KBT för ätstörningar

Vanligt förekommande behandling för ätstörningar i Sverige med olika kvalitet: Aktuell nationell och internationell läge

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Behandling

Socialstyrelsen arbetar nu med nationella riktlinjer för Sverige

Vad föreslår andra nationella riktlinjer
NICE
APA
Australien

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2

För behandling av barn och ungdomar (NICE)

Familjebaserad behandling: FBT (”Maudsley” modellen): Förstahandsval!

Kognitiv beteendeterapi (I andra hand)

- När FBT inte passar eller önskas
- FBT inte ger effekt
- För äldre tonåringar

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För vuxna med ätstörningar (NICE)

Vid bulimia nervosa, hetsätningsstörning och liknande:
Kognitiv beteendeterapi (Förstahandsval)
Interpersonell psykoterapi (Andrahandsval)

Vid anorexia nervosa:
Ingen behandling är överlägsen annan
KBT, MANTRA, SSCM tycks vara likvärdiga.
Övriga alternativ har ännu mindre evidens.

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ARFID?

KBT-baserad manual
FBT-baserad manual
Forskning pågår!

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KBT och samhället

- Hjälpsökande är ett första viktiga steg
- Majoriteten av patienterna med ätstörningar söker inte hjälp (40-80%)
- Vår studie från Sverige (n=3000) visar på skam, stigma och andra hinder:

Wanting to solve my own problems	**55**
Not wanting to lose control over my eating or weight	**53**
Feeling embarrassed about my problems	**63**
Feeling that my problems are not serious enough to warrant treatment	**68**
Feeling ashamed of my problems	**59**
Not knowing that my symptoms require professional help	**51**

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Många söker inte hjälp! Bättre utredning?

- Ja!
- Fråga om ätvanor, sex, sömn, motion, umgänge…
- Använd en kort screeningsinstrument (SCOFF är ett alternativ)
- Vid tydligare misstanke: Använd EDE-Q och sedan intervju!

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Aktuell forskning, trender, fynd…

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Significant Locus and Metabolic Genetic Correlations Revealed in Genome-Wide Association Study of Anorexia Nervosa

Laramie Duncan, Ph.D., Zeynep Yilmaz, Ph.D., Helena Gaspar, Ph.D., Raymond Walters, Ph.D., Jackie Goldstein, Ph.D., Verneri Anttila, Ph.D., Brendan Bulik-Sullivan, Ph.D., Stephan Ripke, M.D., Ph.D., Eating Disorders Working Group of the Psychiatric Genomics Consortium, Laura Thornton, Ph.D., Anke Hinney, Ph.D., Mark Daly, Ph.D., Patrick F. Sullivan, M.D., F.R.A.N.Z.C.P., Eleftheria Zeggini, Ph.D., Gerome Breen, Ph.D., Cynthia M. Bulik, Ph.D.

Objective: The authors conducted a genome-wide association study of anorexia nervosa and calculated genetic correlations with a series of psychiatric, educational, and metabolic phenotypes.

Method: Following uniform quality control and imputation procedures using the 1000 Genomes Project (phase 3) in 12 case-control cohorts comprising 3,495 anorexia nervosa cases and 10,982 controls, the authors performed standard association analysis followed by a meta-analysis across cohorts. Linkage disequilibrium score regression was used to calculate genome-wide common variant heritability (single-nucleotide polymorphism [SNP]-based heritability [h^2_{SNP}]), partitioned heritability, and genetic correlations (r_g) between anorexia nervosa and 159 other phenotypes.

Results: Results were obtained for 10,641,224 SNPs and insertion-deletion variants with minor allele frequencies >1% and imputation quality scores >0.6. The h^2_{SNP} of anorexia nervosa was 0.20 (SE=0.02), suggesting that a substantial fraction of the twin-based heritability arises from common genetic variation. The authors identified one genome-wide significant locus on chromosome 12 (rs4622308) in a region harboring a previously reported type 1 diabetes and autoimmune disorder locus. Significant positive genetic correlations were observed between anorexia nervosa and schizophrenia, neuroticism, educational attainment, and high-density lipoprotein cholesterol, and significant negative genetic correlations were observed between anorexia nervosa and body mass index, insulin, glucose, and lipid phenotypes.

Conclusions: Anorexia nervosa is a complex heritable phenotype for which this study has uncovered the first genome-wide significant locus. Anorexia nervosa also has large and significant genetic correlations with both psychiatric phenotypes and metabolic traits. The study results encourage a reconceptualization of this frequently lethal disorder as one with both psychiatric and metabolic etiology.

Am J Psychiatry 2017; 174:850–858; doi: 10.1176/appi.ajp.2017.16121402

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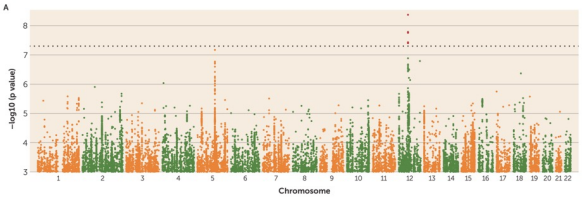
FIGURE 1. Manhattan Plot and Regional Plot of the Genome-Wide Significant Locus for Anorexia Nervosa[a]



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Genetisk sårbarhet (2)

Kopplingar till typ-2 diabetes & autoimmuna sjukdomar
Genetiskt positiva samband med schizofreni, neuroticism, antal år utbildning, och HDL
Genetiskt negativa samband med BMI, insulin, glukos och lipid fenotyper (motsatsen till fetma)

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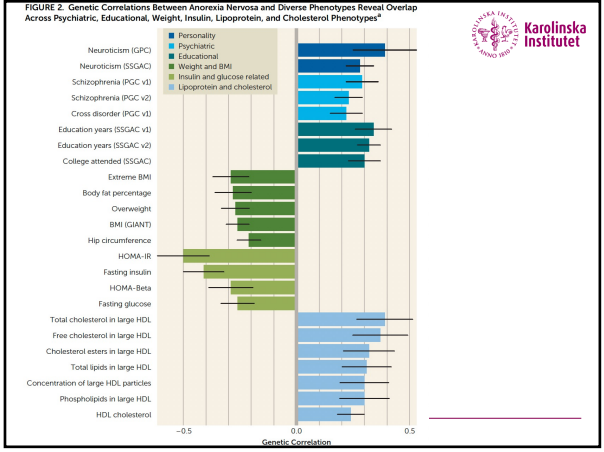
FIGURE 2. Genetic Correlations Between Anorexia Nervosa and Diverse Phenotypes Reveal Overlap Across Psychiatric, Educational, Weight, Insulin, Lipoprotein, and Cholesterol Phenotypes[a]



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Anorexia nervosa och tvångssyndrom

Hög genetisk korrelation mellan AN och OCD

Ingen signifikant individuell locus dock!

Positiva samband mellan ”cross-disorder” fenotyp och andra psykiatriska störningar (bipolär & neuroticism)

Relationen mellan AN och metaboliska egenskaper var starkare än mellan OCD och metabolism

Mekanismer:

- Utforskade samband mellan gemensam genetisk risk för AN & OCD genuttryck för specifika vävnader och celltyper…

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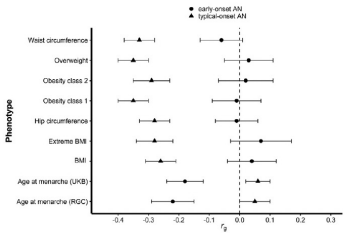
Genetik och igångsättningsålder vid AN?

Watson et al (2022). *Biological Psychiatry Global Open Science, 2*(4), 368-378

Tidig respektive normal igångsättningsålder visade signifikant distinkta genetiska korrelations-mönster med möjliga riskfaktorer för AN



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DBT för ätstörningar ur DBT förespråkares perspektiv

- ❑ Tre varianter av DBT för ätstörningar:
- ❑ Stanford modellen (Debra Safer)
- ❑ Multidiagnostic ED-DBT (mycket intensiv DBT)
- ❑ RO-DBT

Review och uppdatering:

- BenPorath et al. (2020). *Eating Disorders, 28*(2):101-121.doi: 10.1080/10640266.2020.1723371

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Radically open dialectical behavior therapy for anorexia nervosa: A multiple baseline single-case experimental design study across 13 cases*

Martina Isaksson[a,*], Ata Ghaderi[b,1], Mia Ramklint[a], Martina Wolf-Arehult[a,2]

[a] Department of Neuroscience, Psychiatry, Uppsala University, Entrance 10, Floor 3B, 751 85, Uppsala, Sweden
[b] Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, SE-171 77, Stockholm, Sweden

ARTICLE INFO

Keywords:
Anorexia nervosa
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Overcontrol
Radically open dialectical behavior therapy
Single-case experimental design

ABSTRACT

Background and objectives: No treatment for adult anorexia nervosa (AN) has shown sufficient effectiveness or superiority to other treatments. Overcontrol has been suggested as a viable mechanism to target in the treatment of patients with AN. Radically open dialectical behavior therapy (RO DBT) is developed for disorders related to maladaptive overcontrol. Our objective was to evaluate the outcome of RO DBT for AN in a clinical outpatient setting.

Method: Thirteen adult female patients with mild to moderate AN provided written consent and entered a multiple baseline single-case experimental design study. Median age at eating disorder (ED) onset was 15 years and the median duration of the ED was 10 years. Individual changes were assessed weekly during a baseline phase (A) of four to six weeks, and during the subsequent 40-week RO DBT phase (B). Additional assessments were conducted before and after treatment, and at a six-month follow-up. Primary outcome was ED psychopathology. Secondary outcomes were psychosocial impairment, quality of life, social connectedness, and adaptive control strategies.

Results: Eight patients (62%) completed treatment. All completers were in full remission after treatment, with BMI >18.5 kg/m² and ED psychopathology within one standard deviation of the community mean. Improvements occurred after introducing RO DBT, not during baseline.

Limitations: Participants were female with mild to moderate AN, limiting generalizability to severe AN or males.

Conclusions: The study provides preliminary support for using RO DBT in adult outpatients with AN and overcontrol. Further studies should replicate these findings.

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RO-DBT for anorexia nervosa

Radical openness?

- Gå emot din vanliga tendens + mer villighet
- Inse vad du undviker + sök exponering
- Meta-perspektiv: Villighet att ha fel och korrigera sig
- Öppenhet och förändring, ej bara acceptans!

Passar anorexia nervosa

- Kraftig överkontroll
- Dikotomt, rigid tänkande, perfektionism, tvångmässighet

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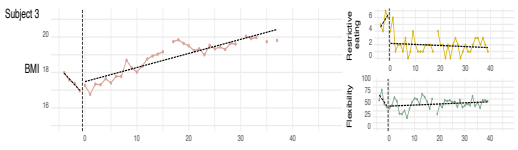
Resultat



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Utfall

Primära utfall

- Alla som fullföljde hade en reliabel förändring och uppnåde full remission
- 6/8 var i full remission vid 6-månadersuppföljning
- 4/5 som föll bort hade uppnått partiell remission

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Kan man bli frisk efter 20 års sjukdom!

- Ja!
- Vissa lyckas tillfriskna bra trots långtids sjukdom
- Skilj mellan ätstörning och specifika personlighetsdrag i bedömning av residualsymptom
- Om inte bli frisk, kan vi hjälpa dem få högre livskvalitet:
  - Gemensam målsättning är A och O

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ACT kontra KBT

- Risk för undvikande (exponering för mat och ätande) vid ACT
  - Parling, T., Cernvall, M., Ramklint, M., Holmgren, S., & **Ghaderi, A.** (2016). A randomised trial of Acceptance and Commitment Therapy for Anorexia Nervosa after day-care treatment, including five-year follow-up. *BMC Psychiatry*, 16:272. DOI: 10.1186/s12888-016-0975-6.
- Svag evidens för ACT vid ätstörningar
  - Linardon et als meta-analys (2017):
    - "…none of the third-wave therapies meet established criteria for an empirically supported treatment for particular eating disorder subgroups.
- Tilltalande för patient och terapeut: dock risk för svag effekt

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Kärnkomponenten i KBT-E: Tappa inte dem i individualiseringen!

Regelbundet ätande (exponering)
Stimulus kontroll (sluta kompensera, få in rutiner, skapa nya stimulusrelationer)
Förstå funktionen av stört ätande (Funktionell analys) /insikt
Beteendeaktivering (Alternativa beteenden)
Meta-kognitiv medvetenhet
Kroppsacceptans
Balansering av självbild
Vidmakthållande av resultat/förändringar

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Intuitivt ätande

- Intuitivt ätande har samband med mindre hetsätning, emotionellt ätande, kroppsmissnöje och återhållsamhet i ätande
- Det är relaterat till mer uppskattning av kroppen, acceptans, självmedkänsla och välbefinnande
- Kvinnor i mindre grad äter intuitivt än män
- Linardon, J, Tylka, T & Fuller-Tyszkiewicz, M (2021). IJED

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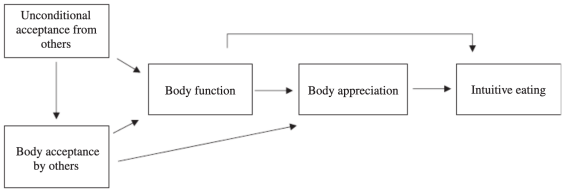
Acceptansmodell för intuitivt ätande



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Intolerans av osäkerhet

- Transdiagnostik process vid ångeststörningar
- Aktuellt vid ätstörningar
- Flera pågående projekt
- Oklar betydelse i behandling av ätstörninagr

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KBT-E för svåra ätstörningar? Enstaka studier!

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Svår och ihållande AN

- Majoriteten verkar inte få specialiserad behandling (global bild)
- Extrem heterogenitet i behandlingar som ges
- Duration av AN (kronicitet) tycks inte vara så avgörande för utfall. Folk tillfrisknar även efter 10-20 år av AN, åtminstone delvis!
- Hög konsumtion av hälso- och sjukvård, trots att man inte får specialiserad vård

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Sen effekt av TMS vid svår AN?

- Dubbelblind studie av TMS vid AN
- 20 sessioner av hög frekvens av rTMS av DLPFC
- 34 patienter
- Modesta effekter vid avslutad behandling på vikt och ätstörning
- Vid 18-månadersuppföljning: 45.5% i behandlingsgruppen hade nått BMI>18.5 kontra 9% i falsk rTMS.
- Långsam effect av rTMS på placiticitet?

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Frostad et al (2021). Enhanced cognitive behaviour therapy (CBT-E) for severe and extreme anorexia nervosa in an outpatient… Journal of Eating Disorders, 9, 143.

21 patienter (Norge) med BMI<16 mellan 17 och 51 år
11 patienter fullföljde inte behandlingen, men fick viss viktuppgång.
Vid 1-årsuppföjning 14/21 (66.7%) hade ett BMI över 18.5.
Inga svåra komplikationer under behandlingen!
Se också: Frostad et al. Journal of Eating Disorders (2018) 6:12

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Della Grave et al (2014). Inpatient cognitive. Frontiers in Psyhiatry, 5:14

Tonåringar 13-17 år med svår anorexi
Ej lyckats med öppenvårdsbehandling eller instabila
20 veckors intensive KBT-E (13 inneliggande, 7 på dagvård)
26 av 27 (96%) fullföljde programmet
Signifikant förbättring i viktstatus och ätstörningssymptom
Resultat höll i sig vid 1-årsuppföljningen

Table 1 | Characteristics of the patients before treatment, after treatment, and at 6- and 12-month follow-up (intent-to-treat data set, $n = 27$).

	Before treatment	After treatment	6-month follow-up	12-month follow-up
Weight				
Body weight (kg)	38.5 (6.1)	49.7 (5.6)[a]	45.7 (7.0)[a,b]	48.1 (7.3)[a]
Body mass index centile	2.7 (4.2)	34.2 (15.7)[a]	27.3 (20.8)[a,b]	29.9 (20.1)[a]
Eating disorder psychopathology				
Overall severity (global EDE)	3.7 (1.3)	2.1 (1.2)[a]	2.1 (1.7)[a]	1.7 (1.3)[a]
Global EDE <1 SD above the community mean[d], *n* (%)	2 (7.4)	10 (37.0)	14 (51.9)	14 (51.9)

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Effectiveness då: Funkar det i klinik? Ja 50 studier i meta-analysen!

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DOI: 10.1002/eat.24104

REVIEW

International Journal of EATING DISORDERS WILEY

Cognitive behavior therapy for adult eating disorders in routine clinical care: A systematic review and meta-analysis

Lars-Göran Öst PhD[1,2,3] | Martin Brattmyr MSc[4] | Anna Finnes PhD[3,5] | Ata Ghaderi PhD[3] | Audun Havnen PhD[4,6] | Maria Hedman-Lagerlöf PhD[7] | Thomas Parling PhD[7,8] | Elisabeth Welch PhD[3,7] | Gro Janne Wergeland MD, PhD[10,11]

[1]Department of Psychology, Stockholm University, Stockholm, Sweden
[2]Bergen Center for Brain Plasticity, Haukeland University Hospital, Bergen, Norway
[3]Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
[4]Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway
[5]Academic Primary Care Center, Stockholm, Sweden
[6]Division of Psychiatry, St. Olavs Hospital, Trondheim, Norway
[7]Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
[8]Stockholm Health Care Services, Stockholm, Sweden
[9]Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden
[10]Department of Child and Adolescent Psychiatry, Division of Psychiatry, Haukeland University Hospital, Bergen, Norway
[11]Department of Clinical Medicine, Faculty of Medicine, University of Bergen, Bergen, Norway

Correspondence
Lars-Göran Öst, Department of Psychology, Stockholm University, 114 19 Stockholm, Sweden
Email: ost@psychology.su.se

Action Editor: Kelly L. Klump

Abstract

Objective: Cognitive behavior therapy (CBT) is a recommended treatment for eating disorders (ED) in adults given its evidence, mainly based on efficacy studies. However, little is known about how CBT works in routine clinical care. The goal of the present meta-analysis is to investigate how CBT works for various ED when carried out in routine clinical settings.

Method: Ovid MEDLINE, Embase OVID, and PsycINFO were systematically searched for articles published until June 2023. The outcome of CBT, methodological quality, risk of bias (RoB), and moderators of treatment outcome were examined and benchmarked by meta-analytically comparing with efficacy studies for ED. Fifty studies comprising 4299 participants who received CBT were included.

Results: Large within-group effect sizes (ES) were obtained for ED-psychopathology at post-treatment (1.12), and follow-up (1.22), on average 9.9 months post-treatment. Attrition rate was 25.5% and RoB was considerable in the majority of studies. The benchmarking analysis showed that effectiveness studies had very similar ESs as efficacy studies (1.20 at post-treatment and 1.28 at follow-up).

Conclusion: CBT for ED is an effective treatment when delivered in routine clinical care, with ESs comparable to those found in efficacy studies. However, the evidence needs to be interpreted with caution due to the RoB in a high proportion of studies.

Public Significance: Eating disorders are common in the population and often lead to multiple negative consequences. CBT has been found effective for ED and is recommended in clinical guidelines. Since these recommendations are primarily based on university studies we wanted to investigate how CBT performs in routine clinical care. Our meta-analysis found that CBT worked as well in routine care as in university setting studies.

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TABLE 6 Effect sizes on ED-psychopathology measures and BMI for effectiveness and efficacy studies at post-assessment and follow-up assessment

Time point	Disorder	Study type	k	g	95% CI	z-value	95% PI	Qb[a]	p-value
Post	All disorders	Effectiveness	59	1.12	.98–1.25	16.21[b]	.15–2.09	.72	.40
		Efficacy	60	1.20	1.06–1.34	17.32[b]	.23–2.17		
	AN	Effectiveness	10	1.46	1.14–1.78	8.89[b]	.40–2.52	5.71	.02
		Efficacy	7	.85	.48–1.23	4.44[b]	−.24 to 1.94		
	BN	Effectiveness	23	.98	.76–1.20	8.71[b]	−.02–1.99	4.33	.04
		Efficacy	24	1.31	1.09–1.54	11.62[b]	.30–2.32		
	BED	Effectiveness	11	1.11	.80–1.43	6.91[b]	.05–2.18	.07	.79
		Efficacy	19	1.06	.82–1.30	8.56[b]	.01–2.10		
	Mix	Effectiveness	12	1.13	.88–1.39	8.66[b]	.34–2.04	2.89	.09
		Efficacy	10	1.47	1.18–1.76	8.91[b]	.56–2.39		
Follow-up	All disorders	Effectiveness	31	1.22	1.04–1.41	12.98[b]	.21–2.23	.15	.70
		Efficacy	49	1.28	1.13–1.43	16.74[b]	.31–2.26		
	AN	Effectiveness	6	1.59	1.10–2.09	6.32[b]	.20–2.99	2.04	.16
		Efficacy	6	1.09	.60–1.58	4.38[b]	−.31 to 2.48		
	BN	Effectiveness	10	1.12	.77–1.47	6.28[b]	.01–2.24	1.08	.30
		Efficacy	21	1.32	1.10–1.55	11.64[b]	.35–2.28		
	BED	Effectiveness	9	.96	.64–1.29	5.80[b]	−.06 to 1.99	.70	.41
		Efficacy	15	1.14	.88–1.40	8.66[b]	.14–2.14		
	Mix	Effectiveness	6	1.46	1.02–1.90	6.54[b]	.26–2.66	.43	.52
		Efficacy	7	1.66	1.26–2.06	8.08[b]	.49–2.85		
Post	BMI in AN	Effectiveness	11	2.30	1.87–2.73	10.43[b]	.83–3.77	5.02	.03
		Efficacy	7	1.52	.99–2.05	5.66[b]	.01–3.03		
Follow-up	BMI in AN	Effectiveness	6	1.86	1.39–2.34	7.67[b]	.59–3.13	1.51	.22
		Efficacy	6	1.45	.99–1.91	6.20[b]	.10–2.71		

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Skillnader mellan efficacy och effectivness

TABLE 5 Some background and treatment data (M and SD) for effectiveness and efficacy studies.

Type of study	k	Age (years)	% females	% severity	% comorbid	% medicated	Tx hours	% attrition
Effectiveness	62	29.0 (5.6)	95.1 (5.2)	61.1 (10.5)	47.1 (16.3)	24.3 (20.4)	40.7 (42.7)	25.1 (13.0)
Efficacy	70	32.1 (8.5)	94.8 (6.4)	54.5 (10.3)	42.4 (16.2)	13.8 (17.5)	20.2 (18.0)	21.6 (12.3)
p-value		.02	.76	<.001*	.29	.04	<.001*	.12

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Många andra linjer i forskning…

- Mindfulness & Mindful eating
- Neuroleptika vid AN
- Emotionsreglering
- Diagnostisk (t.ex. Ortorexi…)
- Prevention och riskfaktorer
- Anknytning, mentalisering…
- EMA (Ecological Momentary Assessments)
- Genetik
- Hjärnavbildning

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Sammanfattningsvis

Hygglig evidens för effekt av KBT-E
Inte mer än 30-70% tillfrisknar
Det finns utrymme för förbättring av CBT-E!

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