

# Parents-only therapy may be optimal in treating anorexia

June 8 2016, by Suzanne Leigh

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Family therapy for 12- to 18-year-olds with anorexia nervosa, in which all household members participate and a meal is held in the clinician's office, may be less effective than a streamlined model involving only the parents and without the meal.

In a study published online in the *Journal of the American Academy of Child & Adolescent Psychiatry*, 107 adolescents with anorexia nervosa were divided into two groups: those patients undergoing therapy with their family, which is the current standard of care, and those whose parents alone had the counseling while they received "supportive oversight" from a nurse.

"The goal of both treatment models was to try to assist the parents to support their child toward nutritional rehabilitation and weight restoration," said lead author Daniel Le Grange, PhD, Benioff UCSF Professor in children's health in the departments of psychiatry and pediatrics at UCSF Benioff Children's Hospital San Francisco.

Both treatments tested in the study entailed guiding the parents to take full control of food intake and transitioning that control back to their child as they developed healthier eating habits and gained weight, said Le Grange, who was working with colleagues at the University of Melbourne, Australia.

## Family Meal Nixed In Parents Group

One significant difference in the two models was that in the parents group, known as parent-focused treatment or PFT, there was no meal in the clinician's office, an intervention considered critical in the family model, known as family-based treatment or FBT. Instead the clinician focused almost exclusively on helping the parents manage the illness in the therapy sessions. "It would seem that the family meal, which used to be considered crucial for successful outcome, might not be quite as necessary," said Le Grange.

Both treatment types comprised 18 outpatient sessions over six months at the Royal Children's Hospital in Melbourne, Australia. Most patients were female (88 percent), the average age was 15 and everyone met the diagnostic criteria for anorexia nervosa.

When treatment ended, 43 percent of the adolescents whose parents had participated in counseling had reached remission, defined as attaining a normal or near-normal weight and having "healthy thinking about eating." In contrast, 22 percent of the adolescents who had participated in the family model achieved remission.

Remission rates started to converge six months after treatment, dipping to 39 percent in the parents group and remaining at 22 percent in the family group. This trend continued at 12 months, at 37 percent and 29 percent respectively, suggesting that the differences in effectiveness between the two models might be less pronounced in the long term.

"What we have learned is that both models are equally effective in patients with a high degree of eating disorder-related obsessions and compulsions, such as rituals and other behaviors around calories and forbidden foods, and those whose psychopathology meant they judged themselves entirely by the number on the scale," said Le Grange.

"But in patients with a relatively low level of obsessions and compulsions

and psychopathology, patients did much better if therapy was limited to the parents," he said.

"It could be that the parents-only model enables parents and the clinician to spend the full therapy session on developing strategies that help them support their child. In the family model, a tremendous amount of effort on the part of the patient is spent on derailing the discussion and a tremendous effort on the part of the clinician is spent keeping the discussion on track."

## **'High Expressed Emotions' Not Conducive To Recovery**

Of note, the researchers found that patients were more likely to achieve remission at 12 months after treatment if their fathers did not demonstrate "high expressed emotion," such as over-involvement with the child, hostility and criticism – traits that have already been identified as deleterious in the treatment of eating disorders.

"The take-home message is that a parents-only model is as good if not better than the family model and it provides us with an intervention that might be easier to implement and disseminate. This may be an issue in clinicians without formal family therapy training, who are hesitant to work in a format that includes the patient, [parents](#), other caregivers and siblings," said Le Grange, who is also professor emeritus at the University of Chicago.

**More information:** Daniel Le Grange et al. Randomized Clinical Trial of Parent-Focused Treatment and Family-Based Treatment for Adolescent Anorexia Nervosa, *Journal of the American Academy of Child & Adolescent Psychiatry* (2016). [DOI: 10.1016/j.jaac.2016.05.007](https://doi.org/10.1016/j.jaac.2016.05.007)

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