Research Summary: Efficacy of Family-Based Treatment for Adolescents

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In the January 2013 issue of the International Journal of Eating Disorders (IJED), Jennifer Couturier and her colleagues wrote on the "Efficacy of Family-Based Treatment for Adolescents". In a healthcare context, "efficacy" is the capacity of an intervention to produce a beneficial effect. In this study, the authors discuss "remission" as the preferred outcome (that is, a decrease in symptoms). They define this in several ways: absence of diagnosable criteria, achievement of a certain percent of ideal body weight, and abstinence from binge eating and purging.

In this literature review, six randomized controlled trials (the gold standard for clinical research) were found that compared Family-Based Treatment (FBT) with individual treatments in adolescents with Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Eating Disorders Not Otherwise Specified (EDNOS).

What is Family-Based Therapy (FBT)?

I can think of no better source to answer this question than the writings of James Lock and Daniel Le Grange, leading researchers in our field that helped to develop this treatment. In an outstanding book that they have edited, *Eating Disorders in Children and Adolescents*[1], they have respectively written chapters on "FBT for Anorexia Nervosa" and "FBT for Bulimia Nervosa". Dr. Lock writes that, "There are five fundamental tenets that guide all phases and interventions used in FBT:

1. an agnostic view about the cause of AN
2. initial symptom focus
3. non-authoritarian consultative stance as a therapist
4. an emphasis on parental symptom management (empowerment)
5. an ability to separate the disorder of AN from the adolescent (externalization)"

In Dr. Le Grange's chapter, four of the five key tenets for FBT-BN are quite similar to FBT-AN. One interesting difference in FBT-BN is that instead of "parental symptom management" you have "parents *and* the adolescent are responsible for normalizing eating (collaboration)." Dr. Le Grange writes that: "It is unique to FBT-BN that the adolescent is an active participant in the attempts to curtail binge eating and purging, and the therapist encourages the adolescent to express his or her point of view and experience in lieu of arriving at a solution to the eating disorder symptoms."

These studies with small sample sizes were combined in a "meta-analysis". In this context, meta-analysis refers to a statistical way of combining evidence of several smaller studies, so that the resulting greater statistical "power" has a better chance to detect an effect than in the individual studies. Lucky for us, Jennifer Couturier did a post-doctoral research fellowship at Stanford and actually understands statistics. As Abigail Zucker writes in her *New York Times* review of the new

book *Naked Statistics*, "If you want to eat sausage and survive, you should know what goes on the factory. That dictum – one of the few certainties in an uncertain world – most definitely applies to the statistical sausage factory where medical data is ground into advice."

The results indicated that "although there does not appear to be a significant difference between FBT and individual therapy when measured at the end of treatment, when measured at 6-12 month follow-up, FBT is superior." A possible explanation for these results are that the parents have learned helpful techniques, and they could be acting in place of a therapist to support healthier behaviors and continued adequate weight gain in their adolescent child.

The authors go on to conclude that "Family therapy focusing on symptom interruption of eating disordered behaviors should be recommended as the first line of treatment for adolescents with eating disorders. Given the growing evidence base for FBT for adolescents with eating disorders, it would be prudent to study implementation strategies and effectiveness of this treatment in the community."

The medical community can be resistant to change. Harvard economist Michael Porter writes in his seminal book *Redefining Health Care*[2]: "It takes, on average, seventeen years for the results of clinical trials to become standard clinical practice."

Lock, J., & LeGrange, D. (Eds.). (2011). *Eating disorders in children and adolescents: A clinical handbook*. New York, NY: Guilford Press.

Porter, M & Olmstead Teisberg, E. (2006). R*edefining health care: Creating value-based competition on results.* Boston, MA: Harvard Business School Publishing.