

Parent-focused treatment effective in combatting anorexia nervosa

July 5 2016, by Inga Feitsma

Experts have identified a new treatment option that can be used to support adolescents with anorexia nervosa (AN).

Researchers from the Murdoch Childrens Research Institute (MCRI), The Royal Children's Hospital and the University of Melbourne compared the effectiveness of Parent-Focused Treatment (PFT) and Family-Based Treatment (FBT), the current standard of care for adolescents with AN.

They found that there was a threefold increase in the odds of remission at the end of treatment in those who received PFT compared to FBT.

The randomised control trial is the largest single site trial of family therapy for adolescents with AN. It reported on 107 patients, randomised to receive either PFT or FBT, between July 2010 and December 2015. The average age of participants was 15 years and 88 per cent were female. The average length of their illness was 10.5 months and more than one third were so unwell with AN that they required hospital admission.

Treatments comprised 18 outpatient sessions over six months. Patients were assessed prior to treatment starting, at the end of treatment, and at six and 12 months post-treatment.

Family-Based Treatment involves the entire family in therapy sessions, including siblings and all family members who live with the young

person with AN. It is the treatment of AN with the most evidence of effectiveness.

Parent-Focused Treatment is an adaption of FBT that separates the adolescent's treatment with that of their parents. The model requires the therapist to meet with the parents only, while a nurse monitors the patient. Unlike FBT, PFT does not involve a family meal as part of the therapy sessions.

According to senior author, Professor Susan Sawyer, there have been remarkably few clinical trials of interventions in adolescents with AN, despite it having the highest mortality of any mental disorder. She said that effective treatment options for AN remain elusive, so any new clinical trial is of great significance.

"Given the impact of AN during adolescence and the years beyond, there remains a need to develop new and innovative treatment of adolescents with AN.

"This study demonstrates the importance of parents in assisting their children with AN to recover, a feature of both study arms. But in a highly innovative manner, where the separated model enables the attention of the therapist to focus solely on coaching parents, Parent-Focused Treatment led to more efficient recovery in the short term," said Professor Sawyer.

Although PFT proved significantly more effective at the end of the six month treatment, the researchers noted that remission rates did not differ at six months and 12 months post-treatment. Despite this, lead author Professor Daniel Le Grange, a professorial fellow at the University of Melbourne and Benioff UCSF Professor in Children's Health at the University of California San Francisco, said that PFT would be the preferred option by many in the field.

"PFT may facilitate broader dissemination of family therapy for adolescent AN," said Professor Le Grange.

"This form of [treatment](#) may appeal to clinicians without formal family therapy training who are hesitant to work in a format that includes the patient, parents, other caregivers and siblings. PFT does not place any expectations upon siblings or the young patients, nor does it require the family meal scenario, which can be a challenging and confronting experience for the family."

AN is a serious psychiatric disorder with a mortality rate that is among that highest of any psychiatric illness. The illness usually onsets in adolescence and impacts around one in every 100 young people aged 12 to 18 years.

Provided by Murdoch Childrens Research Institute

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