

Treatment Decision Flow Chart

for Specialty Psychological Treatments for Eating Disorders Professionals

EVIDENCE-BASED CARE DELIVERY

GOALS OF TREATMENT: Weight restoration and nutritional rehabilitation; medical stabilization; cessation of binge and purge behaviors; improvement of disordered eating thoughts and body dissatisfaction; resumption of healthy meal patterns.

COMORBIDITY: Screen for comorbid conditions and address based on level of health risk. Treatment for substance abuse recommended prior to initiating treatment for the ED.

	Anorexia Nervosa (AN)	Bulimia Nervosa (BN)	Binge Eating Disorder (BED)
Weight Restoration & Nutritional Rehabilitation Aim is to restore weight, normalize eating, improve perceptions of hunger and satiety, and improve the biological and psychological sequelae of malnutrition	Relevant across all levels of care, but should be incorporated with other appropriate interventions	Relevant across all levels of care, but should be incorporated with other appropriate interventions	Relevant across all levels of care, but should be incorporated with other appropriate interventions
Family-based Therapy (Maudsley FBT) Empowers the family to serve as agents of change in helping an ill adolescent reach recovery	*** Evidence-based for adolescents	* Under evaluation for adolescents	---
Cognitive-Behavioral Therapy (CBT) Targets the distorted thoughts and maladaptive behaviors that maintain ED symptoms	* May improve quality of life among adults with severe and enduring anorexia nervosa (≥7 years)	*** Evidence-based for adults	*** Evidence-based for adults
CBT-Enhanced More broadly address features that maintain EDs may improve symptoms among nonresponders	* Tested in one trial for adults and one trial for youth	* Demonstrated efficacy for adults	* Demonstrated efficacy for adults
CBT Guided Self-Help (CBTgsh) Offers more scalable delivery of CBT via independent use of a treatment manual and brief, guided sessions with a clinician	(Not appropriate; need for more intensive medical monitoring)	*** Evidence-based for adults	*** Evidence-based for adults
Interpersonal Psychotherapy (IPT) Targets the interpersonal difficulties that maintain ED symptoms Efficacious for delivery in individual and group formats May generalize to the treatment of depression	---	*** Evidence-based for adults (More beneficial than CBTgsh for patients with more severe ED psychopathology)	*** Evidence-based for adults (More beneficial than CBTgsh for patients with more severe ED psychopathology)
IPT for the Prevention of Excess Weight Gain (IPT-WG) More broadly address features that maintain EDs may improve symptoms among nonresponders	---	---	* Some evidence of benefit for adolescents
Dialectical Behavior Therapy (DBT) Targets the emotional dysregulation that maintains ED symptoms	---	* Some evidence of benefit for adults	* Some evidence of benefit for adults
Cognitive Remediation Therapy Addresses the impaired cognition that may contribute to the maintenance of AN and may reduce dropout and improve outcomes through increased treatment engagement and improved cognitive flexibility	* Under evaluation for adults	---	---

*** Evidence-based; tested across multiple treatment trials

* Some evidence of benefit from early-stage evaluation (<3 treatment trials), with further evaluation needed



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