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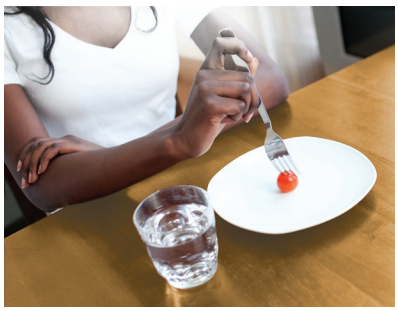

Executive Summary
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# Intervening for young people with eating disorders

Rigorous studies have estimated that at any given time, an estimated 0.2% of young people aged 11 to 17 meet diagnostic criteria for anorexia nervosa, bulimia nervosa or binge-eating disorder. Although these eating disorders are relatively rare, given the high levels of distress and impairment and the increased early mortality associated with these conditions, effective treatment is imperative.

## Treating eating disorders

We conducted a systematic review of randomized controlled trials (RCTs) on eating disorder treatments in young people. We found six RCTs assessing interventions for anorexia nervosa that met our criteria. These RCTs evaluated one type of individual therapy, various types of family therapy, two antipsychotic medications (olanzapine and risperidone), and combined treatments delivered in either outpatient or inpatient settings. We also found one study on interventions for bulimia, comparing cognitive-behavioural therapy (CBT) and family therapy, and one study on CBT for binge-eating disorder that met our criteria.

## Helping youth with anorexia nervosa

All types of family therapy produced positive outcomes for young people with anorexia, including remission rates ranging from 49% to 80% at final follow-up (which ranged from 1 to 5 years). *Conjoint* and *Separated Family Therapy* both produced particularly compelling results. In contrast, the evidence did not support using olanzapine or risperidone to treat anorexia in young people. Regarding treatment setting, similar outcomes were achieved for outpatient and inpatient interventions, but inpatient interventions cost significantly more.

## Helping youth with bulimia and binge eating

For bulimia, CBT and family therapy produced remission rates of 36% and 41%, respectively, by six-month follow-up. Still, CBT had the advantage because it was more cost-effective at the end of treatment. For binge-eating disorder, CBT produced remission rates of 100% at three-month follow-up.

## Applying these findings in BC

Based on this review, the recommended treatments for youth are as follows:

- Family therapy for anorexia nervosa
- CBT and family therapy for bulimia
- CBT for binge-eating disorder

Relatively few mental health practitioners have specialized training in working with youth with eating disorders. But many have experience using CBT and family therapy to treat children with other concerns, such as anxiety, depressive and behaviour problems. So practitioners could learn to apply these two approaches to young people with eating disorders. We encourage policy-makers to support mental health practitioners to work with youth with eating disorders — by providing enriched training opportunities and ensuring specialized supervision.

### About the Executive Summary

This executive summary provides the highlights of the most recent issue of the *Children's Mental Health Research Quarterly*, available for free at childhealthpolicy.ca. The *Quarterly* presents the best available research evidence on a variety of children's mental health topics. The BC Ministry of Children and Family Development funds the *Quarterly*.

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### About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. Our research focuses on reducing health inequities and improving social and emotional well-being for all children, and on the public policies needed to reach these goals. To learn more about our work, please see childhealthpolicy.ca.

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