COGNITIVE BEHAVIORAL TREATMENT OF BULIMIA NERVOSA (CBT-BN)

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Typical individual with Bulimia

- White adolescent or young adult
- Female from industrialized country
- All SES backgrounds
- Normal weight or a little above normal
- History of multiple visits to dieticians
- Familial tendency towards obesity
- The binge eating usually begins during or after an episode of dieting. Dieting has a variety of biological, cognitive, and affective consequences that predispose an individual to binge eating.

Course of Bulimia Nervosa (BN)

- Usually chronic or intermittent with some periods of remission.
- The disturbed eating behavior persists for several years in most clients
- BN is treatment resistant

3 major clinical features that help identify individuals with BN

1. Binge eating
2. Weight restriction behavior
3. Self evaluation that is unduly influenced by body shape and weight

- The diagnosis of BN is usually done by a qualified MH professional, usually a specialised clinical psychologist or psychiatrist, who can rule out other mental health problems

Comorbidity of BN with other mental health problems

- About 1/3 to ½ of individuals with bulimia also meet diagnostic criteria for depression or personality disorders
- Individuals with bulimia tend to be complicated clinically
- Effective treatment often requires a multidisciplinary team of professionals.

Cognitive Behavioral Theory (CBT)

- Multitreatment approach
- Based on the experimental principles of learning theory and cognitive theory
- It aims to achieve changes in overt behavior and negative cognitive styles
- Treatment is problem/solution oriented and focused on the present.
- The goal is behavioral change, NOT insight like in traditional psychotherapy approaches.

CBT- BN
Christopher Fairburn (1981)

- Empirically validated treatment
- Two decades of research have consistently shown the effectiveness of the approach
  - Significant reduction in binge eating and purging -93% to 73% mean percentage rate (Wilson & Fairburn, 2002, Agras et al 1989, Garner et al 1991)
  - Significant reduction in dietary restraint
  - Significant improvement in attitudes towards body shape and weight (Wilson et al 1991)

By comparison CBT-BN is

- Superior to other psychotherapeutic interventions including psychodynamic approaches, systemic interventions, etc (Wilson and Fairburn, 2002, Fairburn, Cooper, Shafran, 2002, Fairburn et al 1992)
- More effective than pharmacotherapy (Wilson et al 1999, Wilson 2002, Fairburn et al 1993, Agras 1992, Leitenberg 1992)

CBT-BN
Theoretical conceptualization

- Vicious cycle of dieting and binge eating that function to reinforce each other and thus get maintained (Fairburn, Marcus, and Wilson, 1993)
- Dieting functions to decrease the anxiety/guilt produced by the excessive binge eating
- Binging relates to emotional distress but persists because it is so successful at:
  - Decreasing the feeling of deprivation associated with extreme dieting.
  - Distracting the person from dealing with life problems
- Binging and dieting cancel each other out to maintain normal or close to normal weight

CBT-BN Theoretical Conceptualization

- BN can be theoretically conceptualized as a learned fear of food and body fat or weight gain that is maintained through operant reinforcement by escape and avoidance behaviors

- Clients are asked to engage in anxiety provoking behaviors that run contrary to their deeply held beliefs about eating and regulation of body weight e.g. eat normal meals.

CBT-BN

Takes place in three stages.

1. Therapeutic alliance, Functional Analysis, and Psychoeducation
2. Exposure with response prevention, development of skills, cognitive restructuring
3. Maintenance and Relapse prevention

Treatment targets:

- The overt behavioral aspects
- The cognitive aspects
- The affective/emotional aspects

CBT-BN

- Binge eating does not happen at random (Fairburn, Cooper & Cooper, 1986)
- It is more likely to occur when precipitated by:
  - Dysphoric mood states
  - Boredom
  - Interpersonal Stressors
  - Food stimuli
  - Dieting and intense hunger

Behavioral Aspects of BN

- Recurrent binge-eating behavior
  - rapid and excessive consumption of food, usually sweet, high calorie food, within a discrete period of time usually less than 2 hours
- Inappropriate compensatory methods to prevent weight gain
  - dieting, exercising, laxatives, self-induced vomiting, high water consumption
- Social isolation

CBT-BN

- Normal eating patterns - 3 balanced meals a day
- Decreases the dietary restraint (**key component of treatment success)
- Self-monitoring. Journaling of food consumption
- Decreases the binge episodes by establishing meal planning and stimulus control
- Trains the client to increase the amount of food eaten in between bulimic episodes through pre-planned snacks

CBT-BN

- Attempts to limit the weight checking behavior
- For those clients who weigh themselves multiple times in a day CBT directs them to weigh themselves once a week at the same time
- For those who are afraid to get on the scale CBT gradually trains them to tolerate their anxiety to weigh themselves.
- Increases social functioning through gradual exposure to social situations and pleasurable activities

Cognitive Aspects of BN

- Excessive emphasis on the importance of body shape and weight and eating control that relates to negative self evaluation (APA 2000)
- Constant rumination about eating, body weight, and appearance.
- Negative self-criticism
- Black and white cognitive style – Inflexible, highly specific, and extreme dietary rules – All or nothing type of thinking
- Perfectionism
- Loss of perspective on normal eating

CBT-BN

- Addresses maladaptive cognitions
- Attempts to decrease the relative importance of body weight and shape to self-worth through cognitive restructuring
- Retrains the person to think in the gray area – tolerate less than perfect.

Affective Aspects of Bulimia

- Lack of control (to resist the binge or to stop eating)
- Shame about the eating problem. (Individuals with BS often hide their binges and caloric restriction behaviors)
- High frequency of depressive symptoms and mood irregularity. Difficulty coping with mood changes
- Social anxiety
- Fear about gaining weight

CBT-BN

- Gradually exposes the client to the anxiety provoking stimuli.
- At the same time, it teaches the client skills to cope with the related anxiety in an effort to prevent the escape, avoidance, dieting, and purging behavior
- Addresses depressive symptoms by helping the client increase reinforcement from pleasurable activities and personal successes.

CBT-BN

CBT emphasizes skills training. It helps the client develop effective:

- Communication and assertiveness skills (malfunctioning family system and interpersonal relationships).
- Problem solving skills and helps the client address life problems that relate to work, interpersonal academic difficulties relationships, etc.

CBT-BN Characteristics

- Typically takes place on an outpatient basis.
- Can be provided in inpatient settings (few reasons to hospitalize individuals with BN)
- Usually given in an individual format (can also be administered successfully in a group setting)
- About 20-30 sessions
- Weekly sessions at the beginning that can be further spread out as treatment progresses

Qualified dieticians or nutritionists trained in the area of eating disorders play an important role in the treatment of BN and can help by:

- Providing general nutrition education
- Helping the client establish well-balanced eating habits. *essential recovery component*
- Providing a structured and normal eating plan.
- Providing frequent reassurance that normal eating mean weight stability NOT weight gain
- Help the client regain a sense of “normal eating”
- Help the clients maintain their weight without fluctuations by teaching them healthy eating behaviors.

Qualified dieticians and nutritionists can help by:

- NOT helping the client lose weight.
  - Provide explanation that this is the problem that needs solved
  - Consult with the Mental Health professionals treating the client.

- Providing education about normal weight fluctuation.
- Directing clients to weigh themselves once a week at the same time

Dieticians and Nutritionists can help by:

- Being alert to the clinical characteristics of BN (or other eating disorders).
- Directing and referring these clients to qualified MH professionals for assessment and treatment
- These MH professionals need to be well trained in diagnosis, processes governing psychopathology, and should be able to treat associated mental health problems such as depression, substance abuse, and personality disorders.
- Doctoral level clinical psychologists and psychiatrists are the professionals who are most likely to provide this level of expertise.

Specialists qualified to provide CBT-BN tend to be:

- Registered (εγγεγραμμένοι)
- Clinical psychologists
- Trained at the doctoral level
- Trained in behavioral and cognitive theory and psychotherapy

CBT-BN Conclusions

- CBT is widely regarded as the **treatment of choice** for BN (Anderson & Maloney, 2001)
- Despite the well documented effectiveness of CBT-BN, 50% of clients continue to present with some symptoms chronically
- BN is treatment resistant

- The scientific community should continue its efforts to further address the problems associated with Bulimia Nervosa.

Thank you for your attention

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CBT-BN
Research Findings

- CBT has been shown to have good maintenance of change at both 6month and 1 year follow ups (Fairburn et al 1993).
- At 1 year binge eating and purging had declined by over 90%
- 36% of patients cease all binge eating and purging.
- Striking improvements in depression, social functioning, and personality disorder traits (Garner 1993, Fairburn 1991)