

MEDILL

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Guided self-help, a cost effective option to treat binge eating, researchers say.

by Brittany Farb

Guidelines for diagnosing eating disorders too 'black and white,' study shows

Snapshot Of The Study:

Clinical psychologist Lynn DeBar of the Kaiser Permanente Center for Health Research in Portland, Ore. and a team of researchers examined the effectiveness of self-guided treatment for binge eating disorder.

Here are the details of the research appearing in the April issue of the Journal of Consulting and Clinical Psychology:

- Participants included 123 women with an average age of 37 who binged at least once a week
- Half were assigned to the control group. They were notified about available treatments available to them, such as nutritional services and healthy eating and weight-management programs.
- Half were assigned to the study group. They underwent a self-guided program for 12 weeks, met with a health educator for eight sessions and kept a food diary
- After a year of treatment, 63 percent of the study group stopped bingeing and only 28 percent of the control group improved.

Chevese Turner, 42, of Severna Park, Md., spent years struggling with countless diets only to watch her weight continue to climb. "For years I did not understand what I was doing was an eating disorder," said the founder and CEO of Binge Eating Disorder Association. "Instead I sought weight-loss therapies. When those didn't seem to help, I turned to a psychologist."

Turner was diagnosed with binge eating disorder, the most common eating disorder, affecting an estimated 3.5 percent of American women and 2 percent of American men. Despite its prevalence, the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, the bible of psychiatric diagnoses, does not have a specific designation for the eating disorder. Instead, it is a "provisional" eating disorder and is part of the "eating disorder not otherwise specified" category.

Clinical psychologist Lynn DeBar of the Kaiser Permanente Center for Health Research in Portland, Ore. said she hopes the binge eating disorder is added to the upcoming *DSM-V*. Currently, patients diagnosed with binge eating disorder do not receive insurance coverage for treatment. "Binge eating falls in the cracks as to what people see as an eating disorder," she said.

Traditionally, people with binge eating disorder were treated with special calorie-restricted diets or seeing a psychologist or mental health professional who managed therapy.

In recent years, a new approach, known as guided self-help, with the patient rather than the mental health professional being in charge, has become popular. With this approach, patients keep their own food diary and track their own progress throughout therapy, only occasionally consulting with a mental health professional.

In a study that was published in the April issue of the *Journal of Consulting and Clinical Psychology*, DeBar and a team of researchers examined the effectiveness of self-guided programs to treat binge eating disorder. After a year of treatment, nearly two-thirds of the study group stopped bingeing and only 28 percent of the control group improved. "We were really pleased we replicated that it was a really effective treatment," DeBar said. "What surprised us was that the cost was low and the savings make it look like a viable option over time." DeBar hopes the study will encourage more people to seek help.

"It's important to let people know it's a real, treatable eating disorder," she said. "Embarrassment and shame prevent people from seeking care. It's the most common eating disorder and easiest to treat with low intensity."

According to the *DSM-IV*, binge eating disorder is characterized by "recurrent episodes of at least twice a week for six months, eating a larger amount of food than normal during a short time frame, and lack of control over eating during the binge episode."



Eunice Chen, Ph.D. (left), Assistant Professor of Psychiatry & Behavioral Neuroscience and co-director of the Eating Disorders Program at the University of Chicago Medical Center, said self-guided therapy is a good option because it is accessible to a wide range of people.

"A lot of people can respond to this treatment and a lot of people can get access to it because it's very hard to get access to other forms of treatment," she said.

Although Chen said binge eaters come in "all shapes and sizes," they are more likely to be overweight. In addition, binge eaters have a higher risk for high blood pressure, type 2 diabetes, heart disease, high blood cholesterol, depression, gallbladder disease and digestive disorders.

Chen said self-guided treatment should not be confused with basic self-help.

“Guided self-help is guided so it’s facilitated by somebody,” she said. “It’s typically something that is administered by a therapist. It involves a lot more contact than if you go to Barnes & Noble and bought a manual and tried to read it on your own.”

Chicago dietician Karen Klimczak said it is also important to have a multidisciplinary team to encourage treatment.

“For every eating disorder, it’s important to have a psychologist or psychiatrist, medical doctor and dieticians on staff to discuss healthy, balanced eating,” she said.

Klimczak said she supports guided self-help “as long as the client has support in place whether that is family or some kind of professional help.”

As a recovering binge eater, Turner is pleased with the research, but still remains skeptical.

“We don’t want everyone to assume self-help is the best for everyone,” she said.