

IAEDP February Research Review

For those of us who work as psychotherapists, the question of what type of treatment is most effective often turns into an “us versus them” mentality between cognitive-behavioral therapists and psychodynamic therapists. For other professionals working in the field of eating disorders, it can be overwhelming when making a therapy referral to decipher what type of treatment works best for whom. In “Focal psychodynamic therapy, cognitive behavior therapy, and optimised treatment as usual in outpatients with anorexia nervosa (ANTOP study): randomised controlled trial” (Zipfel et al, 2014) published recently in *The Lancet*, a group of researchers in Germany attempts to answer the question of what type of therapy is most effective in the treatment of anorexia nervosa.

ANTOP is a multisite randomized controlled study (RCT). RCTs are considered the “gold-standard” of research studies and involve recruiting a group of participants and then randomly assigning each participant to either receive an intervention (in this case either focal psychodynamic therapy or enhanced cognitive behavioral therapy) or a control condition (this study used treatment as usual). Both interventions were standardized manualized 10-month treatments. Focal psychodynamic therapy (FPT) is a treatment that includes a focus on the therapeutic alliance, attitudes and beliefs viewed as acceptable, self-esteem, interpersonal relationships, and treatment termination. Enhanced cognitive behavior therapy (CBT-E) is based on Christopher Fairburn’s manual Cognitive Behavior Therapy and Eating Disorders and includes a focus on motivation, nutrition, treatment planning, relapse prevention, cognitive restructuring, mood regulation, social skills, shape concern, self-esteem, education, self-efficacy, and self-monitoring. In the Optimised Treatment as Usual (TAU), participants were referred to community outpatient psychotherapists with experience treating eating disorders. All participants also received medical care. This study included 242 participants who were randomized into a treatment or control condition. At the end of treatment, 54 patients had dropped out of the study and at 12 month follow-up 73 participants had dropped out.

The researchers found that, at the end of treatment and at 12-month follow-up, patients in all 3 groups (FPT, CBT-E, and TAU) showed substantial weight gain and there were no differences between the groups. When the researchers examined full recovery at the end of treatment they found that participants in the FPT group had a significantly higher recovery rate compared with TAU. Participants in the CBT-E group had the lowest rates of eating disorder symptomology (assessed using a structured interview) at the end of treatment (significantly lower than the TAU group) but these improvements were not sustained at 12-month follow-up. Fewer participants in the FPT group required in-patient treatment than participants in the other groups and more participants in the TAU required in-patient treatment. Participants in the TAU condition were more likely to drop out of the study.

Overall, this study found that psychodynamic therapy, cognitive behavior therapy, and optimized treatment as usual are effective treatments for anorexia nervosa. Focal psychodynamic therapy may be more effective for long-term full global recovery while enhanced cognitive behavior therapy may be more effective for immediate improvements in eating disorder psychopathology.

Reference:

Zipfel S., Wild B., Grief G., Friederich H-C, Teufel M, et al. (2014). Focal psychodynamic therapy, cognitive behavior therapy, and optimised treatment as usual in outpatients with anorexia nervosa (ANTOP study): randomised controlled trial. *The Lancet*: 127-136

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