 2 tablespoons heavy cream
- 1/2 teaspoon salt
- 1 teaspoon sugar
- 2 lbs sweet potatoes, peeled, and cut into 1/4 inch-thick (about 2 large or 3 potatoes)
- salt & freshly ground black pepper

Directions:

1. Combine butter, cream, salt, sugar, and sweet potatoes in large saucepan.
2. Cook, covered, over low heat, stirring occasionally, until potatoes fall apart when poked with fork.
3. This will take between 30 to 45 minutes.
4. Take off heat and mash sweet potatoes in saucepan with potato masher.
5. Stir in salt and pepper to taste.
6. Serve immediately.

[Mashed Sweet Potatoes](#) from Food.com