

Effective treatments and long-term outcomes for people with eating disorders

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The Bottom Line:

Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are eating disorders that can have very serious consequences if untreated. Although there are many treatments available, most have not been tested properly to demonstrate whether or not they work to relieve the core symptoms of eating disorders. This systematic review of treatment and outcome studies found that although about half of people with eating disorders recover from them, they continue to have some issues with eating. Those with AN who do not recover have higher than normal death rates. The best treatments for BN are cognitive behavioural therapy (CBT) and fluoxetine (Prozac®). The treatment shown to be most effective for AN is a type of family therapy in which parents, rather than medical or psychiatric professionals, are in charge of getting the young person to start eating again and of monitoring their food intake.

What problem is being addressed?

Eating disorders are conditions in which body image, food intake, and mood are linked. [Anorexia Nervosa \(AN\)](#) and [Bulimia Nervosa \(BN\)](#) are the two disorders currently recognized by the American Psychiatric Association. Although fairly rare, eating disorders are still a serious problem for adolescents and young adults. Some teens with this condition may have a single episode and then recover, but many develop a chronic form that damages their health and can lead to death. Suicide is a likely cause of death. Since there can be very serious consequences to eating disorders, successful treatment is crucial. It is also important to know how well people with eating disorders do as they mature so that the “natural history” of these conditions is understood.

What intervention is being tested?

All treatments used to reduce or eliminate the symptoms of eating disorders. These included family therapy, medications, and behavioural therapies such as cognitive behavioural therapy (CBT). This systematic review also looked at outcomes of people diagnosed with eating disorders.

What is the *real scientific* evidence?

For Anorexia Nervosa (AN) the review assessed 19 treatment studies and found that a specific form of family therapy that involved parents’ control of re-feeding (e.g., ensuring that the child eats) was effective in producing good weight gain and positive

psychological change in teens. No other treatments had sufficient evidence to show that they worked.

Twenty-six studies of outcomes in AN were reviewed, as well. About half of those in the studies no longer had a diagnosis of AN at the end of the study period. Many continued to have problems around eating. Death rates were higher than normal for their sex and age. The best outcomes were for those whose depression and compulsiveness had been reduced. The worst outcomes were for those with alcohol or other substance abuse problems.

For Bulimia Nervosa (BN), 38 treatment studies were assessed. The best evidence was for the use of medication and [cognitive behavioural therapy \(CBT\)](#). [Fluoxetine](#) (Prozac®) reduced the characteristic binge eating and purging and improved psychological symptoms (e.g., feelings of lack of control over eating) in the short term. CBT, whether administered to individuals or to groups, also reduced binge eating and purging and improved psychological problems.

Nine outcome studies in BN were evaluated. Most of the people followed over time no longer had a diagnosis of BN at the end of the study period but continued to have some issues around eating. BN was not found to be associated with serious medical problems, nor does it increase the likelihood of premature death. Those who had the worst outcomes also suffered from depression.

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The preceding is a summary of:

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