



National Eating Disorders Association

A review of “Fairburn, C., Cooper, Z., Doll, H, et al. (2009).
Transdiagnostic cognitive behavioral therapy for patients with eating disorders:
A two site trial with 60-week follow-up. *American Journal of Psychiatry*, 166, 311-319.”
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Eating disorder not otherwise specified (ED-NOS), is the most common diagnosis seen in outpatient settings. The clinical features are similar to anorexia nervosa (AN) and bulimia nervosa (BN), but individuals may fail to meet the frequency criterion or weight cut-offs. While those with ED-NOS have subthreshold diagnostic features, they have clinically comparable distress and dysfunction. Based on the prevalence, chronicity, and severity of eating disorders, effective treatments are needed but unfortunately have thus far remained rather elusive.

Cognitive Behavioral Therapy (CBT) is based on a model that stresses the critical role of cognitions (or thoughts) and behaviors that maintain debilitating symptoms. Fairburn has developed an “enhanced” version of the therapy (CBT-E) for EDs. CBT-E comes in two forms: a focused form (CBT-Ef) targeting eating pathology specifically and a complex broad form (CBT-Eb) adjunctively targeting mood intolerance, clinical perfectionism, low self-esteem, and interpersonal issues. A recent multi-site randomized controlled trial suggested that CBT-E was useful as a treatment for eating disorder psychopathology regardless of diagnosis. That is, along with treatment of BN, it was also effective for treatment of ED-NOS. In addition this study claimed it was potentially useful for AN although low body weight, a diagnostic criterion of AN, was an exclusion for study participation.

Patients in the trial were assigned to one of four treatment conditions: CBT-Ef, CBT-Eb, or an 8-week delay followed by CBT-Ef or CBT-Eb. Each treatment consists of 20 sessions. Outcomes revealed that both forms of treatment were effective in significantly reducing eating disorder symptoms and severity, with no difference between the two forms. However, for patients with more complicated psychopathology, CBT-Eb (the complex broad form) was more effective than the focused form. The study concluded that the focused, simpler form should be the default for most patients since it is easier to apply, and the complex broad form should be reserved for patients with more severe additional psychopathology.

It is important to bear in mind that this study was conducted exclusively on outpatients who are not likely to be as severe as patients requiring inpatient or partial hospitalization. Thus, efficacy may not translate equally to these populations who may have more severe symptoms or may be severely emaciated. Given the paucity of treatments for eating disorders, this enhanced version of CBT is promising and may be a useful treatment for disordered eating, regardless of diagnosis.