

Challenging the art of wasting away

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“How effective is Family Based Therapy as an intervention for anorexia nervosa in adolescents aged 12-18 years, compared to traditional forms of therapy.”

Anorexia nervosa is a serious, life threatening eating disorder, characterised by a disturbed body image and intense fear of gaining weight.

It leads to muscle weakness, bone loss, low blood pressure and low heart rate. Anorexia puts you at risk for dehydration, hair loss and multi organ failure. There is intense social stress placed on friends and family and debilitating isolation experienced by anorexia sufferers.

The disease will kill 10% of its victims and currently almost 75000 New Zealanders are suffering from an eating disorder (Silber et al., 2011).

It's a real problem and needs a real solution.

Traditional Treatment Methods

Traditionally treatment involves inpatient monitoring, refeeding, nutritional advice and psychotherapy.

This type of treatment comes from a biomedical standpoint and is not very holistic. They show a 55% readmission rate and full recovery of just 46.9% of patients (Hughes et al., 2014).

Emergence of Family Based Therapy

FBT is a new field of treatment based on the Maudsley method and starts with the assumption that the adolescents family is the best resource for recover. Parents are involved in their child's treatment during the Maudsley process that takes place over approximately a year (Couturier et al., 2010).

Maudsley Method

This method has three phases:

Phase 1 = Parental led refeeding, patient has limited control. Focus on family meals and education.

Phase 2 = Moving control of eating back to adolescent.

Phase 3 = Addresses developmental issues, adjusting to having a child without a life threatening illness (Blessitt et al., 2015).

Findings

FBT has been objectively shown to be effective for life saving weight restoration and improving psychological symptoms.

75% of FBT patients experience complete recovery from all symptoms and when followed up 36 months later, showed reductions in depression and anxiety as well as improved family environments (Paulson-Karlsson et al., 2009)

Because of the reduction in readmissions and the improvement in quality of life as a result of FBT, this treatment reduces immediate costs of services but will also likely decrease long term societal costs as a result of less chronic anorexia present in communities (Hughes et al., 2014).

References

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Recommendations

- A multi disciplinary team approach is necessary to make FBT an effective method of treatment (Paulson-Karlsson et al., 2009)
- Staff supervision and support is essential due to the intensive and long term nature of FBT
- Health professionals must approach potential families with an open mind and willingness to be creative and flexible in delivery of care
- Further research into the impact of FBT and the barriers to effective implementation is needed (Hughes et al., 2014).



Rationale

The literature shows Family Based Therapy to be an effective treatment for young people suffering from anorexia, producing recovery rate statistics of over 30% more patients than traditional methods of treatment (Paulson-Karlsson et al., 2009). It is holistic in nature and focuses on the patient and family, not just the disorder.

Family Based Therapy is the recommended approach by the Eating Disorders Association of New Zealand who states that "the current evidence suggests best outcomes are achieved with early intervention of the family based treatment approach for young people" (Eating Disorders Association of New Zealand, n.d). However this approach is not common knowledge to the public and many families struggling with anorexia are unaware of the potential of FBT. This is for many reasons, including hesitation by health professionals to embrace a new mindset around eating disorders, the cost of training therapists and the lack of access families and DHB's have to trained professionals. This is why I chose to use a poster as my medium for presenting information. Understanding and access to FBT amongst the general public needs to be increased and a poster is a visually effective and versatile way to present information. Evidence based practice is essential in advancing nursing care in NZ and disseminating research in a way that is easily accessible allows nurses to use the evidence in their own practice (Forsyth, Wright, Scherb & Gaspar, 2010).

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PECOT Category	Information Relating to Question	Explanation
Population	Adolescents between 12-18 years who have a diagnosis of anorexia.	The individual must have been diagnosed to qualify for FBT and traditional therapy. Adolescents have a specific developmental process and life stage compared to older patients.
Exposure/Intervention	Patients and their families undertaking a programme of FBT as an intervention for anorexia.	Will be looking at the effectiveness of FBT for the patients and families in the treatment of anorexia
Comparison/Control	Patients undergoing traditional treatment for anorexia	This is the comparison group to those patients receiving FBT
Outcome	Better recovery rates from anorexia according to the DSM-IV definition of recovery	Recovery of a normal body weight and intact body image is the goal of any anorexia treatment.
Time	Adolescents aged 12-18 for the duration of their diagnosed illness and recovery	Experiences of eating disorders vary in onset and duration. A programme of FBT takes place over approximately a year.