

Eating Disorders

Review 1

Allen, S., & Dalton, W. T. (2011). Treatment of eating disorders in primary care: A systematic review. *Journal of Health Psychology, 16*, 1165. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21459921>.

Objectives	Evaluate psychological treatments for anorexia nervosa, bulimia nervosa (BN), and binge eating disorder (BED) conducted in primary care.
Studies Included	Five U.S. and international studies from 1996 to 2005
Participants in the Studies	Patients with symptoms of BN or BED or diagnosed with BN or BED
Settings	Reported settings included primary care sites.
Outcomes	Binge eating episodes, bulimic symptoms
Limitations of the Studies	High attrition and noncompliance rates; generalizability of results may be affected because primary care physicians delivering treatment had interest in eating disorders prior to study; small sample size; some participants were reassigned conditions; the majority of study participants were not recruited through a primary care setting, which may limit generalizability to those settings; primary care settings and samples may differ from country to country; lack of assessment of provider adherence to treatment or treatment integrity

Results

Four of the five studies evaluated cognitive behavioral self-help or guided self-help through the use of books such as *Overcoming Binge Eating and Bulimia Nervosa* and *Binge-Eating: A Guide to Recovery*. Three of these four studies showed cognitive behavioral self-help books may be beneficial in reducing binge-eating episodes and bulimic symptoms, with some evidence of benefits extending to 3- and 6-month follow-up. In the fourth study, there were no significant outcome differences between interventions using guided self-help and interventions that combined self-help with antidepressants (fluoxetine). However, this study found that the medication-only intervention significantly reduced bulimic symptoms over the short term but also reported a 69 percent attrition rate. The remaining study did not use a guided self-help component; it employed an adapted brief cognitive behavioral therapy treatment containing both educational and behavioral components delivered in no more than eight 20-minute sessions. This approach yielded a 55 percent improvement rate in bulimic symptoms. The authors were unable to assess treatment effects for AN because studies evaluating AN in primary care settings were lacking.