

Eating Disorders

Review 14

Stice, E., Shaw, H., & Marti, C. N. (2007). A meta-analytic review of eating disorder prevention programs: Encouraging findings. *Annual Review of Clinical Psychology, 3*, 207–231. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17716054>.

Objectives	Examine which factors are associated with stronger intervention effects for eating disorder prevention programs that have been evaluated in controlled trials.
Studies Included	Sixty-six U.S. and international studies from 1987 to 2006
Participants in the Studies	Male and female adolescents
Settings	Settings were not reported for the studies.
Outcomes	Body mass, thin-ideal internalization, body dissatisfaction, dieting, negative affect, eating pathology
Limitations of the Studies	Small effect sizes; few studies examined the mediators that account for intervention effects; only a handful of studies have examined moderators of intervention effects; many prevention trials did not include a control group; lack of placebo or alternative intervention control groups; lack of a measure of eating disorder symptoms or diagnoses; few prevention programs have been evaluated in effectiveness trials that attempt to determine whether these interventions are effective when endogenous providers (e.g., teachers, nurses, guidance counselors) are responsible for recruitment of participants and intervention delivery; many researchers did not test for differential change in outcomes across intervention condition; lack of reporting of effect sizes

Results

Meta-analysis found that 51 percent of eating disorder prevention programs (e.g., StudentBodies, Healthy Weight, PLANET Health) decreased eating disorder risk factors, and 29 percent decreased current or future eating pathology. Moderator analyses indicated that larger effects occurred for programs that were selected compared to universal programs; solely offered to females, rather than combined for both males and females; offered to participants over age 15 versus younger participants; and delivered by trained interventionists rather than endogenous providers. Greater results also occurred in programs with body acceptance and dissonance-induction content; programs that were interactive rather than didactic or psychoeducational; and those that were delivered in multiple sessions, used validated measures, and had a shorter follow-up period of 1 year or less.