Examining physical activity and correlates in adults with healthy weight, overweight/obesity, or binge-eating disorder.
Carr MM, Lydecker JA, White MA, Grilo CM.

Abstract
OBJECTIVE: To examine physical activity and correlates among three subgroups of adults: healthy weight without binge eating (HW), overweight/obesity without binge eating (OW/OB), and core features of binge-eating disorder (BED).

METHOD:
Participants (N = 2,384) completed an online survey with established measures of physical activity, eating psychopathology, and health. Most participants were White (82.6%) women (66.7%). Participants were categorized into three study groups: HW (n = 948; 39.9%), OW/OB (n = 1,308; 55.1%), and BED (n = 120; 5.1%).

RESULTS:
The BED group had the highest proportion of self-reported insufficiently active individuals (63.8%), followed by OW/OB (41.7%), and HW (29.2%). Associations between self-reported physical activity, eating pathology, and health were generally small in HW and OW/OB groups, whereas associations were moderate in the BED group. Self-reported weekly bouts of physical activity were more strongly, positively related to self-reported physical health for OW/OB than HW, and this effect was even more pronounced for BED compared with HW or OW/OB.

DISCUSSION:
This is the first study, to our knowledge, to demonstrate a stronger association between self-reported physical activity and physical health for individuals with BED compared with OW/OB alone. The high rate of physical inactivity and the strong association between physical activity and health among participants with BED suggest physical activity as an important treatment target for individuals with BED.

Optimizing treatment outcomes in adolescents with eating disorders: The potential role of cognitive behavioral therapy.
Craig M, Waine J, Wilson S, Waller G.

Abstract
OBJECTIVE:
While family-based treatment (FBT) is the leading psychological therapy for adolescents with eating disorders, it is not universally effective or suitable. This study considered the effectiveness of cognitive-behavioral therapy for eating disorders (CBT-ED) in adolescent cases where FBT was not fully effective or where it was not applicable to the individual case.

METHOD:
A transdiagnostic case series of 54 adolescents with eating disorders (52% with anorexia nervosa; 31% with atypical anorexia nervosa) were offered CBT-ED following previous treatment using FBT or following FBT being judged inappropriate. Pre-post outcomes were assessed using standardized measures of eating attitudes and clinical impairment, and weight change was measured for the patients with anorexia nervosa.

RESULTS:
The rate of attrition was similar to that found in other CBT-ED studies (38.9% of patients who started CBT-ED; 59.3% of those offered CBT-ED). The patients showed positive outcomes on all measures, regardless of whether they had previously been treated with FBT. Effect sizes were moderate to large. Severity and duration of the eating disorder were unrelated to outcomes.

DISCUSSION:
CBT-ED merits consideration as a second-line approach for adolescents with eating disorders when FBT has not been effective or could not be applied. There is no evidence that previous failure to benefit from FBT impairs outcome from subsequent CBT-ED, and severity and duration of the eating disorder did not influence outcome. Treatment matching for adolescents with eating disorders might consider the role of previous treatment outcomes and family availability in determining optimum treatment strategies for individuals.


MECHANISMS IN ENDOCRINOLOGY: Anorexia nervosa and endocrinology: a clinical update.
Støving RK
Abstract
Anorexia nervosa is a syndrome, that is collections of symptoms, which is not defined by its etiology. The severe cases are intractable. The syndrome is associated with multiple, profound endocrine alterations which may be adaptive, reactive or etiologic. Adaptive changes potentially may be inappropriate in clinical settings such as inpatient intensive re-nutrition or in a setting with somatic comorbidity. Electrolyte levels must be closely monitored during the refeeding process, and the need for weight gain must be balanced against potentially fatal refeeding complications. An important focus of clinical research should be to identify biomarkers associated with different stages of weight loss and re-nutrition combined with psychometric data. Besides well-established peripheral endocrine actions, several hormones also are released directly to different brain areas, where they may exert behavioral and psychogenic actions that could offer therapeutic targets. We need reliable biomarkers for predicting outcome and to ensure safe re-nutrition, however, first of all we need them to explore the metabolism in anorexia nervosa to open new avenues with therapeutic targets. A breakthrough in our understanding and treatment of this whimsical disease remains. Considering this, the aim of the present review is to provide an updated overview of the many endocrine changes in a clinical perspective.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6347284/

Disordered eating among Australian adolescents: Prevalence, functioning, and help received
Sparti C, Santomauro D, Cruwys T, Burgess P, Harris M
International Journal of Eating Disorders, Early view, February 7 2019
Abstract
OBJECTIVE:
To estimate the prevalence of disordered eating (DE) among Australian adolescents and examine associations with clinical mental health problems, problems with functioning, and help received.

METHOD:
We analyzed data from the Young Minds Matter survey (n = 2,298, 13-17 years). We derived an index of DE severity with four levels: (1) no DE; (2) subclinical DE; (3) suspected eating disorder; and (4) lifetime eating disorder diagnosis.

RESULTS:
In 2013-2014, 31.6% (95%CI 35.5-39.9) of Australian adolescents experienced DE, comprising 25.7% (95%CI 23.9-37.6) with subclinical DE, 11.0% (95%CI 9.7-12.6) with a suspected eating disorder, and 0.9% (95%CI 0.6-1.3) with a lifetime eating disorder diagnosis. DE was more common among girls (41.4%, 95%CI 37.9-44.4) than boys (34.0%, 95%CI 31.1-37.0; p = .002). Adolescents with DE, compared to those without, were more likely to experience clinical mental health problems and problems with functioning. Most adolescents with DE reported help-seeking in the past year, commonly self-help; around 40% used school-based, primary care or specialist services (i.e., formal services). In multivariate analyses, the use of more specialized and intensive services was associated with more severe DE, greater problems with functioning, female gender, and 12-month mental disorder or subthreshold mental disorder symptoms.

**DISCUSSION:**
The implementation of mental health promotion and prevention efforts for DE, and screening for DE in school and primary care settings, may facilitate detection and appropriate help-seeking among adolescents with DE.


**Attachment-Based Family Therapy as an Adjunct to Family-Based Treatment for Adolescent Anorexia Nervosa**

Ingrid Wagner  Guy S. Diamond  Suzanne Levy  Jody Russon  Richard Litster

*Australian & New Zealand Journal of Family Therapy; Special Issue: Attachment Based Family Therapy: Adaptation and Dissemination, June 2016*

**Abstract**
Adolescent anorexia nervosa (AN) has a significant and long-standing impact for the health and well-being of young people and their families. The determinants of illness are multi-factorial, however, adolescent AN has been consistently associated with parental distress (e.g., depression, anxiety, alcoholism), family conflict, and low parental warmth toward the adolescent. Whilst Family Based Therapy (FBT) for adolescent AN is the recommended first line of treatment, a substantial proportion of patients do not experience remission by the end of therapy or may relapse following remission. Although a range of adjuncts to FBT have been proposed, no preferred model has emerged. In this paper, we compare and contrast Attachment-Based Family Therapy (ABFT) with FBT, and argue that ABFT's focus on relationships, rather than behaviours, could make a substantive contribution to the practice of FBT. We present a case study to demonstrate how ABFT may help to alleviate some of the maintaining factors of adolescent AN through the repair of parent–child relational ruptures.


**Eating disorders and substance use in adolescents: How substance users differ from nonsubstance users in an outpatient eating disorders treatment clinic**


*International Journal of Eating Disorders, Volume 52, Issue 2, February 2019, Pages 175-182*

**Abstract**
OBJECTIVE:
The relationship between eating disorders (EDs) and substance use (SU) has only been briefly described in literature using mainly adult populations. This study examined the prevalence and characteristics of SU among patients of an adolescent ED outpatient treatment program.

METHOD:
A retrospective chart analysis was conducted to determine and subsequently compare medical status, psychosocial factors, treatment course and outcome between patients with and without SU.

RESULTS:
Over 60% of patients with SU status (n = 203) reported regularly consuming substances. 33.4% of substance users received a diagnosis involving purging behaviors compared to 5.9% of nonusers. Females composed 96.4% and 81.7% of users and nonusers, respectively. Users reported significantly more self-harm (57.7% of users vs. 38.6% of nonusers) but did not differ significantly in terms of trauma (abuse or victimization; 48.3% of users vs. 44.9% of nonusers). The percentage of ideal body weight significantly improved throughout treatment and did not differ by SU with a mean increase of 5.29% (SD = 13.6) among nonusers compared to 5.45% (SD = 7.5) of users. While users and nonusers did not differ before and after treatment in ED severity, users were more likely than nonusers to drop-out of treatment (41.5% of users vs. 25.2% of nonusers).

DISCUSSION:
Adolescents with SU benefit from ED outpatient treatment as much as those without SU, however, users are more likely to drop-out. Therefore, treatment should target these adolescents’ emotional dysregulation to improve treatment compliance. Further research is necessary to determine the efficacy of such an approach.
Initial Findings From Project Recover: Overcoming Co-Occurring Eating Disorders and Posttraumatic Stress Disorder Through Integrated Treatment.

Trottier K, Monson CM, Wonderlich SA, Olmsted MP

Abstract
This pilot study is the initial investigation of an integrated cognitive behavioral therapy (CBT) for co-occurring eating disorders (ED) and posttraumatic stress disorder (PTSD). Following a course of intensive hospital-based ED treatment focused on ED behavioral symptom interruption, 10 individuals with ED-PTSD received 16 sessions of CBT that focused on maintaining improvements in ED symptoms outside of the hospital environment and integrated cognitive processing therapy for PTSD. We hypothesized that the treatment would be associated with significant improvements in PTSD symptoms, depression, and anxiety, as well as sustained improvements in ED symptomatology. There were statistically significant improvements in clinician-rated PTSD symptoms (gav = 4.58), depression (gav = 1.37), and anxiety (gav = 1.00). As expected, there was no statistically significant change in ED cognitions (gav = .28). Reliable change analyses revealed that only 1 participant experienced deterioration in ED cognitions over the course of the integrated treatment. Of the 9 participants who were remitted from behavioral ED symptoms at the end of intensive treatment/beginning of the integrated treatment, 8 remained behaviorally remitted at poststudy treatment, which is encouraging given the high rate of rapid relapse following intensive ED treatment. Findings from this study provide preliminary support for the efficacy of an integrated CBT for ED-PTSD.

The Experience of the Management of Eating Disorders in a Pop-up Eating Disorder Unit
McHugh CM, Harron M, Kilcullen A, O’Connor P, Burns N, Toolan A, O’Mahony E.
Ir Med J. 2018 Sep 10;111(8):806

Abstract
Anorexia nervosa affects 0.5% of the population (90% female) with the highest mortality of any psychiatric illness, usually suicide, or cardiovascular or neurological sequelae of either malnutrition or refeeding syndrome. The latter two conditions occur in the inpatient setting, carry a high mortality and are thoroughly avoidable with careful informed clinical management. This paper provides an overview of the service and care of these patients in a general hospital setting in Ireland. In response to a number of acute presentations a cross discipline Pop-up Eating Disorder Unit (psychiatrist, physician, dietician, nurse) was established in Sligo University Hospital in 2014 and has experience of 20 people treated according to the MARSIPAN guideline (Management of Really Sick Inpatients with Anorexia Nervosa). They are nursed in a designated ward with continuous cardiac monitoring (in addition 2 required ICU admission), with one-to-one continuous supervision, complete bed rest, careful calorie titration (usually nasogastric) with twice daily phosphate, magnesium, calcium and potassium concentrations measured and replaced. Sabotaging behaviour witnessed includes micro-exercising, requests for windows to be opened (in order to shiver/micro exercise), food concealment, faecal/urinary loading on weighing days, heavy hair accessories, vigorous page turning/toothbrushing/use of computer keypads and animated conversations. A cross disciplinary coordinated approach to this cohort, who often inventive in their resistance to treatment, allows safe management in a general hospital setting.

Determining treatment goal weights for children and adolescents with anorexia nervosa
Posted: Apr 19 2018 Canadian Paediatric Society
Mark L. Norris, Jacqueline D. Hiebert, Debra K. Katzman; Canadian Paediatric Society, Adolescent Health Committee

Abstract
One of the challenges faced by paediatric health professionals treating children and adolescents with anorexia nervosa (AN) is determining the specific weight needed to achieve physical, emotional and cognitive recovery. Clinicians and researchers have struggled to standardize process, methods and terminology around what is now referred to as the “treatment goal weight” (TGW). This practice point summarizes recommendations drawn from common methods used to determine TGWs in children and adolescents with AN, which are based on both the evidence-based literature and expert consensus. An individualized approach to the determination of the TGW is
offered, with some specifics for special clinical situations. Multiple factors inform the process of establishing a TGW for a child or adolescent with AN but individualized attention, especially to premorbid weights, heights, BMI percentiles and paediatric growth charts, is essential. The need for ongoing follow-up and regular reassessment in this population is also highlighted.  

https://www.cps.ca/documents/position/goal-weights

Disordered Eating Behaviors Through the Lens of Self-Determination Theory  
Catherine Bégin, Annie Fecteau, Marilou Côté, Alexandra Bédard, Caroline Senécal, and Carole Rattéc  

Abstract  
This study aimed to verify a conceptual model of eating regulation based on the Self-Determination Theory. This model suggests that basic psychological needs satisfaction is related to general self-determined motivation and autonomous regulation toward eating, which in turn are associated with less disordered eating behaviors and attitudes and better satisfaction with life. Two hundred thirty-nine women without an eating disorder completed self-reported questionnaires. The hypothesized model was tested with a serial multiple mediation analysis using PROCESS macro. The overall indirect effect of basic psychological needs satisfaction on life satisfaction through the three mediators, i.e. general motivation, regulation of eating behaviors, and eating behaviors and attitudes, was significant. Results are coherent with the Self-Determination Theory and add to past research by suggesting that basic psychological needs satisfaction might be a key target when addressing women’s disordered eating behaviors and attitudes.  

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6143988/

Anorexia nervosa and heart disease: a systematic review.  
Giovinazzo S, Sukkar SG, Rosa GM, Zappi A, Bezante GP, Balbi M, Brunelli C.  
Eat Weight Disord. 2018 Sep 1.

Abstract  
Anorexia nervosa (AN) is an eating disorder that most frequently afflicts females in adolescence. In these subjects, cardiovascular complications are the main cause of morbidity and mortality. Aim of this review is to analyze the hemodynamic, pro-arrhythmic and structural changes occurring during all phases of this illness, including re-feeding. A systematic literature search was performed on studies in the MEDLINE database, from its inception until September 2017, with PUBMED interface focusing on AN and cardiovascular disease. This review demonstrated that the most common cardiac abnormalities in AN are bradycardia and QT interval prolongation, which may occasionally degenerate into ventricular arrhythmias such as Torsades des Pointes or ventricular fibrillation. As these arrhythmias may be the substrate of sudden cardiac death (SCD), they require cardiac monitoring in hospital. In addition, reduced cardiac mass, with smaller volumes and decreased cardiac output, may be found. Furthermore, mitral prolapse and a mild pericardial effusion may occur, the latter due to protein deficiency and low levels of thyroid hormone. In anorectic patients, some cases of hypercholesterolemia may be present; however, conclusive evidence that AN is an atherogenic condition is still lacking, although a few cases of myocardial infarction have been reported. Finally, refeeding syndrome (RFS), which occurs during the first days of refeeding, may engender a critically increased risk of acute, life-threatening cardiac complications.  


Dialectical behavioral therapy skills group as an adjunct to family-based therapy in adolescents with restrictive eating disorders  
Peterson CM, Van Diest AMK, Mara CA, Matthews A  

Abstract  
Dialectical behavior therapy (DBT) is commonly used in the treatment of eating disorders (ED), yet few studies have examined the utility of DBT skills groups as an adjunct to evidence-based therapy for ED. Thus, we sought to examine the preliminary efficacy of a DBT skills group as an adjunct to Family-Based Treatment (FBT) for adolescent restrictive ED. Our preliminary pilot study included 18 adolescent girls ages 13-18 (M = 15.3, SD = 1.64) with restrictive ED, including Anorexia Nervosa (AN; N = 10), Atypical Anorexia Nervosa (AAN, N = 5), and Other Specific Feeding or Eating Disorder (OSFED; N = 3). All participants were enrolled in a 6-month, weekly DBT skills group and were concurrently receiving family-based treatment (FBT). Participants who completed the intervention experienced large effect sizes for increases in adaptive skills (Cohen's d = .71) and decreases in general dysfunctional coping strategies.
(Cohen's d = .85); and small to medium effect sizes for decreases in binge eating (Cohen's d = .40) and increases in percent expected body weight (% EBW; Cohen's d = .32). Finally, small effect sizes were evidenced in decreases in Global EDE-Q scores (Cohen's d = .26), EDE-Q restraint (Cohen's d = .29) and CDI scores (Cohen's d = .28). Our study presents promising preliminary data suggesting that adolescents with restrictive EDs receiving FBT could benefit from an adjunctive DBT skills group. Feasibility of and considerations for tailoring a DBT skills group to an outpatient ED treatment program are discussed.


Can Recovery From an Eating Disorder Be Measured? Toward a Standardized Questionnaire.
Bachner-Melman R1,2, Lev-Ari L1, Zohar AH1, Lev SL1,3.
Front Psychol. 2018 Dec 11

Abstract
Background: There is a clear need for a standardized definition of recovery from eating disorders (EDs) and for self-report instruments to assess where individuals with an ED are situated at a given point of time along their process of illness and recovery. It has been acknowledged that psychological and cognitive symptoms are important to recovery in addition to physical and behavioral indices. This study proposes a 28-item multidimensional questionnaire encompassing the main features of recovery from ED, derived from the endorsement of different criteria by people with a lifetime ED diagnosis, family members and ED clinicians. Methods: Participants were 213 volunteers over the age of 18 (118 people with a lifetime ED diagnosis, 58 healthy family members of people with EDs and 37 ED clinicians), who completed the ED-15 and indicated online how important they thought each of 56 criteria were for recovery from an ED. Results: Four factors were identified in an exploratory factor analysis: Lack of Symptomatic Behavior (LSB), Acceptance of Self and Body (ASB), Social and Emotional Connection (SEC), and Physical Health (PH). Confirmatory factor analysis using the seven highest loading items from each subscale confirmed the structure validity of a shortened version of this questionnaire, the Eating Disorders Recovery Endorsement Questionnaire (EDREQ), which had excellent goodness-of-fit indices. Despite a few between-group differences, there was general agreement that LSB was most salient to recovery, followed by ASB, SEC, and PH in that order. Conclusion: Despite the absence of a standardized definition of recovery from ED, there is a general consensus about its components. The EDREQ is a psychometrically sound questionnaire containing items that people with an ED history, their family members and therapists all define as important components of recovery. The inclusion of emotional and psychosocial aspects of recovery in addition to symptomatic and medical aspects is important to expand treatment goals and the concept of recovery from EDs beyond symptom relief and the absence of disease markers. As a clinical tool, the EDREQ stands to assist in setting and refining therapeutic goals throughout therapy, and in establishing standardized, comparable norms for recovery levels in research.


Refeeding in anorexia nervosa.
Bargiacchi A, Clarke J, Paulsen A, Leger J.

Abstract
Refeeding in anorexia nervosa is a collaborative enterprise involving multidisciplinary care plans, but clinicians currently lack guidance, as treatment guidelines are based largely on clinical confidence rather than more robust evidence. It seems crucial to identify reproducible approaches to refeeding that simultaneously maximize weight recovery and minimize the associated risks, in addition to improving long-term weight and cognitive and behavioral recovery and reducing relapse rates. We discuss here various approaches to refeeding, including, among others, where, by which route, how rapidly patients are best refed, and ways of choosing between them, taking into account the precautions or the potential effects of medication or of psychological care, to define better care plans for use in clinical practice. Conclusion: The importance of early weight gain for long-term recovery has been demonstrated by several studies in both outpatient and inpatient setting. Recent studies have also provided evidence to support a switch in current care practices for refeeding from a conservative approach to higher calorie refeeding. Finally, the risks of undernutrition/"underfeeding syndrome" and a maintenance of weight suppression are now better identified. Greater caution should still be applied for more severely malnourished < 70% average body weight and/or chronically ill, adult patients. What is Known: • Refeeding is a central part of the treatment in AN and should be a multidisciplinary and collaborative enterprise, together with nutritional rehabilitation and psychological support, but there are no clear guidelines on the management of refeeding in clinical practice. • The risk of a refeeding syndrome is well known and well managed in severely malnourished patients ("conservative approaches"). What is New: • There is evidence that early weight restoration has an impact on outcome, justifying an aggressive approach to refeeding in the early stages of the illness. • The risks of "underfeeding syndrome" and of a maintenance of weight
suppression are now better identified and there is sufficient evidence to support a switch in current care practices for refeeding from a conservative approach to higher calorie refeeding. Graphical abstract

[Link to PubMed article](https://www.ncbi.nlm.nih.gov/pubmed/30483963)

**PiLaR Programme Evaluation report**
The PiLaR programme is a strong example of an accessible programme that provides support and psychoeducation for carers struggling to support their unwell loved one. Based on the idea of Peer Led Resilience the PiLaR programme was developed by the Eating Disorder Association of Ireland, Bodywhys, in collaboration with HSE Clinical Programmes to support friends and families of a person with an eating disorder. Over 600 family members have to date attended PiLaR groups across the country demonstrates that word is spreading about how valuable it can be for family members of people with eating disorders.


**Reducing the stigma around Eating Disorders – House of Commons Library Debate Pack Number CDP-0220, 15 October 2018**

**Summary**
A debate on Reducing stigma around eating disorders has been scheduled for 16 October 2018. This Westminster Hall debate will take place at 9:30am and is sponsored by Wera Hobhouse MP.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.


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