

## Smartphone Apps in the Treatment of Eating Disorders: Useful clinical tools or dangerous technology?

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A search of the smartphone app stores reveals over 800 apps when you enter eating disorder related terms. How many of these apps are beneficial for people struggling with an eating disorder or professionals treating eating disorders? Only 39 of these apps were primarily designed for those struggling with eating disorders and 5 apps were designed for professionals treating eating disorders. Many of the other apps focused on things like calorie tracking and weight loss, which could be detrimental for people with eating disorders.

The authors of “Apps and Eating Disorders: A Systemic Clinical Appraisal” evaluated the clinical utility of relevant apps designed for people struggling with eating disorders and the professionals who treat them. It should be noted that the authors focused on anorexia, bulimia, and mixed symptoms of anorexia and bulimia without investigating binge eating disorder. They found that the quality of apps varied dramatically. Many (33%) apps provided information to the user; this information was judged (through evaluation by both authors of the study) to be good in 15% of the apps, variable in 61% of the apps, and misleading in 23% of the apps. Five of the apps had the function of self-assessment; 2 of these were judged to provide a good assessment while the other 3 were rated variable or poor. Most apps (61%) provided advice to the user; of these, 29% were judged to provide good advice, 20% provided advice of variable quality, and 50% provided advice that was poor or even potentially harmful. One example of harmful advice from the app Anorexia Tips recommended “Make yourself lunch. A big nice sandwich with juice and a pack of chips. Then when you get to school, give it away to someone who forgot theirs.” Four apps allowed users to self-monitor their eating habits with variable ease of use. Most were inflexible in the ways that information had to be entered and all made it difficult to view previously entered information, which would be necessary for symptom/behavioral analysis. Other apps served other functions, including connecting users so that they can interact with other people struggling with an eating disorder. This is risky because it may encourage a “pro-ana” atmosphere in which users encourage eating disorder symptoms and compete with one another.

The bottom line? The quality of apps vary greatly, from useful to harmful. As clinicians, we should know what apps our patients are using and familiarize ourselves with the available apps. The authors concluded that these apps have very limited functionality and should be used with caution.

Reference: Fairburn CG, & Rothwell ER (2015). Apps and Eating Disorders: A Systemic Clinical Appraisal. *International Journal of Eating Disorders*.