

Eating Disorders

Review 4

Bulik, C. M., Berkman, N. D., Brownley, K. A., Sedway, J. A., & Lohr, K. N. (2007). Anorexia nervosa treatment: A systematic review of randomized controlled trials. *International Journal of Eating Disorders*, 40(4), 310–320. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17370290>.

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| Objectives | Examine the evidence for the efficacy of treatment for anorexia nervosa (AN), harms associated with treatments, factors associated with treatment efficacy, and differential outcome by sociodemographic characteristics. |
| Studies Included | Thirty-two U.S. and international studies from 1985 to 2005 |
| Participants in the Studies | Adolescents and adults diagnosed with AN |
| Settings | Some of the reported settings were inpatient and outpatient sites. |
| Outcomes | Primary outcome: weight gain Secondary outcomes: reduced psychological features of AN (e.g., body dissatisfaction and drive for thinness); decreased associated behaviors such as overexercising; menses resumed; for the bingeing and purging subtype, reduction in such behaviors and less depression and anxiety |
| Limitations of the Studies | High dropout rates; lack of reporting on race and ethnicity of participants; small sample sizes; weak methodological and statistical design and analysis; poor or unclear randomization procedures, inadequate allocation concealment, inappropriate statistics for repeated measures designs; inattention to the impact of differential treatment duration; excessive diagnostic and outcome assessment measures; lack of consensus on definitions for stage of illness, remission, recovery, and relapse |

Results

Evidence for AN treatment is weak, evidence for treatment-related harms and factors associated with efficacy of treatment is weak, and evidence for differential outcome by sociodemographic factors is nonexistent. Cognitive behavioral therapy may reduce relapse risk for adults for AN after weight restoration, although its efficacy in the underweight state remains unknown. Younger, nonchronic patients with AN may benefit from family therapy, leading to clinically meaningful weight gain and psychological improvement, but these gains were not found in adult patients who participated in family therapy. No pharmacological intervention for AN was found to have a significant impact on weight gain or the psychological features of AN, but use of medication was associated with high dropout rates, suggesting that current medication regimens are not acceptable to those with AN. The most common harm associated with the studies was the need for inpatient

treatment among patients in outpatient trials. However, these events may be more reflective of ongoing features of the course of illness rather than an adverse event caused by the intervention. For trials using antidepressants, up to 90 percent of participants experienced at least one side effect during treatment. The discontinuation rate attributed to adverse effects did not differ among individual drugs and ranged from 6 to 14 percent. There were no data regarding differential efficacy of psychotherapeutic interventions for AN by gender, race, ethnicity, or cultural group.