

Eating Disorders

Review 6

Fisher, C. A., Hetrick, S. E., & Rushford, N. (2010). Family therapy for anorexia nervosa. *Cochrane Database of Systematic Reviews*, 14(4): CD004780. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/20393940>.

Objectives	Evaluate the efficacy of family therapy for anorexia nervosa (AN) compared with standard treatment and other treatments.
Studies Included	Thirteen U.S. and international studies from 1987 to 2006
Participants in the Studies	Most participants met the DSM criteria for AN; ages ranged from adolescents to young adults.
Settings	Reported settings included inpatient, outpatient, and day treatment locations.
Outcomes	Primary outcomes: remission, all-cause mortality Secondary outcomes: relapse and dropout rates, family functioning, general functioning, cognitive distortion, weight
Limitations of the Studies	Few trials were available for some comparisons; there were small sample sizes and limited useable data. Some trials involved the use of two interventions that were theoretically similar with only a single point of difference or modification between the two interventions. Specificity regarding the theoretical underpinning of the family therapy used was lacking in many trials. Some trials did not specify participants' level of AN chronicity. Participants with comorbidities were often excluded, and there was lack of reporting on study exclusion criteria. Given the few numbers of males included in the trials, the results may not be generalizable to males with AN. The reporting of aspects of risk of bias was inadequate. Very little follow-up data were provided. The numbers of dropouts may have the effect of artificially inflating the effectiveness of the investigated interventions. Some studies appeared to have baseline imbalances. In several cases, the same therapist conducted the therapy in both family therapy and comparison treatment groups. There were often issues with the delivery of treatment or treatment integrity.

Results

Two trials found that family therapy is more effective than treatment as usual on rates of remission in the short term. When compared to educational or psychosocial interventions, these findings were not supported, suggesting there is no significant advantage of family therapy over these interventions. There were no significant differences in all other reported comparisons between family therapy and other interventions on

relapse rates, cognitive distortion, weight measures, and attrition rates. Most of the trials did not report on mortality rates. However, based on evidence available, the mortality rates appear to be lower for all types of interventions compared to the rates of mortality reported in the general literature for individuals with AN. There was insufficient evidence to determine whether there was a significant advantage of any specific kind of family therapy over another. Limited data were provided on other outcomes such as general functioning and family functioning, so conclusions cannot be inferred.