

# Anorexia study: Get focus off weight

## Aim to improve quality of life

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Therapists have more success treating adult anorexia patients if they primarily focus on improving the patients' quality of life instead of weight gain, according to a new international study in which University of Chicago scientists participated.

The 63 patients in the study, each of whom had the disease for at least seven years, were enrolled at the University of Sydney in Australia and St. George's Hospital at the University of London. Researchers at the U. of C. helped with the organizing, planning and data management aspects of the research, which was published May 3 in the online edition of the *Psychological Medicine* journal.

About half of the patients received therapy that focused on behavioral and cognitive disturbances connected to anorexia and psychological issues associated with anorexia such as motivation.

The other half of the group was treated with education and psychotherapy.

The treatment program was modified so that it did not put an emphasis on gaining weight, but instead "encouraged patients to make changes to improve their quality of life and physical well-being," according to the paper.

The cognitive-behavioral therapy was found to be better at reducing core eating-disorders symptoms, but both treatments "contributed to improvements over time in quality of life, body weight, depression and motivation to change," according to the paper.

"I was surprised but ultimately very encouraged. This was a group of



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***"Unlike prior treatment studies for anorexia nervosa in adults, weight gain was not the primary clinical target."***

— Daniel Le Grange, director of the U. of C.'s eating disorders program

women who have been ill, on average, for 15 years and probably have been in treatment for many years," said Daniel Le Grange, a U. of C. professor of psychiatry and behavioral neuroscience and director of the

university's eating disorders program. Le Grange was the principal researcher behind the analysis of data from the study.

"Rather than recovery being the basic premise, treatment should focus

more upon retention, improved quality of life with harm minimization, and avoidance of further failure experiences," the paper concludes.

Le Grange noted that another recent study of

anorexia treatment had a patient-dropout rate of 65 percent.

"We were concerned that our study would deliver a similar discouraging message," he said. "Yet we were able to retain 85 percent of the study sample and across both treatments, patients made very significant clinical improvements. These two findings are most encouraging for our field."

"Unlike prior treatment studies for anorexia nervosa in adults, weight gain was not the primary clinical target. Instead, the clinicians focused their efforts on supporting gains in the area of quality of life, mood and social adjustment," Le Grange continued. "We would like to think it is this shift in emphasis that helped us keep patients in treatment and helped them make meaningful improvements in many domains. ... A more temperate approach is perhaps what is needed for this very specific clinical subgroup, including women with severe and enduring anorexia nervosa."

John D. Mead, an assistant professor of psychology and co-director of the eating disorders program at Rush University Medical Center, called the study "very impressive." Mead did not participate in the study.

"This represents an amazingly well-designed and tightly controlled clinical trial for one of the most difficult and resistant patient populations imaginable," Mead said.

Dr. B. Timothy Walsh, professor of pediatric psychopharmacology in psychiatry at Columbia University Medical Center, called the research "clearly a well-done and useful study. The major finding it establishes is that even folks with long standing anorexia can be engaged in treatment in a form of treatment they will stick with and benefit from."