Recovery From Eating Disorders: Expanded Evidence From a New Treatment

Many people are unable to maintain a healthy body weight, and eating disorders are a significant problem around the world. Researchers continue to investigate the causes and cures of these potentially life-threatening disorders. In an article just published in Behavioral Neuroscience, Bergh et al. lend significant support to a new, effective approach. Using this approach, 75% of patients go into remission, on average, after 12.5 months of treatment, and only 10% relapse over 5 years of follow-up. In contrast, using standard care, less than 50% of patients are reported to go into remission and the majority of these patients relapse within 1 year. The new approach shows tremendous promise for helping those with eating disorders break the pattern of behavior that is at the root of their problem.

In their previous research, Bergh and Södersten (1996) had proposed that dieting is the main risk factor for anorexia and bulimia. Some who diet take the caloric restriction too far and develop anorexia nervosa, whereas those who fail at prolonged dieting may end up binging and purging (i.e., developing bulimia nervosa) or becoming obese. Another significant factor for developing anorexia nervosa is excessive exercise accompanying dieting because it can exacerbate the patient's caloric deficit, thereby increasing the risk of losing control of food intake and developing a wide range of additional psychological symptoms.
broad field of the biological bases of behavior.

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In an earlier randomized controlled trial, Bergh, Brodin, Lindberg, and Södersten (2002) showed that normalizing eating behavior via feedback during meals, providing warmth, restricting physical activity, and restoring social habits were highly effective in treating eating disorders in a small group of patients (N = 16/group). When these techniques were used with a larger group (N = 168), the remission rate was 75% (Bergh et al., 2002), with only 10% of patients relapsing over 5 years of follow-up. These results were very promising (indeed, much better than the results of the standard treatment of psychiatric therapy and psychoactive drugs), but readers questioned the broader applicability of the results because the sample size was comparatively small and consisted of patients from a single clinic.

Bergh et al. (2013) now report the results of these techniques for treating eating disorders when they were used with 1,428 patients at six clinics located in Sweden, the Netherlands, Australia, and the United States.


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