The Effects of Treatment for Eating Disorders

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Abstract

Eating disorders are a significant public health problem that carries huge health implications for the individuals it affects. Eating disorders are extremely prevalent with about 15% of women having a diagnosable eating disorder at some point in their life (Fursland et al., 2012). These disorders are dangerous and if untreated can lead to death. In fact, anorexia has the highest mortality rate of any other psychiatric disorder (Fursland et al., 2012). Much research has been conducted regarding treatment methods for individuals with eating disorders, with many of them showing important improvements in patients. Some of these treatments are enhanced cognitive behavioral therapy, day-hospital treatment programs, and self-esteem and social skills group therapy. Compliance with these treatments has shown to improve the patient’s perception of physical appearance, self-concept related to shape and weight, self-concept related to others and perception of happiness and satisfaction, and social withdrawal improved significantly. Patients also demonstrated improved attitudes towards food and eating and increased rates of healthy weight gain. A potentially harmful treatment for eating disorders is the use of exercise therapy. Further research should be conducted in order to conclude the effectiveness and safety risks involved in encouraging eating disorder patients to exercise, which is normally considered part of the disease pathology. Overall, eating disorders are difficult to treat and it is important for medical experts to be well versed in the best practice recommendations.
Introduction

In today’s society there is a major emphasis on being thin in order to be considered beautiful. This is an issue that most people regardless of race, religion, or socioeconomic status will face at some point in their life. However, for some individuals this preoccupation with achieving the “perfect” skinny body becomes dangerous and sometimes even life threatening. Eating disorders are serious psychiatric illnesses as well as a prevalent public health issue, with up to 15% of women suffering from a diagnosable eating disorder in their lifetime (Fursland et al., 2012). They carry a high cost to society, significantly impair the individual’s quality of life, and act as major stressors to victim’s families and friends (Lutter & Smith-Osborne, 2011). Eating disorders include, anorexia nervosa, bulimia nervosa, and eating disorders not otherwise specified, which is considered the most common eating disorder diagnosis. These diseases are characterized by either absence of food intake or by cycles of binging and purging, both carrying serious health implications. All of these disorders act as precursors to damaging mental and medical comorbidities that stem from a severe lack of life-sustaining nutrients. In fact, anorexia has the highest mortality rate of any other psychiatric illness (Fursland et al., 2012).

Treatment for eating disorders needs to be implemented as early as possible to salvage the individual’s physical and mental health status as much as possible. The purpose of this paper is to explore the effects of different treatment regimens for people with eating disorders. These treatments include enhanced cognitive behavioral therapy, day-hospital treatment programs, and self-esteem and social skills group therapy. This information is crucial to psychiatric nursing due to the overwhelming prevalence and potential severity of eating disorders. It is important for psychiatric nurses to know the best ways to work therapeutically with eating disorder patients and know the most effective treatment options for them to pursue.
Treatment for Eating Disorders

Eating disorders present medical experts and clinicians with a difficult set of illnesses to treat. These disorders are the result of serious mental issues regarding a skewed perception of self and body image. Patient’s with eating disorders “share common features, like an intense fear of gaining weight, engagement of weight control methods, preoccupation with eating, shape and weight, and a tendency to evaluate self-worth in terms of body shape and weight” (Ashley & Crino, 2010). Treatment for these patients requires intensive therapy focused on nutrient stabilization, behavior modification, encouragement of weight gain, and medical treatment if necessary. Often times it takes months or even years of treatment to recondition patients to feel satisfied with themselves and their body image (Ashley & Crino, 2010). Some methods that have been proven effective in the treatment of patients with eating disorders are enhanced cognitive behavioral therapy, day-hospital treatment programs, and self-esteem and social skills group therapy.

Enhanced Cognitive Behavior Therapy

Enhanced cognitive behavior therapy consists of patients attending biweekly intensive therapy sessions with a counselor that spans 20 sessions and lasts approximately 50 minutes. Therapy is designed to be structured and time-limited as well as flexible and individualized (Fursland et al., 2012). Counselors make sure that patients are engaged in treatment starting from the initial contact, which will prevent patient drop out, and they make a point to establish a transparent and collaborative relationship with the patient. These relationships foster trust and enhance the patient’s overall experience and treatment outcomes. There are four stages of therapy that should be followed after initial patient assessment in order to ensure treatment success. The first stage of therapy focuses mainly on behavioral change, the second stage
involves systematic progress review, the third stage addresses mechanisms that are maintaining
the patient’s eating disorder, and the fourth stage focuses on ending treatment (Fursland et al.,
2012). Research focused on treatment results of enhanced cognitive behavior therapy showed
that this is an effective method for treating all different types of eating disorders, especially
bulimia and eating disorders not otherwise specified. These therapies will be specific to each
individual and ones with lower body mass indexes will require more intense versions of therapy.

Day-Hospital Treatment Programs

Day-hospital treatment is a group treatment program that focuses on nutritional and
psychological therapies, with a primary goal of the normalization of eating behaviors. It provides
a level of control that is comparable to the inpatient treatment setting, but still allows patients to
preserve psychosocial aspects of their lives, such as living at home and having unlimited
interaction with friends and family (Ashley & Crino, 2010). Basically patients come in for
treatment during the day, but have the freedom to leave in the evenings to go home and
participate in social activities. This allows the patient to build self-esteem and have a greater
sense of control over their recovery process. These treatment programs have been proven
effective in promoting weight gain in underweight patients, reducing compensatory behaviors
like purging or excessive exercising, and improving disturbed eating, shape and weight attitudes,
depressive symptoms and self-esteem (Ashley & Crino, 2010). Dietetic interventions are also a
huge component of this program. However, evidence across all mental health research is limited
regarding their effectiveness (Ashley & Crino, 2010).

Self-Esteem and Social Skills Group Therapy

The definition of self-esteem is ‘how much a person likes, accepts, and respects
him/herself overall as a person.’ Low self-esteem has been shown to be a driving factor behind
the development of eating disorders (Lazaro et al., 2011). Patients believe that if they are thinner then maybe they will be more accepted by others and themselves. Patients with eating disorders also show signs of social impairment and dissatisfaction with their social relationships. Inability to function effectively within interpersonal relationships is a potential factor related to eating and body image disturbances. With these two general competencies in mind, psychologists implemented a day-treatment program focused on improving patient’s self-esteem and social skills, while also focusing on weight gain and improvement of disordered eating (Lazaro et al., 2011). Patients were divided into groups based on their specific diagnoses and duration of the treatment was determined individually according to the patient’s progress. Nurses play a key role aiding patients in these types of treatment programs. Nursing staff monitors meals provided during the treatment program, provide nutritional counseling, and help to plan weekly patient food intakes. After the completion of this self-esteem and social group therapy, researchers concluded that perception of physical appearance, self-concept related to shape and weight, self-concept related to others and perception of happiness and satisfaction, and social withdrawal improved significantly. These results illustrate the positive results of this type of therapy and the effectiveness it can have on eating disorder patients.

General Overview of Treatments

As evident in the literature, the treatment for eating disorders requires time and may occur across a continuum as the patient shows signs of improvement. Also, it is important to address many aspects of the patient and their illness in order to promote full recovery from this debilitating disorder. Unfortunately, pharmacologic treatment for eating disorders is limited, so psychiatric medicine experts must rely on cognitive therapy and inpatient or outpatient recovery programs (Fursland et al., 2012). Therapy should focus on diminishing the behavioral symptoms
of eating disorders and addressing the patient’s distorted thoughts related to body weight and shape (Fursland et al., 2012). These treatments prove to be extremely effective in resolving eating disorders and help the patient overcome mental challenges they face when going through the recovery process.

A potentially harmful treatment is the use of exercise in the treatment of eating disorders. Excessive exercise is usually part of the pathology of an eating disorder and using it to encourage healing could cause more problems than it would solve (Lutter & Smith-Osbourne, 2011). A study by Lutter and Smith-Osbourne (2011) shows that although exercise did make the patients feel better, it also tempted them to abuse exercise as a form of purging. Further research is required to investigate the effective use of exercise in the treatment of eating disorders, but at this time it is not recommended (Lutter & Smith-Osbourne, 2011).

Conclusion

In conclusion, eating disorders are a serious and prevalent health issue in today’s world. Staying up to date on the best and most current practices in the treatment of this terrible illness is essential in providing the best medical and nursing care possible. It is also important to learn how to communicate therapeutically and establish strong, trusting relationships with patients. This will improve outcomes tremendously and enhance the patient’s overall treatment experience. Patients struggling with eating disorders are under intense psychological and physical stress, thus nurses must be understanding and realize that the treatment process is a long, trying road and not a quick fix. Effective treatment requires intense therapy to correct behaviors and improve self-esteem and social skills, day-hospital treatment programs, or possible inpatient hospitalization. Applying this understanding and compassion in clinical practice will promote open lines of communication and assist patients in the healing process.
References


