NEW TREATMENTS FOR ANOREXIA

Making a difference

Our researchers have developed new treatments for adults with anorexia and trained more than 700 eating disorder therapists worldwide in delivering the interventions.

Three new treatments for adults with anorexia nervosa are being used in specialist eating disorders services around the world. Developed by our researchers, the psychological therapies target personality traits and thinking styles that allow the symptoms of anorexia to flourish.

Our researchers have trained more than 700 therapists to use one of the three treatments in clinics, wards or research in the UK, Europe, Australia, the USA and South America.

20 per cent of people with anorexia die prematurely as a result of their illness. The development of the three new treatments was informed by research into why anorexia is so hard to treat.

Cognitive remediation therapy (CRT) for anorexia, CREST (cognitive remediation and emotional skills training) and a large part of MANTRA (Maudsley Model of Anorexia Nervosa Treatment for Adults) target people’s cognitive and emotional characteristics – the way they think – rather than focusing on the content of their thoughts, or food and eating.

‘We have carried out a lot of research that has shown that people with anorexia tend to be perfectionists, have obsessive compulsive traits and are very anxious,’ says Professor Ulrike Schmidt.

‘They concentrate on detail rather than the bigger picture and think in a rigid and inflexible way – they find it difficult to change rules they have set themselves, once they have fixed them in their brain, for example. They find it hard to multi-task and prefer to concentrate on one task at a time. They may also lack inter-personal skills, they often want to please people, so can be submissive and weak and extremely unmotivated so CRT and CREST gently introduce the possibilities of modifying thinking styles and learning to manage emotions. The idea is that people are then more likely to engage in other therapies that focus on food and eating.

MANTRA is the routine treatment for people referred to the outpatient clinic at SLaM, where they meet with therapists for 20-30 weekly sessions that concentrate on thought processes, emotions, nutrition, accepting support from family members and motivation to get better.

‘Many people believe that the anorexia helps them feel in control, feel safe, or not feel emotions. We have to challenge those beliefs from the start otherwise people don’t want to change anything,’ says Professor Schmidt.

Our researchers have produced manuals detailing MANTRA, CREST and CRT for anorexia and organise regular CRT training for clinical and research teams. ‘We started CRT workshops in London in 2008 and they are very well-attended by professionals from the UK and internationally,’ says Dr Kate Tchanturia, the main architect of CRT for anorexia and CREST.

‘As a result, several treatment trials have started in collaboration with teams in the USA, France and The Netherlands.’

Research led by Professor Ulrike Schmidt & Dr Kate Tchanturia

REFERENCES

• Tchanturia K et al. Neuropsychological task performance before and after cognitive remediation in anorexia nervosa: A pilot case series. Psychological Medicine, 2008, 38(0): 1371-3
• Oldershaw A et al. The socio-emotional processing stream in anorexia nervosa. Neuroscience and Biobehavioural Reviews, 2011; 35(3): 970-88

For more in our Making a difference series: www.kcl.ac.uk/difference