

Standardized Intervention in Care-givers (Parents/Partner) of Eating Disordered Inpatients: A Randomised Controlled Trial

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Introduction

Perception of the family's role in patients with an eating disorder (ED) underwent significant change during the last decades. From considering near relatives (parents) as a relevant contributing factor in the development of anorexia nervosa (AN) in the seventies of the last century (Minuchin, Rosman & Baker, 1978) to perceiving the interaction between patients and family members contributing to the maintenance of ED (e.g. Schmidt & Treasure, 2006) went a long way to remove blame from the near relatives. At first in London, England, and later in other countries the "Maudsley-Model" has been developed, and there is increasing experience and limited scientific evidence that this approach is helpful. This approach helps to improve patient-carer interactions and takes the blame away from parents.

Treatment in child and adolescent psychiatric units regularly involves carers of eating disordered patients (generally parents). In the treatment of adult eating disordered patients above 16 or 18 years of age carers (parents, partners etc.) are only slightly if at all, and only in special settings, involved. Carers can be highly burdened by the patient's eating disorder (Graap et al., 2007), and this topic has been neglected in research.

Objectives

In a randomized controlled trial the usefulness and helpfulness of involving care-givers during and after a time when their cared-for have received intensive (inpatient) treatment was investigated. We examined whether a video-based skills training could change burden and psychological distress of relatives caring for a patient with an ED.

Methods

Treasure, Smith and Crane (2007) presented a video training program for caregivers of patients with an ED based on the cognitive interpersonal maintenance model. Janet Treasure kindly provided us the original English language DVDs and consented to their translation and use. The five DVDs included information on ED and targeted the well-being and accommodating behaviours of the caregivers. Practical behaviour change strategies were also included.

At the beginning of the patient's treatment for AN, bulimia nervosa (BN) or ED not otherwise specified, primary caregivers were randomized to the video intervention (IG; N=147) or the control condition (CG; N=138). Measurements were taken at the beginning (baseline) and end of the video intervention, and three-months after the end of intervention (follow-up). Patient's variables were also assessed. Caregivers' outcome was assessed by the Eating Disorder Symptom Impact Scale (EDSIS), the Accommodation and Enabling Scale for Eating Disorders (AESED), the General Health Questionnaire (GHQ-12), the Caregivers' Needs Assessment Measure, and short evaluation questionnaires relating to the content and use of each of the five DVDs.

Results

Caregivers' burden and distress decreased from baseline to follow-up in both study conditions. Receiving additional professional help was identified as contributing to the efficacy of the video intervention. In the IG (N = 37 receiving additional professional help like psychotherapy or clinical counselling) general well-being (GHQ-12) improved from 20.9 (SD 6.2) at baseline to 14.5 (7.3) at follow-up. In the CG (N = 35 receiving additional professional help) improvement was from 18.0 (6.0) to 15.0 (6.4; $F_{\text{time by study condition}} = 4.8, p = .033$). Similar results were found for the subscales of the EDSIS.

Satisfaction with and acceptability of the intervention was rated high by the IG participants (cf. Tables 1 and 2).

Conclusions

Caregivers reported a benefit from the video training increasing their knowledge about ED and their well-being, especially if they received additional professional help like psychotherapy or clinical counselling. This indicates the video training as a promising low-cost approach to decrease the burden of caregivers of patients with ED.

References

- Graap, H., Bleich, S., Herbst, F., Trostmann, Y., Wancata, J. & de Zwaan, M. (2008) The needs of carers of patients with anorexia and bulimia nervosa. *European Eating Disorders Review*, 16, 21–29.
- Minuchin, S., Rosman, B.L. & Baker, B.L. (1978). *Psychosomatic families: Anorexia nervosa in context*. Cambridge: Harvard University Press.
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- Treasure, J., Smith, G. & Crane, A. (2007). *Skills-based learning for caring for a loved one with an eating disorder. The new Maudsley method*. East Sussex: Routledge.

Table 1: Frequency of endorsement of answer categories for item << I would recommend the DVD to others>>

	DVD1 (N = 133) N (%)	DVD2 (N = 132) N (%)	DVD3 (N = 129) N (%)	DVD4 (N = 130) N (%)	DVD5 (N = 132) N (%)
Agree strongly	64 (48.1)	74 (56.0)	52 (40.3)	87 (66.9)	85 (64.4)
Agree mostly	40 (30.1)	36 (27.2)	50 (38.8)	31 (23.8)	36 (27.2)
Agree partly	15 (11.3)	16 (12.1)	19 (14.7)	9 (6.9)	10 (7.6)
Disagree	12 (9.0)	6 (4.5)	8 (6.2)	3 (2.3)	0
Disagree strongly	2 (1.5)	0	0	0	1 (0.8)

Table 2: Frequency of endorsement of answer categories for item << Generally the DVD was helpful >>

	DVD1 (N = 132) N (%)	DVD2 (N = 132) N (%)	DVD3 (N = 129) N (%)	DVD4 (N = 131) N (%)	DVD5 (N = 132) N (%)
Agree strongly	55 (41.7)	51 (38.6)	39 (30.2)	71 (54.2)	71 (53.7)
Agree mostly	52 (39.4)	58 (43.9)	62 (48.1)	45 (34.4)	55 (41.6)
Agree partly	23 (17.4)	23 (17.4)	19 (14.7)	13 (9.9)	4 (3.0)
Disagree	1 (0.8)	0	9 (6.6)	2 (1.5)	2 (1.5)
Disagree strongly	1 (0.8)	0	0	0	0

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