1. Prevention of eating disorders at universities: A systematic review and meta-analysis.

Author: Harrer M, Adam SH, et al

Source: International Journal of Eating Disorders Early View 20.01.20

Abstract: Eating problems are highly prevalent among young adults. Universities could be an optimal setting to prevent the onset of eating disorders through psychological intervention. As part of the World Mental Health-International College Student initiative, this systematic review and meta-analysis synthesizes data on the efficacy of eating disorder prevention programs targeting university students. Findings state Eating disorder prevention on campus can have significant, small-to-moderate effects on eating disorder symptoms and risk factors. Results also suggest that the prevention of subthreshold and full-syndrome eating disorders is feasible using such interventions. More research is needed to identify ways to motivate students to use preventive eating disorder interventions.


Full Text: https://onlinelibrary.wiley.com/doi/epdf/10.1002/eat.23224 (to access you will require a HSE Open Athens Account)

2. Disordered Eating Behaviors in Youth and Young Adults With Type 1 or Type 2 Diabetes Receiving Insulin Therapy: The SEARCH for Diabetes in Youth Study.

Author: Nip SYA, Reboussin EA, et al

Source: Diabetes Care 2019 May; 42(5): 859-866.

Abstract: This study examines the prevalence of disordered eating behaviors (DEB) and its associations with glycemic control, insulin sensitivity (IS), and psychosocial functioning in a large, diverse cohort of youth and young adults with type 1 or type 2 diabetes. The findings in this paper highlight that DEB are prevalent among youth and young adults with type 1 and type 2 diabetes and who are receiving insulin therapy, and DEB are associated with poorer clinical outcomes and psychosocial well-being.

Full text: https://care.diabetesjournals.org/content/42/5/859?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Diabetes_Care_TrendMD_0
3. **Hospitalization for Anorexia Nervosa.**

**Author:** Skein MK

**Source:** Eating Disorders Review November/December 2019 – Vol. 30/Issue 6

**Abstract:** Involuntary admission and treatment are particularly controversial for eating disorder patients, particularly for those with AN, the deadliest eating disorder. Even if the disorder is life-threatening, patients often refuse to be hospitalized, and are only admitted for treatment after pressure from clinicians, friends, teachers, or employers (*Am J Psychiatry*, 2007; 164:108). Vigorous debate continues over compulsory treatment of severely ill patients with AN. Numerous studies have sought to clarify or to offer guidelines for admitting such patients or for finding alternative care. This article touches on the Clinical, Medicolegal, and Ethical Challenges of Involuntary admission and treatment.

**Full text:** [https://eatingdisordersreview.com/involuntary-hospitalization-for-anorexia-nervosa/](https://eatingdisordersreview.com/involuntary-hospitalization-for-anorexia-nervosa/) (to access you will require a HSE Open Athens Account)

4. **Body appreciation and intuitive eating in eating disorder recovery.**

**Author:** Koller KA, Thompson, KA et al

**Source:** International Journal of Eating Disorders Early View 05.02.20

**Abstract:** The current study examined how body appreciation and intuitive eating related to eating disorder recovery using a comprehensive recovery definition (physical, behavioral, and cognitive recovery). The methodology included data collected from 66 women with an eating disorder history and 31 controls with no history of eating pathology. Participants completed an online survey followed by a phone interview. The paper concluded that positive psychological constructs such as body appreciation and intuitive eating relate to eating disorder recovery status. Understanding recovery within a strengths‐based framework may inform intervention and relapse prevention.

**Full Text:** [https://onlinelibrary.wiley.com/doi/10.1002/eat.23238](https://onlinelibrary.wiley.com/doi/10.1002/eat.23238) (to access you will require a HSE Open Athens Account)

5. **Current approach to eating disorders: a clinical update**

**Author:** Hay, P.

**Source:** Internal Medicine Journal **Volume50, Issue1**

January 2020

**Abstract:** This article presents current diagnostic conceptualisations of eating disorders, including new disorders such as binge eating disorder (BED) and avoidant/restrictive food intake disorder (ARFID). Advances and the current status of evidence-based treatment and outcomes for the main eating disorders, anorexia nervosa, bulimia nervosa and BED are discussed with focus on first-line psychological therapies. Deficits in knowledge and directions for further research are highlighted, particularly with regard to treatments for BED and ARFID, how to improve treatment engagement and the management of osteopenia.


6. **Systematic Review: Overlap Between Eating, Autism Spectrum, and Attention-Deficit/Hyperactivity Disorder**
**Author:** Nickel, K, Maier, S et al

**Source:** Frontiers in Psychiatry, 2019;10 DOI 10.3389/fpsyt.2019.00708

**Abstract:** Links between eating disorders (EDs) [e.g., anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED)] and the major neurodevelopmental disorders of autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) have been repeatedly highlighted. In both ASD and ADHD, these links range from an elevated risk for EDs to common symptomatic overlaps and etiological commonalities with EDs. It remains difficult to determine whether overlapping characteristics (e.g., social withdrawal) are due to common comorbidities (e.g., depression) or are instead primarily associated with EDs and neurodevelopmental disorders. Furthermore, prospective studies are required to better understand how these disorders are related and whether ADHD and ASD could be either specific or nonspecific predisposing factors for the development of EDs.


7. **Cognitive Remediation Therapy as a Feasible Treatment for a Young Person With Anorexia Nervosa and Autism Spectrum Disorder Comorbidity: A Case Study.**

**Author:** Dandil, Y, Baillie, C et al

**Source:** Clinical Case Studies; Apr2020, Vol. 19 Issue 2, p115-132, 18p

**Abstract:** Cognitive remediation therapy (CRT) aims to address problems with cognitive style and meta-cognition by stimulating the neural connections involved in cognitive processing through cognitive tasks, reflection, and behavioral experiments. However, to date, no reported studies are supporting individual CRT for patients with AN and ASD comorbidity. This single complex case study provides preliminary evidence to support the efficacy of individual CRT in the treatment of a 21-year-old female patient with AN and ASD comorbidity.

Full Text: [https://journals.sagepub.com/doi/full/10.1177/1534650119890425](https://journals.sagepub.com/doi/full/10.1177/1534650119890425) (to access you will require a HSE Open Athens Account)

8. **Implementing cognitive behavioral therapy-enhanced in a routine inpatient and outpatient setting: Comparing effectiveness and treatment costs in two consecutive cohorts.**

**Author:** Van Den Berg E, Schlochtermeier D. et al

**Source:** International Journal of Eating Disorders Early View 30.01.20

**Abstract:** This study examined differential (cost-) effectiveness, after implementing evidence-based cognitive behavioral therapy-enhanced (CBT-E) throughout a Dutch treatment center. Two consecutive cohorts of adult patients, BMI between 17.5 and 40, were compared, with one cohort \( (N = 239) \) receiving treatment-as-usual (TAU) between 2012 and 2014 and the other \( (N = 320) \) receiving CBT-E between 2015 and 2017. Findings show that implementing an EST throughout inpatient and outpatient settings leads to lower costs with similar treatment effect and has the advantage of shorter treatment duration and a shorter inpatient stay.

Link to Abstract: [https://www.ncbi.nlm.nih.gov/pubmed/?term=Implementing+cognitive+behavioral+therapy%28E%29+enhanced+in+a+routine+inpatient+and+outpatient+setting%3A+Comparing+effectiveness+and+treatment+costs+in+two+consecutive+cohorts](https://www.ncbi.nlm.nih.gov/pubmed/?term=Implementing+cognitive+behavioral+therapy%28E%29+enhanced+in+a+routine+inpatient+and+outpatient+setting%3A+Comparing+effectiveness+and+treatment+costs+in+two+consecutive+cohorts)


**Author:** Johnson, C R, Brown, K et al

**Source:** Journal of Pediatric Psychology; Mar2019, Vol. 44 Issue 2, p164-175, 12p

**Abstract:** Many children with autism spectrum disorder (ASD) have feeding and mealtime problems. To address these, we conducted a pilot randomized trial of a new 11-session, individually delivered parent training program that integrated behavioral strategies and nutritional guidance (PT-F). Methods: Forty-two young children (age: 2 to 7-11 years) with ASD and feeding problems were assigned to 11 sessions of PT-F intervention over 20 weeks or a waitlist control. This trial provides evidence for feasibility, satisfaction, and fidelity of implementation of PT-F for feeding problems in young children with ASD. Feeding outcomes also appeared favorable and lends support for conducting a larger efficacy trial.

**Full Text:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6365095/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6365095/)

10. Characteristics and clinical trajectories of patients meeting criteria for avoidant/restrictive food intake disorder that are subsequently reclassified as anorexia nervosa

**Author:** Norris, M.L., Santos A., et al

**Source:** European Eating Disorder Review **Volume28**, **Issue1** January 2020 Pages 26-33

**Abstract:** This paper examines the initial assessment profiles and early treatment trajectories of youth meeting the criteria for avoidant/restrictive food intake disorder (ARFID) that were subsequently reclassified as anorexia nervosa (AN). A retrospective cohort study of patients assessed and treated in a tertiary care eating disorders (ED) program was completed. This paper concluded that prospective longitudinal research that utilizes ARFID-specific as well as traditional eating disorder diagnostic measures is required to better understand how patients with restrictive eating disorders that deny fear of weight gain can be differentiated and best treated.

**Full text:** [https://onlinelibrary.wiley.com/doi/full/10.1002/erv.2710](https://onlinelibrary.wiley.com/doi/full/10.1002/erv.2710) (to access you will require a HSE Open Athens Account)

11. Avoidant Restrictive Food Intake Disorder.

**Author:** Katzman D.K., Norris M.L., et al


**Abstract:** Avoidant restrictive food intake disorder (ARFID) is a rearticulated eating disorder diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) (DSM-5), published in 2013. The purpose of this article is to review what is known about ARFID; specifically outline the DSM-5 diagnostic criteria; review the epidemiology; describe the clinical characteristics of patients with this disorder; and discuss evolving treatment approaches.

**Link to Abstract:** [https://www.ncbi.nlm.nih.gov/pubmed/30704639](https://www.ncbi.nlm.nih.gov/pubmed/30704639)

**Fulltext:** [https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0193953X1831150X](https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0193953X1831150X) (to access you will require a HSE Open Athens Account)
12. **Eating behaviour, behavioural problems and sensory profiles of children with avoidant/restrictive food intake disorder (ARFID), autistic spectrum disorders or picky eating: Same or different?**

Author: Dovey, T M, Kumari, V et al


Abstract: Our aims were to examine eating difficulties, behavioural problems and sensory hypersensitivity in ARFID children, relative to typically developing children with no reported feeding, mental or physical health problems, as well as children with autistic spectrum disorders (ASD; typically associated with a high prevalence of eating problems) or Picky Eating. Notable overlap in eating difficulties, behavioural problems and sensory profiles of children with ARFID, ASD or PE, with more severe aberrations in ARFID (food-responsiveness) and ASD (hypersensitivity and social problems) on specific dimensions, argue for a dimensional approach to improve therapy and management of children with these disorders.


Fulltext: [https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0924933819301063](https://www.clinicalkey.com/#!/content/journal/1-s2.0-S0924933819301063) (to access you will require a HSE Open Athens Account)

13. **Predictive and concurrent validity of the Malnutrition Universal Screening Tool using mid-upper arm circumference instead of body mass index**

Author: Gottschall C., Tarnowski M. et al

Source: Journal of Human Nutrition and Dietetics Volume 32, Issue 6 December 2019 Pages 775-780

Abstract: Considering the difficulty in obtaining weight and height measurements of patients at hospital admission, the Malnutrition Universal Screening Tool (MUST) proposes the use of mid-upper arm circumference (MUAC) instead of body mass index (BMI) as an alternative for screening of malnutrition risk. The present study aimed to evaluate the performance of MUST with MUAC in place of BMI to identify nutritional risk and predict prolonged hospitalisation and mortality in hospitalised patients.

Link to Abstract: [https://www.ncbi.nlm.nih.gov/pubmed/?term=Predictive+and+concurrent+validity+of+the+Malnutrition+Universal+Screening+Tool+using+mid%28E2%80%90upper+arm+circumference+instead+of+body+mass+index](https://www.ncbi.nlm.nih.gov/pubmed/?term=Predictive+and+concurrent+validity+of+the+Malnutrition+Universal+Screening+Tool+using+mid%28E2%80%90upper+arm+circumference+instead+of+body+mass+index)


14. **#recovery: Understanding recovery from the lens of recovery-focused blogs posted by individuals with lived experience.**

Author: Kenny TE, Boyle SL,


Abstract: In order to get a more comprehensive understanding of recovery, it is necessary to turn to individuals with lived experience. This paper examines how individuals with lived experience of an ED conceptualize and define recovery in narrative, recovery-focused blogs and consider how this understanding may contribute to definitions of recovery in the field. The present findings are consistent with previous qualitative research, suggesting that recovery
is multifaceted and encompasses more than just symptom management. This paper argues that a dimensional model of recovery may be a good starting framework for researchers and clinicians to develop a more comprehensive definition of recovery.

Link to Abstract:  https://www.ncbi.nlm.nih.gov/pubmed/31886573

Full text https://onlinelibrary.wiley.com/doi/full/10.1002/eat.23221 (to access you will require a HSE Open Athens Account)

15. Mortality and risk assessment for anorexia nervosa in acute-care hospitals: a nationwide administrative database analysis

Author: Edakubo S., Fushimi K.,
Source: BMC Psychiatry December 2020, 20:19

Abstract: Few studies have examined inpatient characteristics and treatment for AN. This study aimed to characterise the association between mortality and risk factors in patients with AN in acute-care hospitals. This study conducted a nationwide, retrospective analysis of the Japanese Diagnosis and Procedure Combination inpatient database and estimated in-hospital mortality and identified independent risk factors, using multivariate logistic regression analysis to examine patient characteristics and physical and psychological comorbidities. The results highlighted sex differences in mortality rates. Potential risk factors could contribute to improved treatment and outcomes. These retrospective findings indicate a need for further longitudinal examination of these patients.


16. The relationship between social media use and disordered eating in young adolescents.

Author: Wilksch S. M., O'Shea A., et al

Abstract: The relationship between social media (SM) use and disordered eating (DE) has not been adequately explored in young adolescents. Data from 996 Grade 7 and 8 adolescents (n = 534 girls; M age = 13.08) was investigated. DE cognitions (Eating Disorder Examination-Questionnaire [EDE-Q]), DE behaviors (Project Eating Among Teens), and SM use measures related to Facebook, Instagram, Snapchat, and Tumblr were completed. A clear pattern of association was found between SM usage and DE cognitions and behaviors with this exploratory study confirming that these relationships occur at younger-age than previously investigated.

Link to Abstract: https://www.ncbi.nlm.nih.gov/pubmed/31797420

Link to Full text: https://onlinelibrary.wiley.com/doi/full/10.1002/eat.23198?campaign=woletoc (to access you will require a HSE Open Athens Account)

17. Experiences of compassion focused therapy in eating disorder recovery: A qualitative model

Author: Mullen, G, Dowling, C et al
Source: Counselling and psychotherapy research 06 December 2019 https://doi.org/10.1002/capr.12283
Abstract: Pre-intervention participants described experiencing difficult memories, identity struggles, negative self-evaluation, powerlessness to the eating disorder, emotional dysregulation and an interest in change.

Compassion Focused Therapy for Eating Disorders-2 offers a new approach for treating self-criticism and shame for people with eating disorders. This qualitative study supports the view that this approach offers novel and generic group therapy benefits for clients.

Full text: https://onlinelibrary.wiley.com/doi/10.1002/capr.12283 (to access you will require a HSE Open Athens Account)

18. First episode rapid early intervention for eating disorders (FREED): From research to routine clinical practice

Author: Allen. K. L., Mountford, V et al

Source: Early Intervention in Psychiatry 16 February 2020 https://doi.org/10.1111/eip.12941

Abstract: First episode rapid early intervention for eating disorders (FREED) was developed to address barriers to early, effective eating disorder treatment in emerging adults aged 16 to 25 years. Since 2014, FREED has progressed from a single-site research project to an evidence-based care approach in nine eating disorder services. This paper aims to summarize key learning from the scaling of FREED to date, with attention to how this learning may generalizes to other models of care.

Full Text: https://onlinelibrary.wiley.com/doi/10.1111/eip.12941 (to access you will require a HSE Open Athens Account)

19. Improving aftercare with technology for anorexia nervosa after intensive inpatient treatment: A pilot randomized controlled trial with a therapist-guided smartphone app

Author: Neumayr , C, Voderholzer, U

Source: Int J Eat Disord. 20 August 2019 https://doi.org/10.1002/eat.23152

Abstract: To evaluate the feasibility, acceptability, and preliminary efficacy of an innovative therapist-guided smartphone-based aftercare intervention following inpatient treatment of patients with severe anorexia nervosa (AN). This was the first study to evaluate a therapist-guided smartphone-based aftercare intervention for discharged inpatients with AN. Results suggest that such an intervention is highly accepted by patients and that it could support symptom stabilization or continued improvement as an add-on therapy to treatment as usual. A larger scale randomized controlled trial is now planned to further evaluate the efficacy of this aftercare intervention for patients with AN.

Full text: https://onlinelibrary.wiley.com/doi/10.1002/eat.23152 (to access you will require a HSE Open Athens Account)
20. **Naturalistic outcomes for a day-hospital programme in a mixed diagnostic sample of adolescents with eating disorders**

Author: Reilly, E.E., Rockwell, R. E., et al


Abstract: Despite initial data suggesting positive treatment outcomes for adolescent eating disorder day-hospital programmes (DHPs), existing studies have included limited follow-up, small samples, and a focus on restricting-type eating disorders. To address these gaps, we explored naturalistic outcomes for an adolescent eating disorders DHP.

The current investigation represents the first study to explore longitudinal DHP outcomes within adolescent bulimic spectrum eating disorders. Our findings also highlight many challenges inherent in conducting naturalistic research; it is critical that the field continue to develop solutions to the barriers inherent in conducting longitudinal research on eating disorder treatment.

Full text: [https://onlinelibrary.wiley.com/doi/10.1002/erv.2716](https://onlinelibrary.wiley.com/doi/10.1002/erv.2716) (to access you will require a HSE Open Athens Account)

21. **Smarter apps to help fight the scourge of eating disorders**

Source: Cordis European Commission – News

Abstract: Researchers, supported by the EU, are providing help to those suffering from eating disorders, creating smartphone technology to use prior and during treatment. The NEWEAT project, using the ubiquity of smartphones and the internet, has developed a series of apps designed to help, including the PsyDiary, which they hope will benefit the therapy process. Although it is a research tool at the moment they hope to expand upon it in the future.


22. **Anorexia therapies present and future: a 3-star review, or a 3-star field of research?**

#LEDC19

Author: Mc Donald, S

Source: the Mental Elf Blog

Synopsis: Studies from October 2011 to the end of 2016 were screened following a broad search (random* in all fields and anorexia in the title). The inclusion criteria for existing therapies were that treatments were widely used, featured in treatment guidelines, and had been tested in at least one RCT with over 100 participants.

Conclusion: It is hard to draw conclusions from such a diverse collection of studies based in different countries and healthcare settings. Furthermore, anorexia treatments are rarely delivered in isolation, so appraising how effective
treatments would be in real-world situations where they may be ‘add-ons’ is tricky. As such, the authors are limited to making fairly broad interpretations.

What they do propose is that therapeutic factors are valuable, and in this context future work on process issues appears important. They highlight the promise of new treatments, especially neuromodulation, and suggest this could be utilised in early interventions or for hard-to-treat cases. The authors do push further to suggest that the emerging treatments indicate a paradigm shift away from talking therapies, although I feel that a clutch of small studies does not a paradigm shift make.

https://www.nationalelfservice.net/mental-health/eating-disorders/anorexia-therapies-present-and-future-a-three-star-review-or-a-three-star-field-of-research/

23. Incidence of anorexia nervosa in young people in the UK and Ireland: a national surveillance study

Author: Hristina, P, Mima, S, Byford, S

Source: BMJ Open, 2019

Abstract: This study aimed to estimate the incidence of DSM5 anorexia nervosa in young people in contact with child and adolescent mental health services in the UK and Ireland. Design: Observational, surveillance study, using the Child and Adolescent Psychiatry Surveillance System, involving monthly reporting by child and adolescent psychiatrists between 1st February 2015 and 30th September 2015. Setting. The study was based in the UK and Ireland. Participants Clinician-reported data on young people aged 8–17 in contact with child and adolescent mental health services for a first episode of anorexia nervosa. Main outcome measures Annual incidence rates (IRs) estimated as confirmed new cases per 100 000 population at risk the study reveals new estimates of the incidence of anorexia nervosa in young people. Service providers and commissioners should consider evidence to suggest an increase in incidence in younger children.

Full Text: https://bmjopen.bmj.com/content/9/10/e027339

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Canadian practice guidelines for the treatment of children and adolescents with eating disorders

Author: Couturier J, Isserlin L, et al

Source: BMC Journal of Eating Disorder 01 February 2020

Abstract: The objective of this project was to develop Canadian Practice Guidelines for the treatment of children and adolescents with eating disorders. We reviewed the literature for relevant studies, rated the quality of the scientific information within these studies, and then reviewed this information with a panel of clinicians, researchers, parents and those with lived experience from across the country. The panel came up with a list of recommendations regarding specific treatments. These recommendations included strong recommendations for the provision of Family-Based Treatment, as well as care provided in a least intensive environment. Weak recommendations were determined for Multi-Family Therapy, Cognitive Behavioural Therapy, Adolescent Focused Psychotherapy, adjunctive Yoga, and atypical antipsychotics. The panel also identified several areas for future research including the development of new treatments for severe and complex eating disorders.
Cocreating research priorities for anorexia nervosa: The Canadian Eating Disorder Priority Setting Partnership

Author: Obeid, N, McVey, G

Source: Int J Eat Disord. 03 February 2020 https://doi.org/10.1002/eat.23234

Abstract: The Canadian Eating Disorder Priority Setting Partnership was established to identify and prioritize the top 10 research priorities for females, 15 years or older, with anorexia nervosa, by incorporating equal input from those with lived experience, families, and healthcare professionals.

Method: This project, which closely followed the James Lind Alliance guidelines, solicited research priorities from the Canadian eating disorder community by means of a five-step process including use of a survey, response collation, literature checking, interim ranking survey, and in-person prioritization workshop.

Results: The initial survey elicited 897 priorities from 147 individuals, with almost equal representation from all three stakeholder groups. From this, 603 responses aligned with the project objectives and were collapsed into 71 broader indicative questions. Based on available systematic reviews, 18 indicative questions were removed as they were considered answered by existing literature while 8 indicative questions were added from the recommendations of the reviews. In total, 61 indicative questions were ranked in an interim ranking survey, where 21 questions were prioritized as important by at least 20% of respondents. As a final step, 28 individuals from across Canada attended the prioritization workshop to coestablish the top 10 research priorities.

Discussion: Top priorities were related to treatment gaps and the need for more surveillance data. This systematic methodology allowed for a transparent and collaborative approach to identifying current priorities from both the service user and provider perspective. Wide dissemination is anticipated to promote work that is of high relevance to patients, families, and clinicians.


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