

Best therapies for eating disorders in youth? Family-based behavioral treatment is the only well established treatment for child and adolescent eating disorders.

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Eating disorders in childhood and adolescence remain a concerning public health problem, with the prevalence of disorders like Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorder (BED) ranging from 1 to 2%. The health consequences of these eating disorders are often severe with follow-up studies finding an aggregate mortality rate for AN of 5.6% per decade. Suicide accounts for about half of the deaths while cardiac arrest is the main cause of mortality in the remainder. Mortality rates in BN are understudied, but some reports suggest rates approximating those of AN. Other significant medical problems common in adolescents with eating disorders include growth retardation, pubertal delay or interruption, and peak bone mass reduction.

There is some good news: there are some talk therapies for child and adolescent eating disorders that appear to work. In a recent comprehensive review, Dr. James Lock at Stanford University identified a number of effective treatments. For AN, the most effective approach was behavioral family treatment. This approach involves helping the parents to take charge of weight restoration by identifying and implementing ways they can use at home to stop severe dieting, over exercising, and purging. Systemic family treatment and insight oriented individual psychotherapy also had some evidence to support their use for adolescents with Anorexia Nervosa.

Although there were no well-established treatments for adolescents with bulimia nervosa, binge eating disorder, or avoidant restrictive food intake disorder, some evidence was apparent for a few different approaches. For bulimia, behavioral family therapy and supportive individual therapy appear to be helpful approaches. For binge-eating disorder, an internet delivered cognitive behavioral therapy was found to be helpful.

A number of treatments for eating disorders have some emerging evidence but at this point are considered experimental; these include enhanced cognitive behavioral therapy, dialectical behavioral therapy, cognitive training, and interpersonal psychotherapy.

Lock's review also highlighted the critical need for early intervention, as greater changes can be achieved with younger children. Whereas effective interventions have been identified, these are not readily available to the large numbers of young people, and families who need them. Increasing access to evidence-based care is thus a crucial next step in the area of child and adolescent eating disorders.

Source: Lock, J. (2015). An Update on Evidence-Based Psychosocial Treatments for Eating Disorders in Children and Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 44(5), 707–721.
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professional aspects. SCCAP promotes scientific inquiry, training, professional practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families.

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RESOURCES: For more information, interested readers can go to www.effectivechildtherapy.com. The website offers free videos on a variety of child/adolescent therapy topics, including videos describing various evidence-based treatment approaches; there are videos for parents and professionals.