

BOOK REVIEW

Evidence Based Treatments for Eating Disorders: Children, Adolescents and Adults, 2nd Edition

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Medicine's evidence-base moves inexorably forward, sometimes in small steps and sometimes in major jumps, and medical editors constantly face questions regarding when to justify publishing new editions. Since publication of the first volume of *Evidence Based Treatments for Eating Disorders: Children, Adolescents, and Adults* in 2009 several significant shifts have occurred in the eating disorders field that merit an updated presentation of findings to help inform clinical decision-making.

Notably, in May 2013 the American Psychiatric Association published the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). All changes were based on evidence attesting to the validity and reliability of the newly incorporated changes, and the revised DSM-5 diagnoses are accompanied by a new system of severity scores based on simple measures that enhance their diagnostic precision. DSM-5 changes include some important redefinitions of anorexia nervosa and bulimia nervosa. Binge eating disorder has been upgraded from its previous status in the "Eating Disorders Not Otherwise Classified" group – as a condition meriting additional study -- to the official section of fully sanctioned stand-alone diagnoses. These changes are well reviewed in Chapter 5 by Lindsay J. Moskowitz, Jessica B. Lerman, Catherine DeVoe, and Evelyn Attia. and elsewhere in this volume.

As described by Eric C. Weiselberg, MD and Martin M. Fisher, in chapter 8, DSM-5 also introduces a new diagnostic entity called Avoidant and Restrictive Food Intake Disorder (ARFID), likely to be an important addition to clinical considerations of child and adolescent psychiatrists, pediatricians, adolescent medicine specialists, psychologists and other health providers working with younger populations.

In addition to shifts in diagnoses, over the past six years, additional studies have also been conducted concerning individual and family psychotherapies for anorexia nervosa, bulimia nervosa and binge-eating disorder, medication treatments, and other biological interventions. A number of these studies have been carefully designed as randomized controlled trials, the "gold standard" of what has become known as evidence-based medicine, and others have been conducted via other experimental, quasi-experimental and case series designs. All contribute to the knowledge base clinicians rely upon to make their best informed decisions regarding patient care.

The chapters in this second edition evaluate and integrate the findings of these new studies into already existing literatures. To name but a few, in chapter 13, Devra Lynn Braun describes the current status of CBT-E (enhanced CBT), now being evaluated for the treatment of bulimia nervosa. In chapter 16, Lucene Wisniewski, Kelly Bhatnagar and Mark Warren review recent thinking and experience on the use of dialectical behavioral therapy (DBT) for patients with eating disorders. In chapter 17, James Lock and Kathleen Kara Fitzpatrick present and assess the most recent randomized controlled trials examining the

effectiveness of family based therapy (FBT) compared to individually offered adolescent focused psychotherapy for adolescents with anorexia nervosa; results for this population seem to clearly favor FBT. Finally, representing the increasing appreciation of psychotherapists for the need to incorporate strategies and tactics that address the full range of clinically phenomenology, in chapter 19, Scott G. Engel, Heather K. Simonich, and Steve A. Wonderlich, describe the recent development and emerging evidence-supported research base supporting Integrative Cognitive-Affective Therapy, a psychotherapy that focuses on coping skills, emotion identification, meal planning, assertiveness, self-regulation and impulse control.

Biological treatments have also advanced. The review in chapter 20 of studies concerning the pharmacotherapy of anorexia nervosa by James L. Roerig, Kristine J. Steffen, James E. Mitchell, and Scott J. Crow, is of particular interest, given the need for critical evaluation of recent studies of second generation antipsychotics and other medication classes applied to these conditions. In chapter 21, Amanda Joelle Brown, Esther Neustadt, Lisa Kotler, and B. Timothy Walsh review intriguing new studies concerning the treatment of bulimia nervosa with a variety of agents, including second generation antipsychotics, and new research consider the application of rTMS for BN.

The gaps in our evidence base remain considerable, and, of course, many of the authors point out the needs for future research in all aspects of treatment. Treatment in the field of eating disorders in the community at large is based not only on the results of the relatively few high quality randomized clinical trials produced in this field but on accumulated clinical experience and consensus as well. As succinctly discussed by Judith Banker and Kelly Klump in chapter 4, practitioners in the eating disorder field are obliged to constantly negotiate the “dynamic tension” between research and clinical practice, and clinicians aspiring to practice at the top of their profession’s game are compelled to be highly knowledgeable about all the new developments, to assure that their practices are as “evidence-informed” as possible.

These challenges are particularly cogent for the treatment of children and adolescents. As Sloan Madden describes in chapter 9, with some notable exceptions, even less high quality evidence exists for many aspects of eating disorders treatment in these population. Madden frames and starts to address a key question facing practitioners – in the absence of studies specifically targeting these populations, to what extent can clinicians extrapolate from studies in adults to make treatment decisions in children and adolescents?

Many recent studies focus on pathogenesis, mechanism, epidemiology and clinical course rather than treatment per se. Emerging facts in these areas provide important bits of information that will ultimately be woven into our revised conceptions and understandings of these conditions, and into better psycho-educational explanations for our patients and their families. They help clinicians and patients better understand where these difficulties come from and what they signify, and in that sense provide more realistic (evidence based, if you will) narratives around which treatments are developed and implemented.

It is in these lights that the second edition of *Evidence Based Treatments for Eating Disorders* appears. And, as new research continues to emerge, we can be assured that many future editions of evidence based treatment reviews will be needed, forthcoming and welcomed.

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