

Eating Disorders

Review 5

Cororve Fingeret, M., Warren, C. S., Cepeda-Benito, A., & Gleaves, D. H. (2006). Eating disorder prevention research: A meta-analysis. *Eating Disorders*, 14, 191–213. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/16807214>.

Objectives	Evaluate the effectiveness of eating disorder prevention programs. Investigate whether targeted approaches are more beneficial than untargeted approaches to eating disorder prevention, and examine whether presenting psychoeducational materials on eating disorders produces iatrogenic effects on eating attitudes and behaviors.
Studies Included	Forty-six U.S. and international studies from 1993 to 2003
Participants in the Studies	Universal, selected, and indicated populations, including children, adolescents, college students, and adults without a known DSM-IV diagnosis of an eating disorder
Settings	Reported settings included school and community-based sites.
Outcomes	General eating pathology, dieting, body dissatisfaction, thin-ideal internalization, and knowledge
Limitations of the Studies	The findings were limited either by significant heterogeneity of the effect size distributions or lack of sufficient variability in intervention duration among studies within a given outcome set. Research in this field would be significantly improved if the incidence of eating disorders in study participants was measured prior to and following intervention. Universal programs tended to be conducted with children and adolescents in school or community programs, while selective and indicated programs tended to be conducted with female college students and other special populations of older adolescents/young adults. As a result, age effects cannot be distinguished from targeted population effects.

Results

Eating disorder prevention programs had the largest effects on knowledge outcomes at postintervention, with diminishing but still favorable effect sizes at follow-up. Effects for general eating pathology and dieting behaviors were positive at postintervention and the most consistent at all follow-up points. Body dissatisfaction outcomes showed positive improvement at postintervention and follow-up, but at follow-up the effect sizes were smaller than at postintervention.

Studies targeting participants who were deemed at higher risk for developing an eating disorder (indicated or selective groups) evidenced greater benefits than community samples not identified as being at an increased risk (universal groups) for developing an eating disorder.

Significant differences in effect sizes on dieting, internalization, and body dissatisfaction across intervention approaches were not found. Effect sizes on knowledge outcomes were higher at postintervention for purely psychoeducational strategies when compared to enhanced-psychoeducational (i.e., incorporating skills-based techniques from cognitive behavioral therapy) strategies, but at follow-up, effect sizes on knowledge outcomes were larger for enhanced psychoeducational strategies compared to purely psychoeducational strategies. The data did not support concerns about iatrogenic effects related to including descriptive information about eating disorders in psychoeducational materials. No harmful effects were found.