

## Research Aims to Find Most Effective Family-Based Treatment for Anorexia

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Experts no longer consider the family to be the cause of a young person's onset of anorexia; instead, the family is being looked to as a solution for this serious and potentially lethal disease.

As part of the largest study of its kind ever conducted, a team led by eating disorders expert Walter Kaye, M.D., professor of psychiatry and director of the UC San Diego Eating Disorders Program at the University of California, San Diego (UCSD), will begin enrolling families of adolescent anorexic patients in a trial to determine the type of family treatment plan most effective in fighting the disease.

The trial will also look at the effectiveness of fluoxetine (Prozac) in combination with family therapy in a random sampling of the patients with anorexia. The study is likely to provide much-needed guidance to clinicians in the treatment of adolescent anorexia nervosa, a life-threatening disorder that affects 1 in 200 adolescents in this country.

“There have been few controlled comparisons of treatment options for this disorder, which often leaves family members and even health care providers baffled,” said Kaye, who has published more than 300 articles on the neurobiology and treatment of eating disorders. Anorexia is characterized by the relentless pursuit of thinness, emaciation and the obsessive fear of gaining weight. Its symptoms commonly begin during adolescence, but strike throughout the lifespan, and the disease is nine times more common in females than in males.

“Anorexia has the highest death rate of any psychiatric disorder, which is why it is so critical to find the most powerful tools to work in supporting the anorexic patient and his or her family,” said Kaye.

UCSD is one of seven international sites that will participate in the trial, which is being led by Stewart Agras, M.D., and James Lock, M.D., Ph.D., of the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Over the next two years, the study will recruit 240 families across the United States and Canada. UCSD will recruit 40 local families who have an adolescent between the ages of 12 and 18 with anorexia to participate in the study comparing two very different psychological treatments.

Patients and their families will be randomly assigned to one of two groups. One group will receive “systemic family therapy,” an approach which more closely represents the type of family therapy typically practiced in the community. This therapeutic approach focuses on the dynamic of the family, rather than the individual, particularly in relation to the issues that bring them to therapy. This approach views eating difficulties as arising from the relationships and interactions that develop between individuals in the family.

The second, called “Maudsley” behavioral family therapy – first studied at London’s Maudsley Hospital – empowers the parents to take control of the patient’s eating and rejects the notion that a fundamental psychological problem exists within the family. Parents learn strategies to break the anorexic individual’s cycle of refusing food.

“We may find that different approaches work better for patients with a particular profile,” said Kaye. As part of the study, characteristics and core symptoms such as a drive for thinness or anxious, obsessional and perfectionist traits, will be examined. In addition, the researchers will look at the effects of the drug fluoxetine (commonly known as Prozac)

as compared to a placebo as an aid to maintaining normal weight by reducing anxiety, obsessional behavior and other eating disorder-related symptoms.

Source: UCSD

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