

BULIMIA NERVOSA

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Pre-Lecture Exam

Question 1

1. The critical factor(s) underlying the maintenance of bulimic symptoms is thought to be:
 - A. Dietary restriction
 - B. Weight and shape concerns
 - C. Low self-esteem
 - D. All of the above

Question 2

- 2. Which of the following is an element of cognitive-behavioral therapy?**
- A.** Resolving interpersonal conflicts
 - B.** Normalizing eating, e.g. three meals each day
 - C.** Prescription of a particular caloric intake
 - D.** Interpretation of the transference.

Question 3

- 3. A five-year follow-up study of cognitive-behavioral therapy revealed which of the following percentages of recovered patients?**
- A. 35%**
 - B. 45%**
 - C. 55%**
 - D. 65%**

Question 4

- 4. The optimal dose of fluoxetine in the treatment of bulimia nervosa as shown in a controlled trial is:**
- A. 20 mg**
 - B. 40 mg**
 - C. 60 mg**
 - D. 80 mg**

Question 5

- 5. Controlled trials reveal that on average the maximal effect of fluoxetine in the treatment of bulimia nervosa is reached in:**
- A. One week
 - B. Two weeks
 - C. Three weeks
 - D. Four weeks

Question 6

- 6.** The minimum length of antidepressant treatment for bulimia nervosa is:
- A.** Six months
 - B.** Nine months
 - C.** One year

Question 7

- 7. Which of the following statements regarding the treatment of bulimia nervosa is true?**
- A.** Cognitive-behavioral therapy and a single antidepressant are equally effective in reducing binge eating/purging.
 - B.** Cognitive-behavioral therapy is superior to a single antidepressant in reducing binge eating/purging.
 - C.** A single antidepressant is superior to a cognitive-behavioral therapy in reducing binge eating/purging.

Question 8

- 8.** The relapse rate for patients with bulimia nervosa being treated with an antidepressant over a one-year period was:
- A.** 10%
 - B.** 20%
 - C.** 35%
 - D.** 45%

Question 9

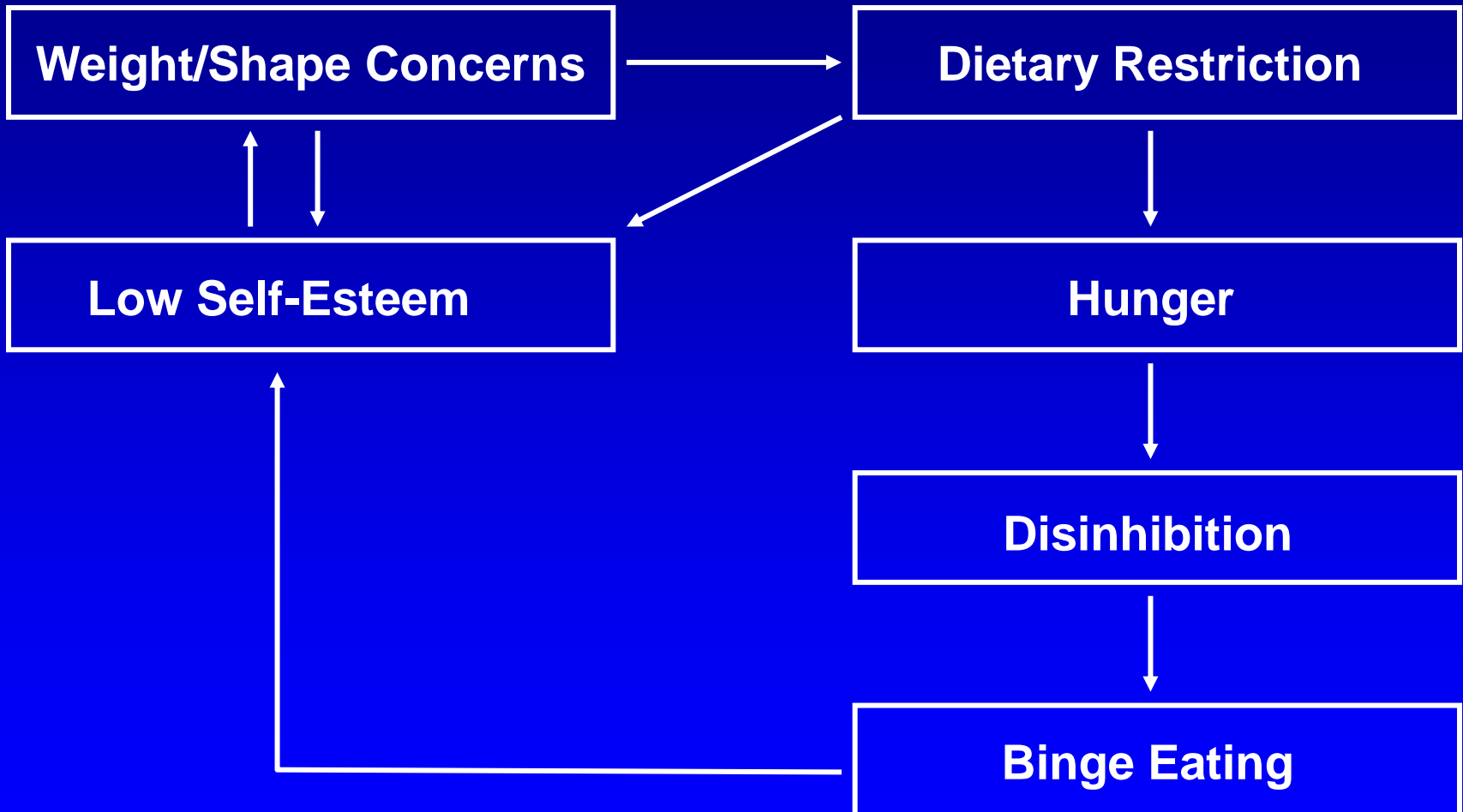
- 9. The most cost-effective treatment for bulimia nervosa in terms of cost/recovered patient is:**
- A.** Cognitive behavioral therapy
 - B.** Antidepressant medication
 - C.** The combination of cognitive-behavioral therapy and antidepressant medication

Question 10

- 10.** Taking the research literature into account, which treatment would you advise a patient with bulimia nervosa is likely to be most effective for their condition?
- A.** Cognitive-behavioral therapy
 - B.** Combination of antidepressant medication and cognitive-behavioral therapy
 - C.** Antidepressant medication

BULIMIA NERVOSA

A Simple Model — I



Cognitive-Behavioral Treatment For Bulimia Nervosa

- **Rationale**
 - societal pressure
 - dieting
 - loss of control
 - binge-purge cycle
- **Expectancy**
 - normalize eating
 - overcome fears
 - change cognitions
 - slow change

Cognitive-Behavioral Treatment For Bulimia Nervosa

- **Self-monitoring**
- **Normalize eating**
 - **three meals a day**
 - **healthy food choices**
 - **stimulus control**
 - **exposure to feared foods**

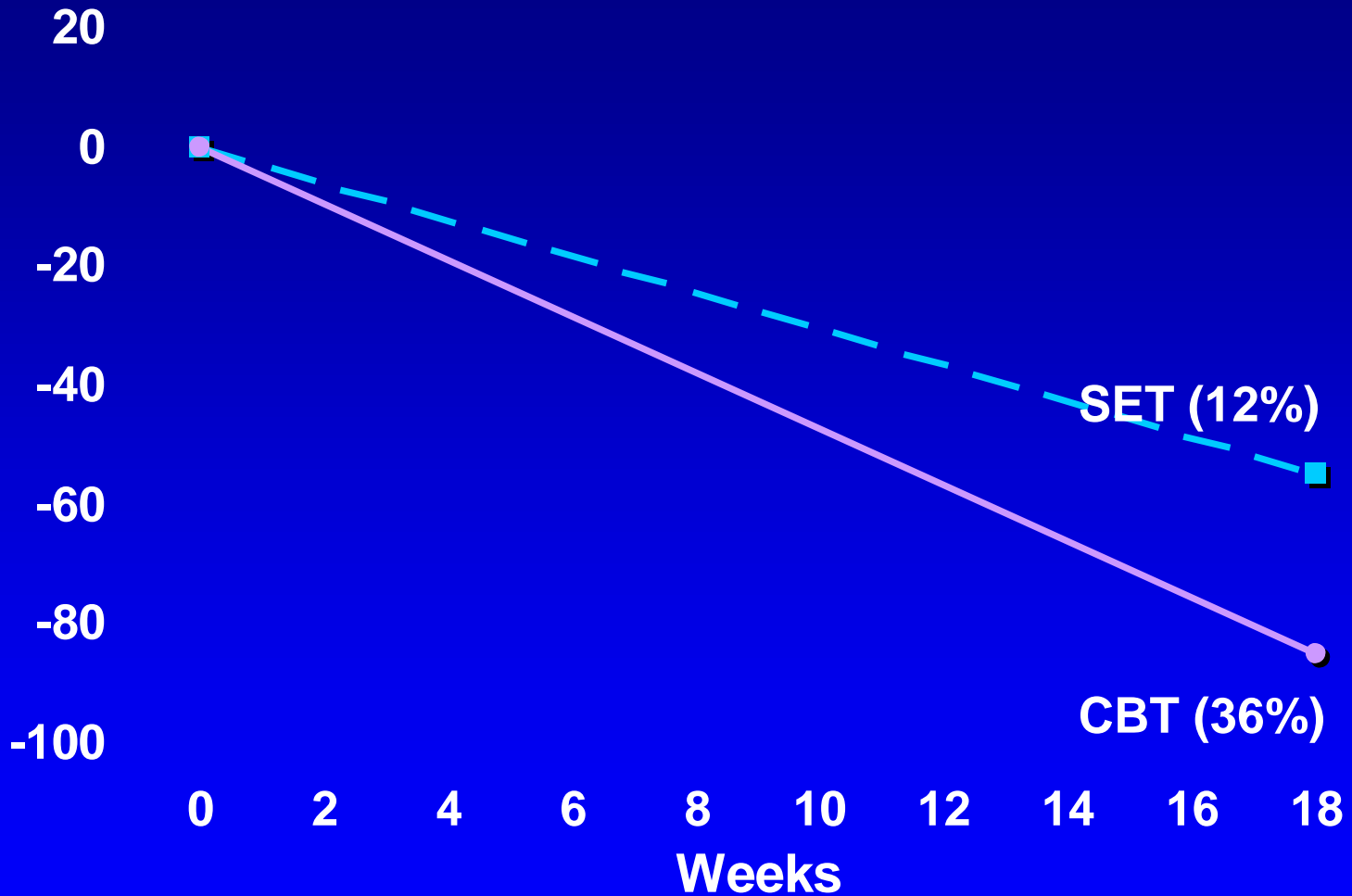
Cognitive-Behavioral Treatment For Bulimia Nervosa

- Cognitive therapy
- Triggers for binge episodes
- Relapse prevention

Controlled Studies Of Cognitive-Behavioral Therapy

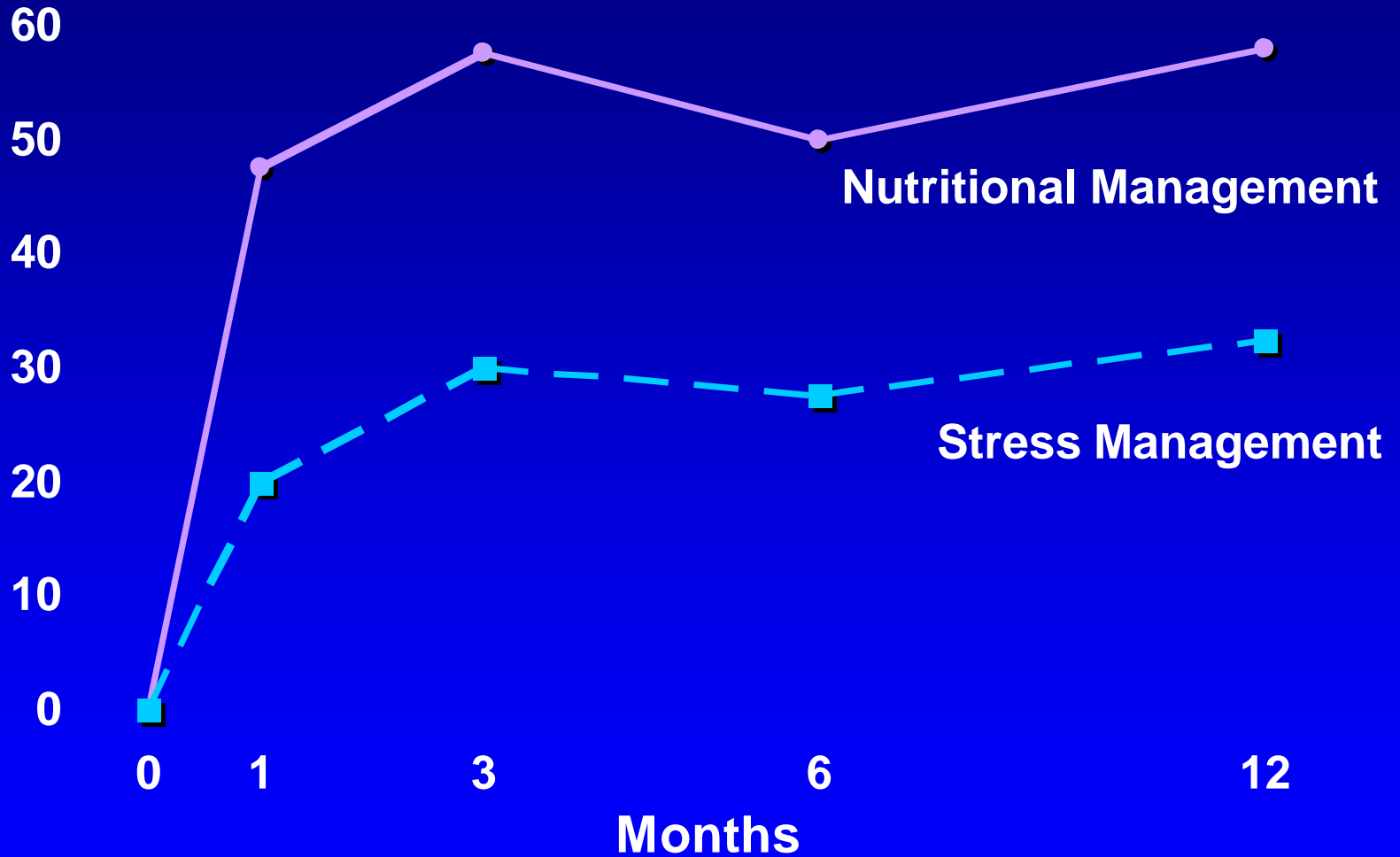
- **Controlled studies demonstrate that CBT is superior to wait list controls, non-directive therapy, and focal psychotherapy**

CBT vs Supportive Emotive Therapy

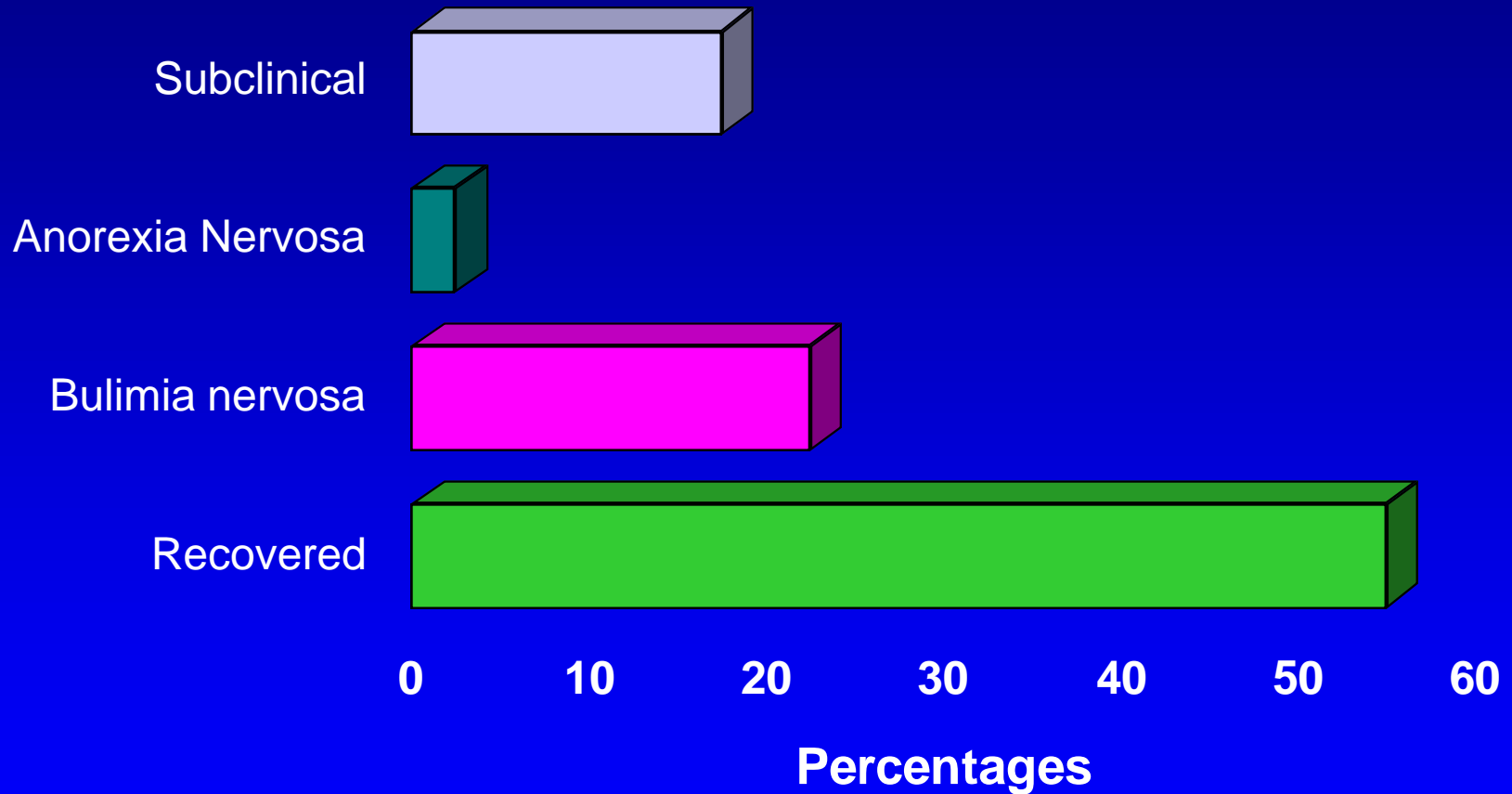


Garner et al., 1993

Nutritional vs Stress Management



Five-year Follow-up Of CBT



Fairburn

Controlled Trials Of Antidepressants In Bulimia Nervosa

The tricyclic antidepressants, monoamine oxidase inhibitors, and SRI's have all been shown superior to placebo in reducing binge eating and purging in bulimia nervosa.

Fluoxetine In Bulimia Nervosa

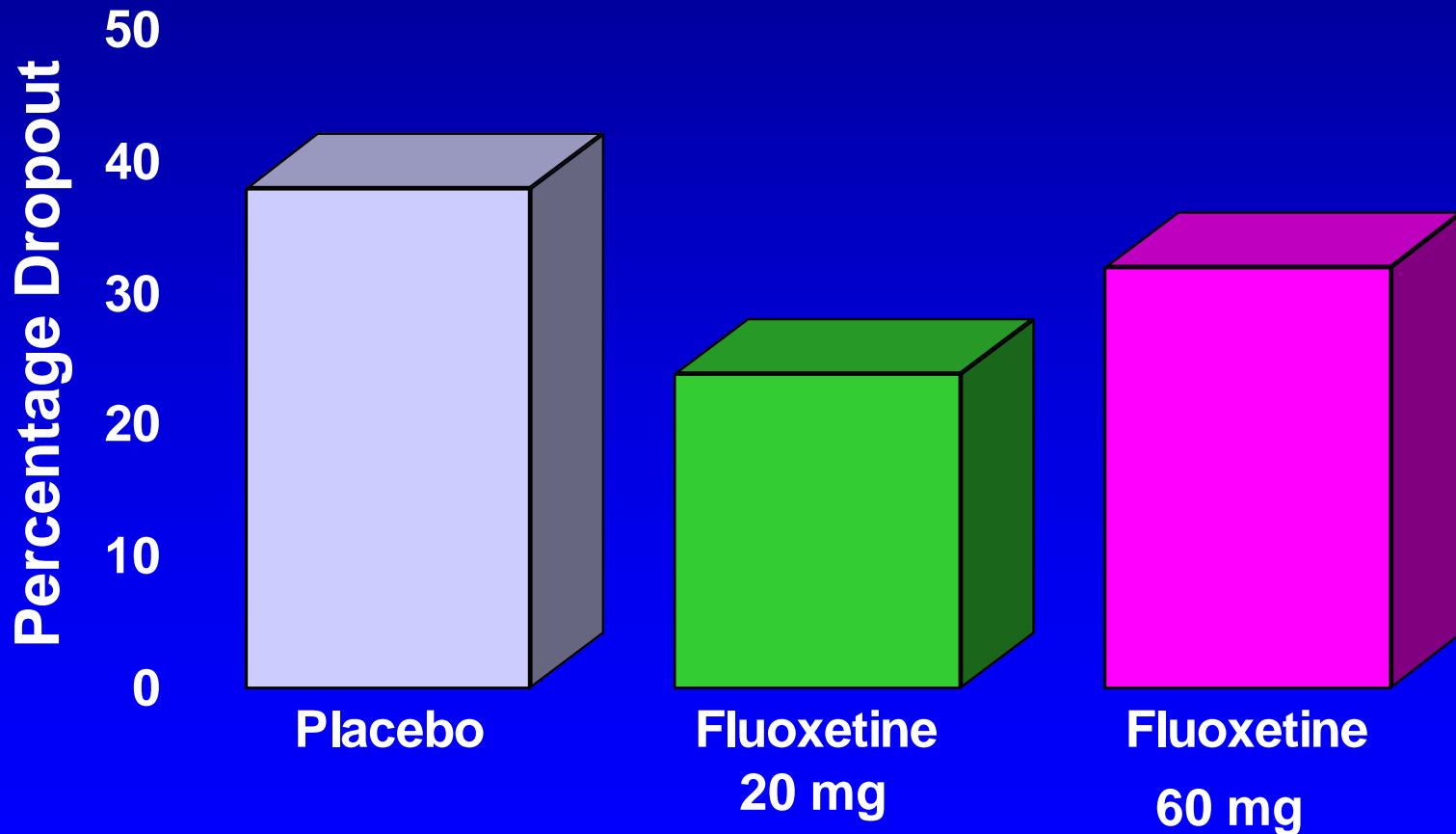
A Multicenter Study

Study Design

- **Placebo** **n=129**
- **Fluoxetine 20 mg** **n=129**
- **Fluoxetine 60 mg** **n=129**

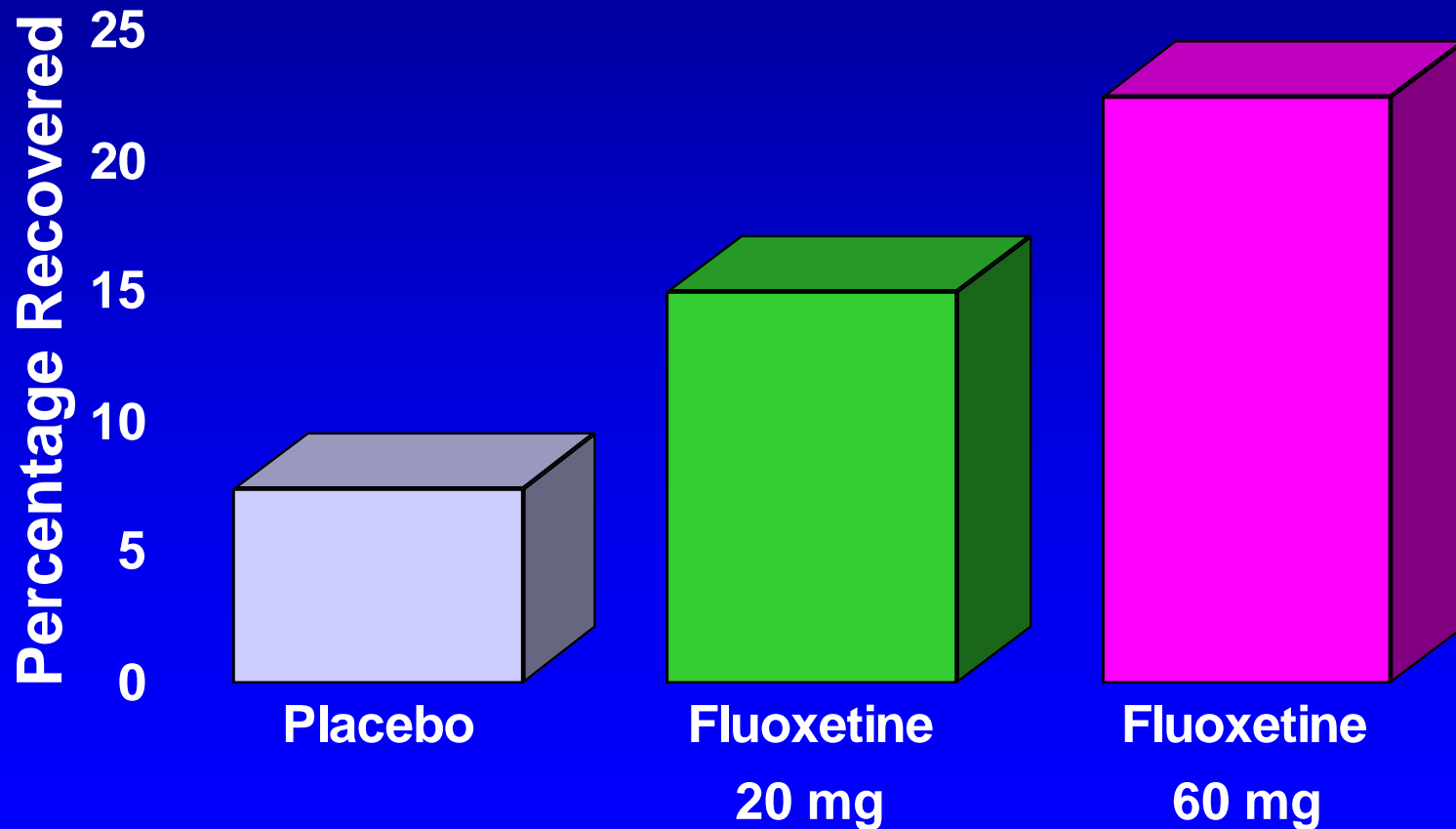
Fluoxetine In Bulimia Nervosa

Dropout Rates

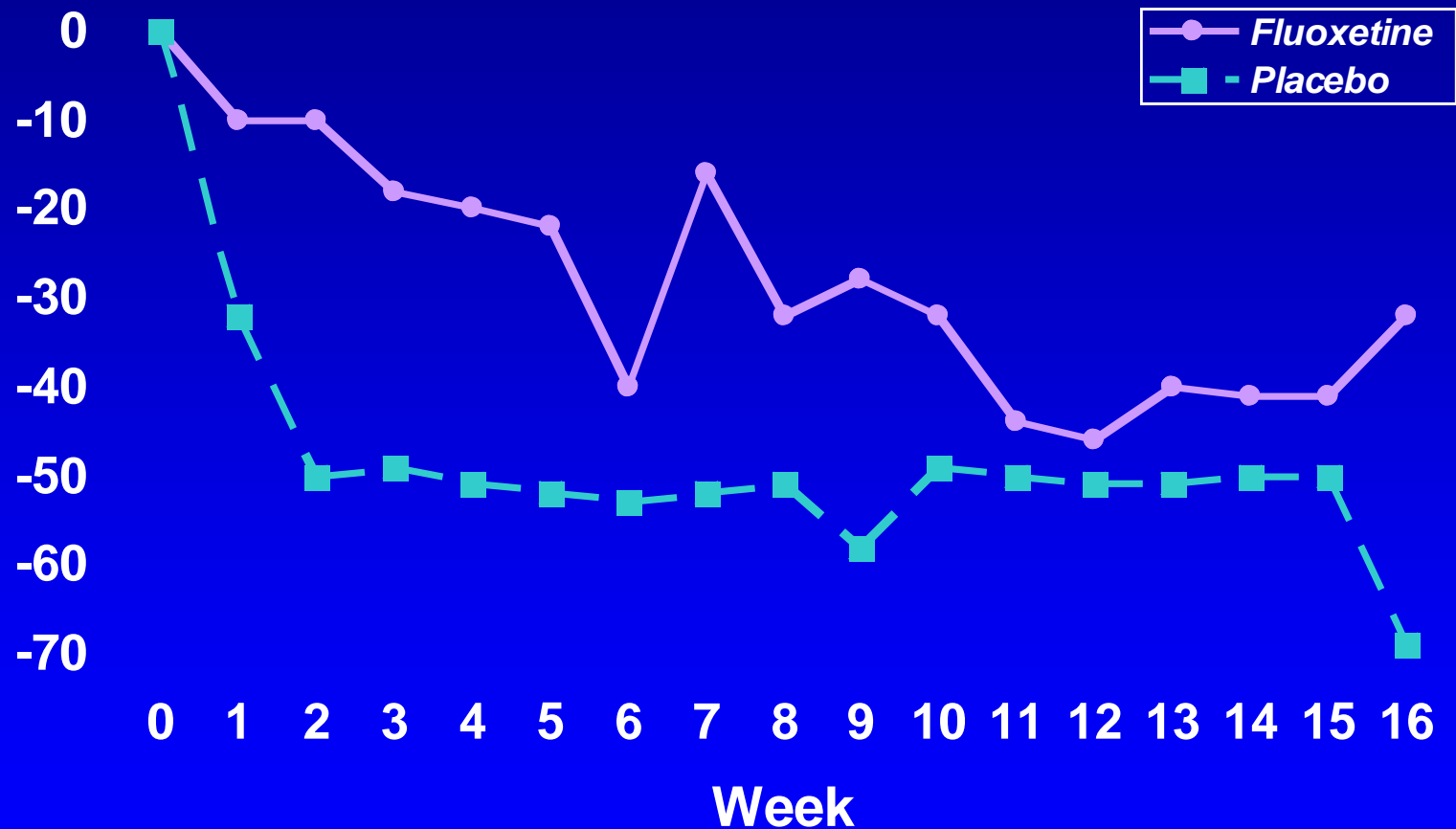


Fluoxetine In Bulimia Nervosa

Study Results



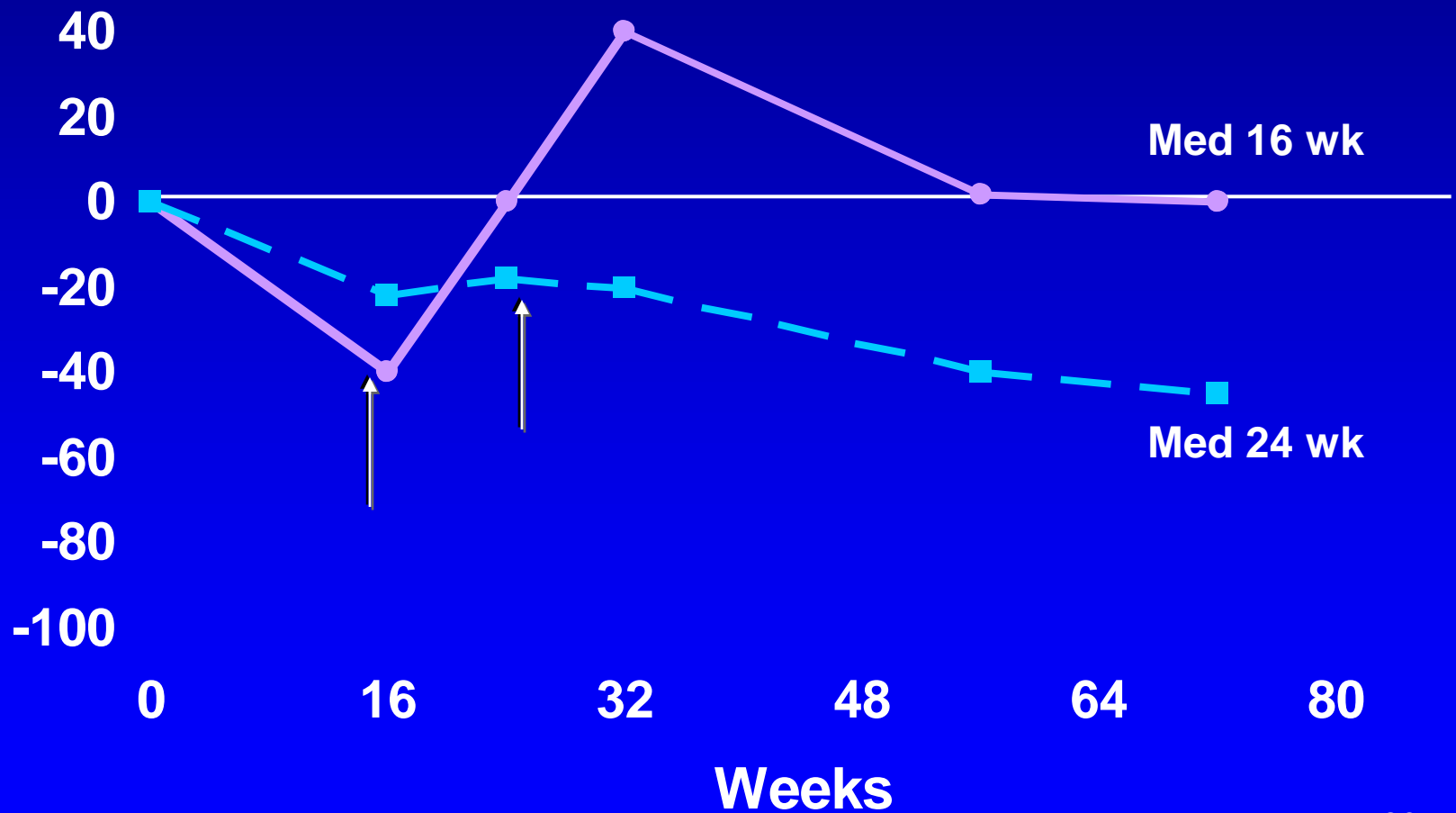
Fluoxetine Response In Bulimia Nervosa Time Course



Maintenance Of The Effects Of Medication In Bulimia Nervosa

- **Effects of the length of treatment with medication**
- **A comparison of 16 weeks vs 24 weeks of desipramine**

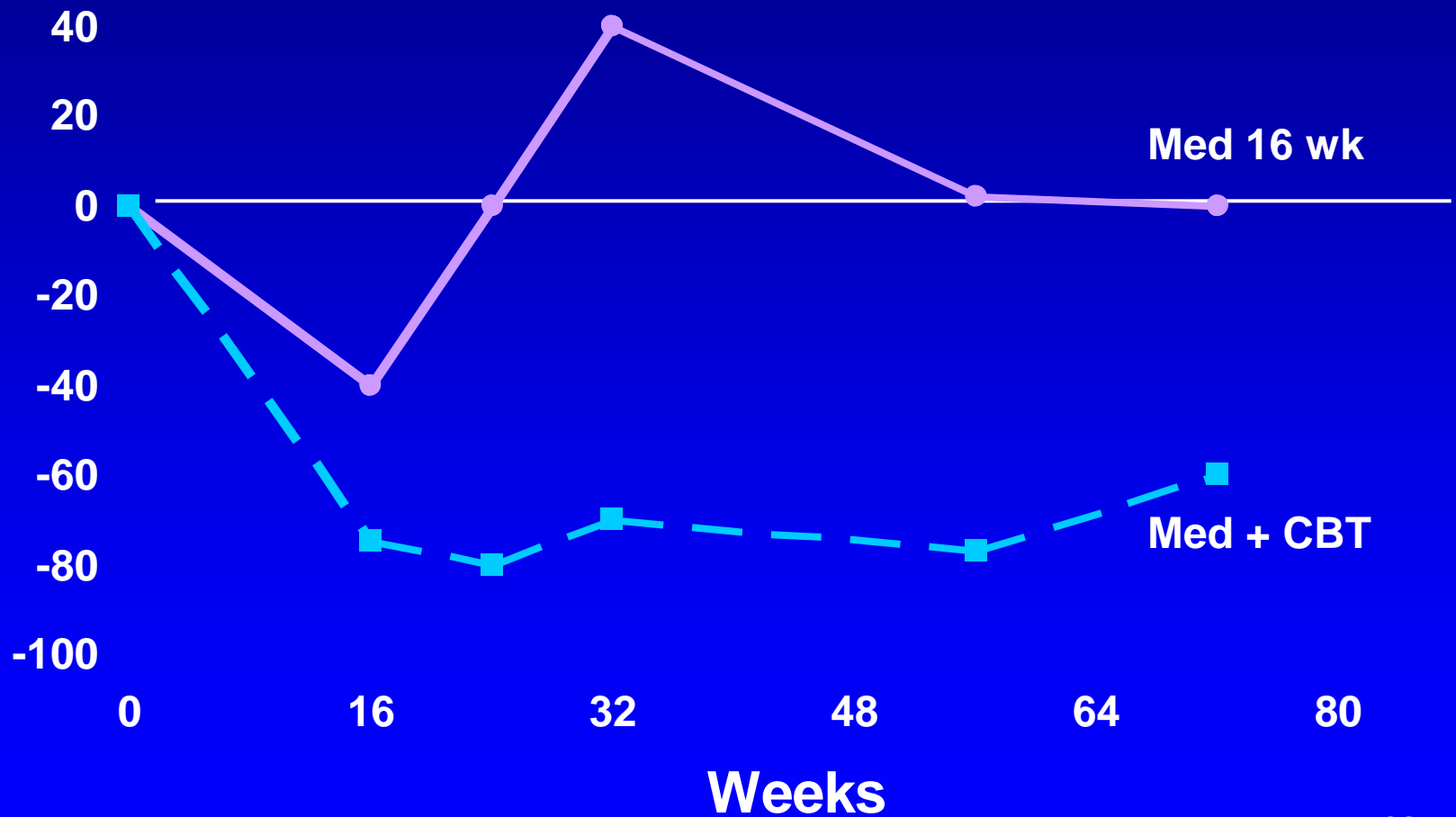
One-year Follow-up Of Desipramine In Bulimia Nervosa



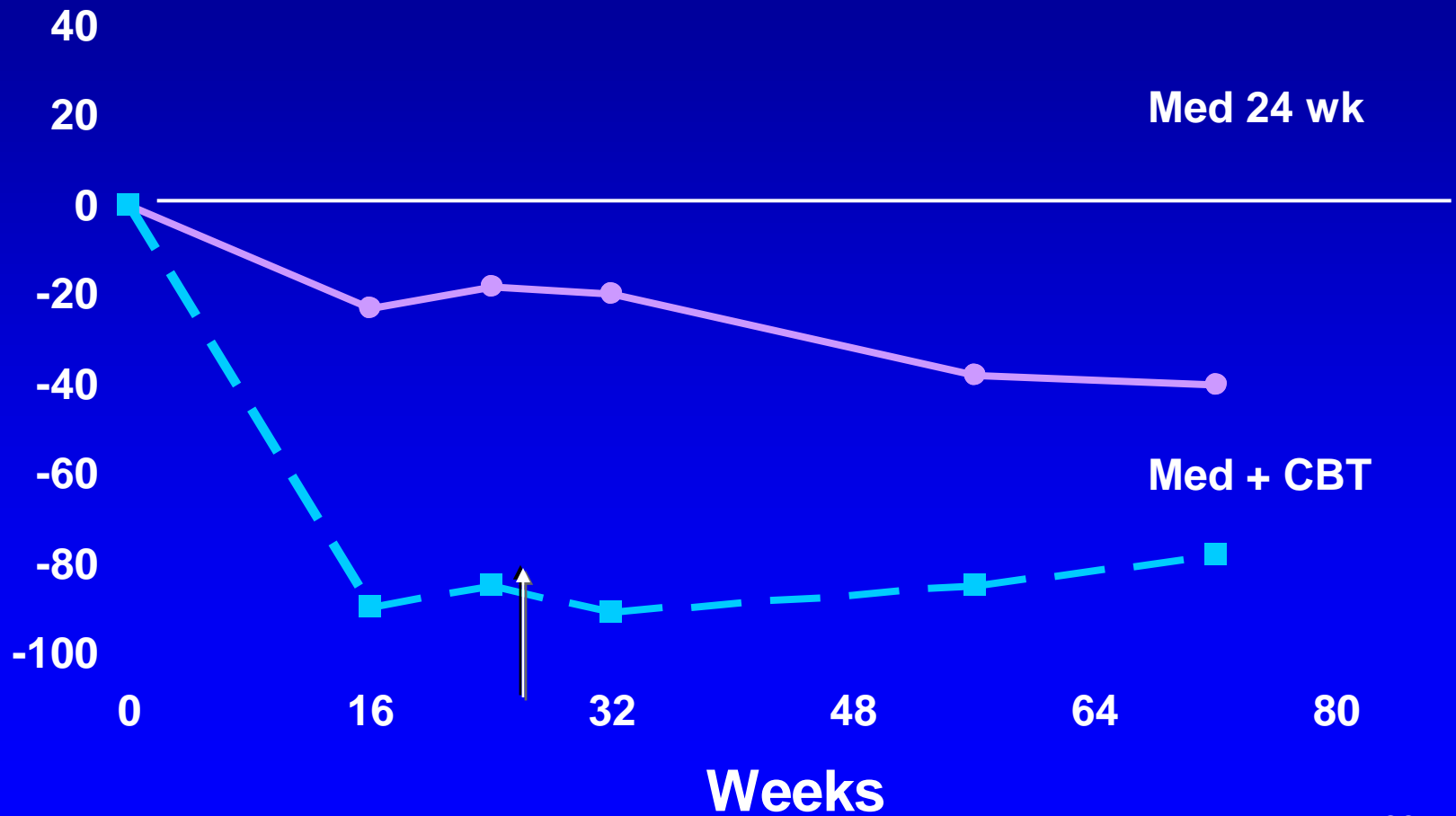
Maintenance Of The Effects Of Medication In Bulimia Nervosa

- **Does adding cognitive-behavioral therapy aid in maintaining the effects of treatment?**

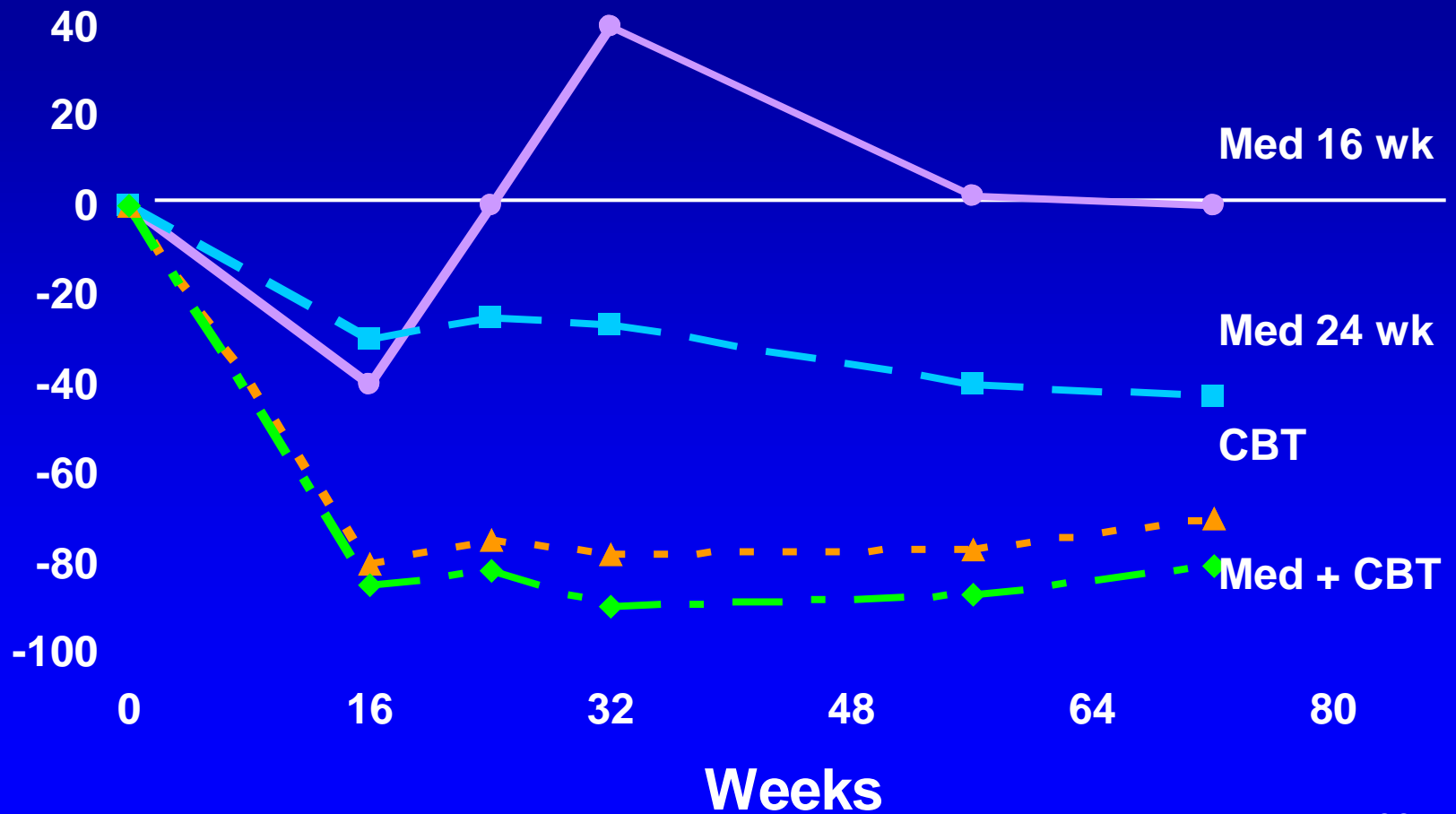
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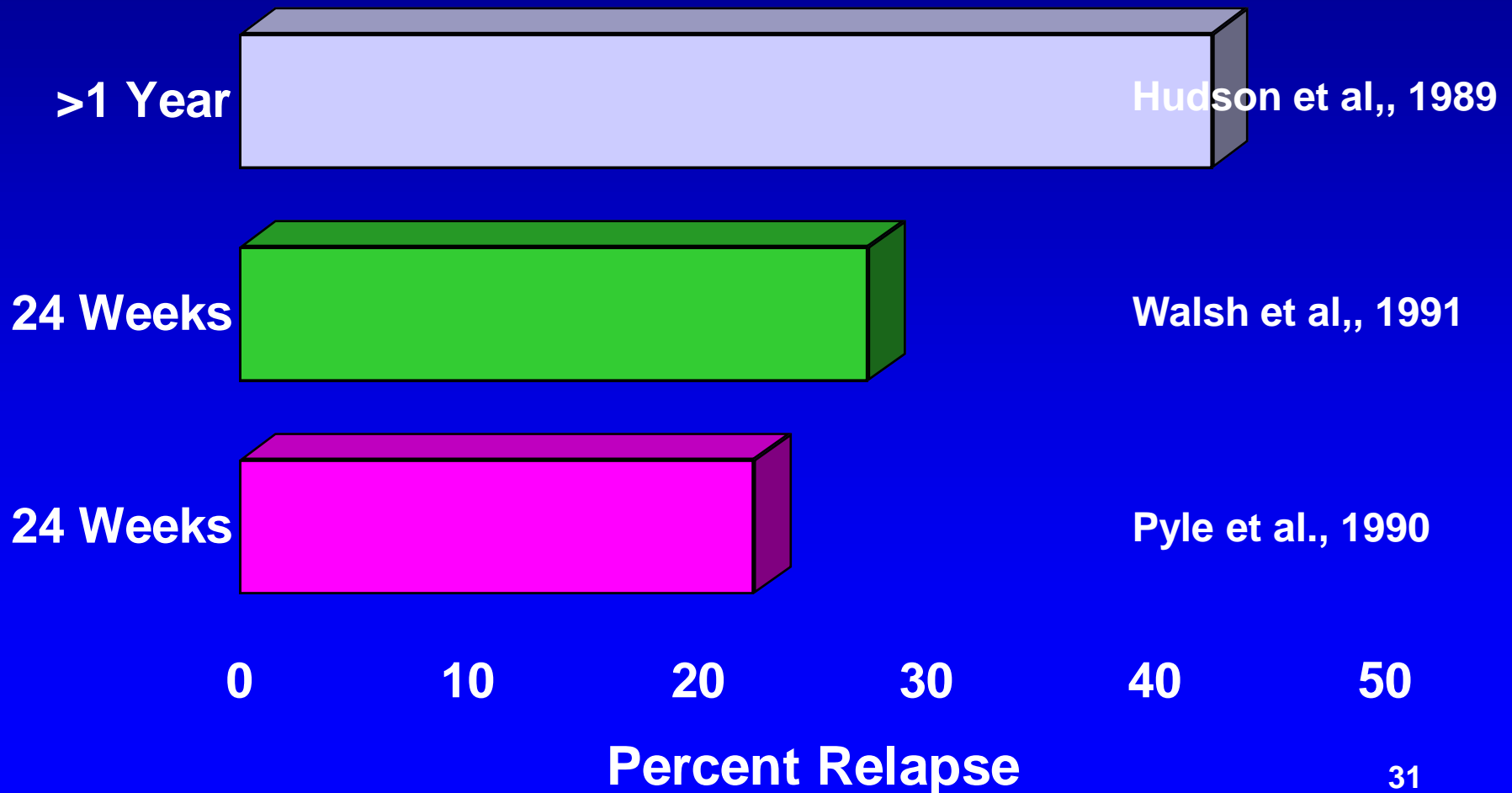
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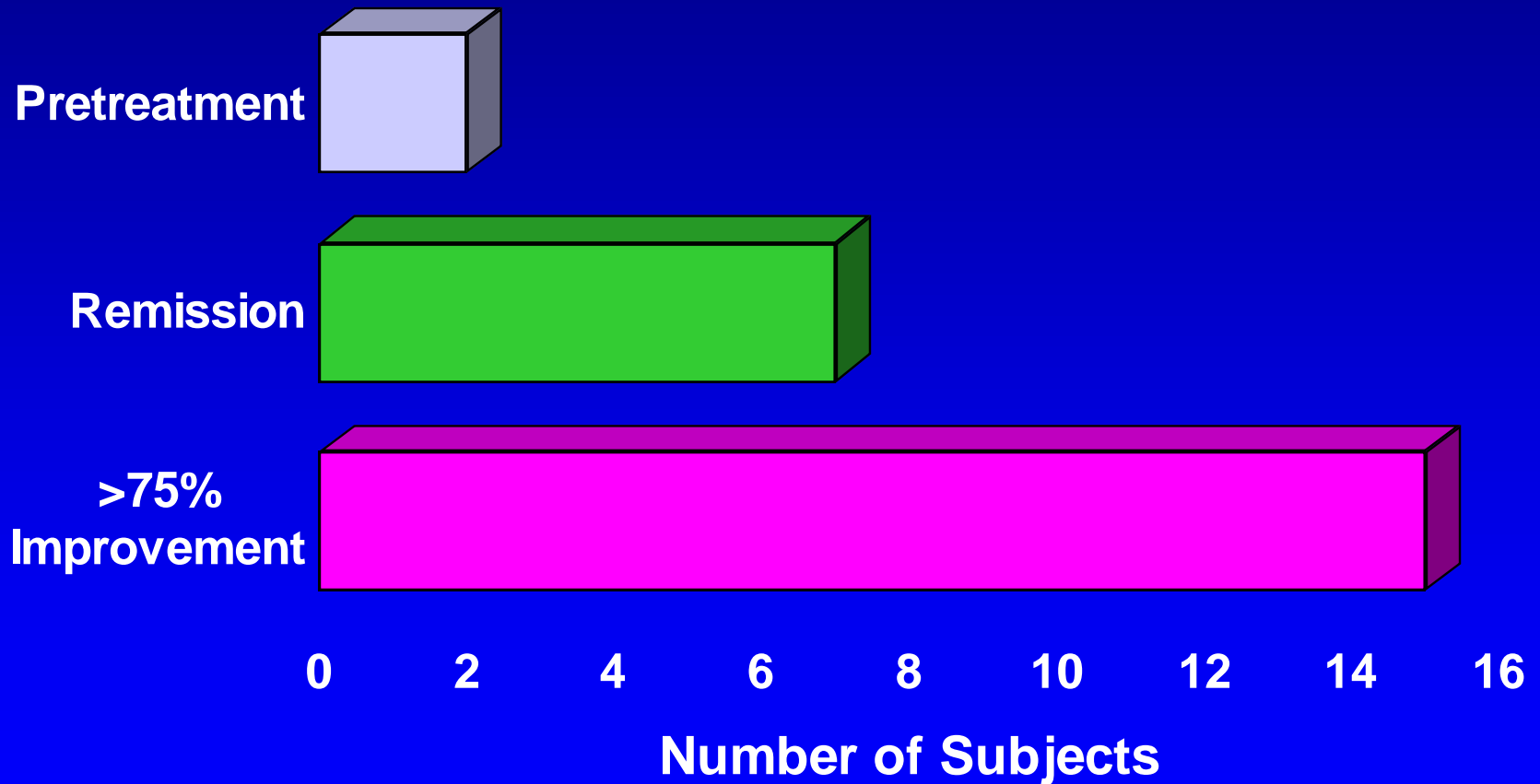
One-year Follow-up Of Desipramine In Bulimia Nervosa



What Is The Relapse Rate With Continued Medication Treatment?



Use Of A Second Antidepressant For Imipramine Non-responders



Mitchell et al., 1989

Some Conclusions

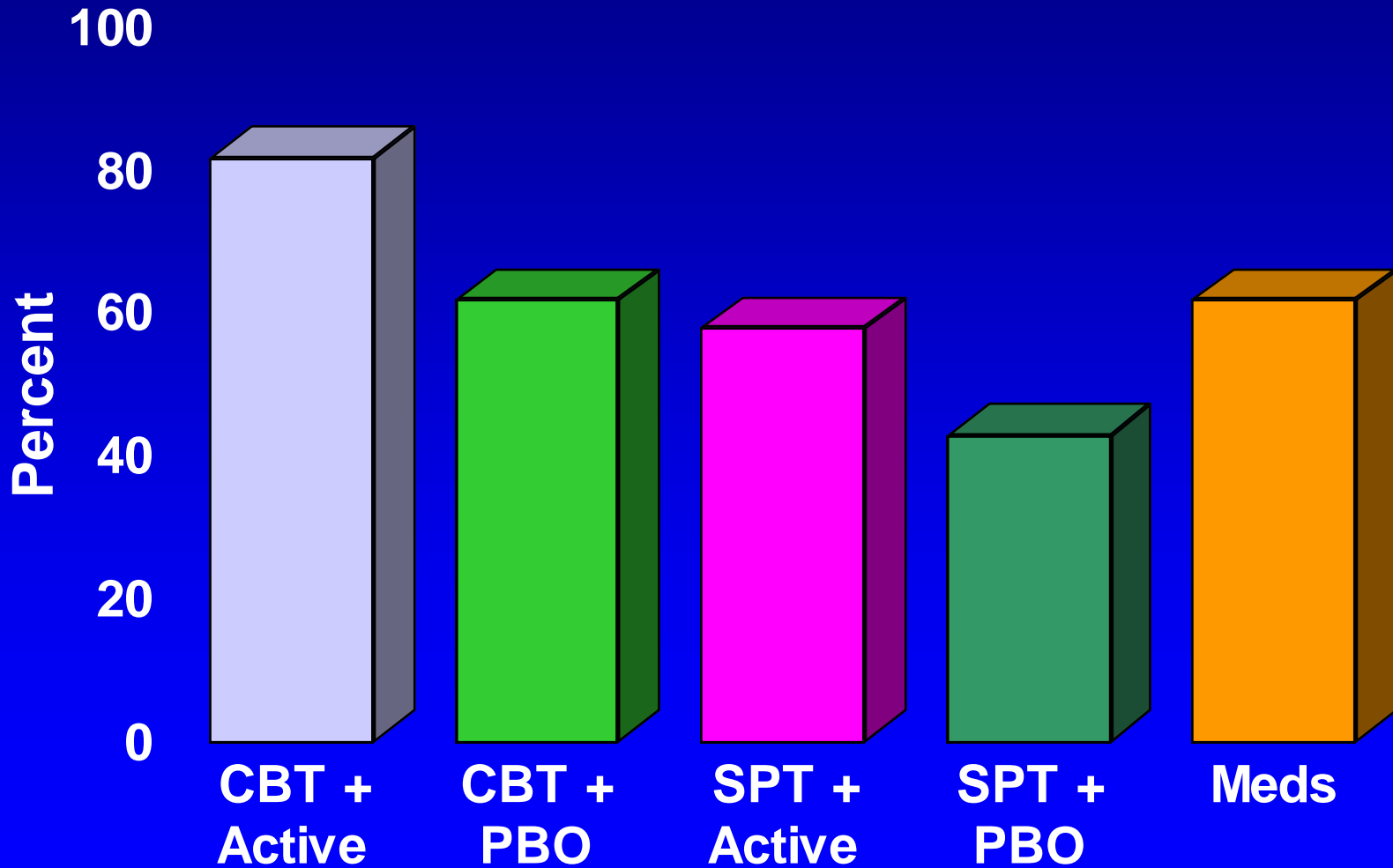
- **Minimum length of antidepressant treatment for bulimia nervosa should be 6 months**
- **Adding CBT to medication appears to enhance both the therapeutic effects and maintenance of those effects**
- **Adding a second medication following failure of the initial medication appears useful**
- **But relapse occurs over time even with continued medication use**

Medication And Psychotherapy For Bulimia Nervosa

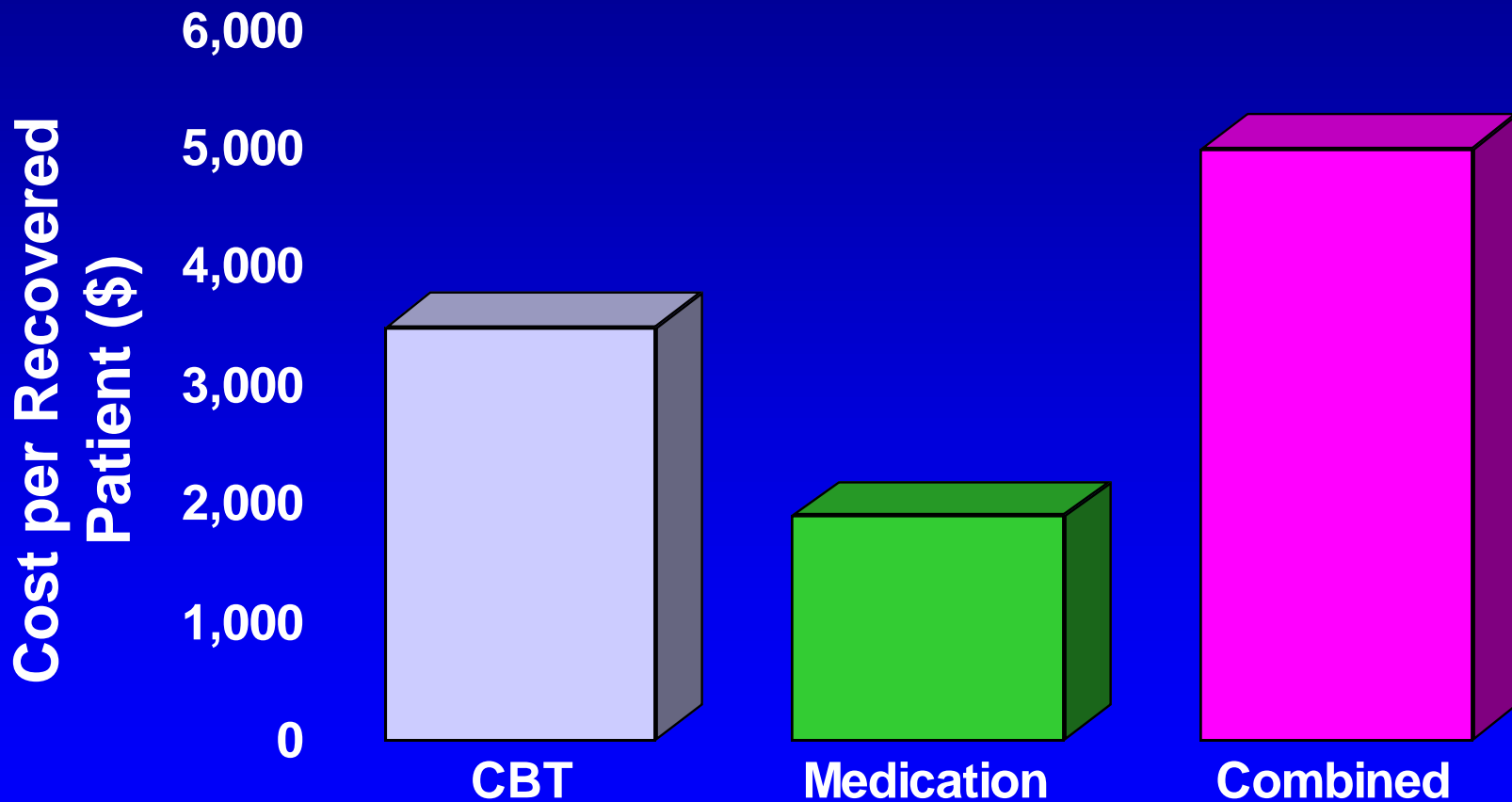
- **Five cell design.**
 - CBT with placebo or medication
 - Psychotherapy with placebo or medication
 - Medication
- **Medication condition was a sequence of desipramine followed by fluoxetine if desipramine was not effective**

Walsh et al. Am J Psychiatry, 1997, 154:523-531.

Reduction In Frequency Of Binge Eating



Cost Effectiveness Comparison In Bulimia Nervosa One Year Post-treatment



Post Lecture Exam

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Answers to Pre & Post Competency Exams

1. D

2. B

3. C

4. C

5. B

6. A

7. B

8. D

9. B

10.A