



## RECOMMENDED ACADEMIC READING

### Eating Disorders

Eating Disorders is the focus of this edition of Recommended Academic Reading. Please find below a number of excellent recommendations from our contributing eating disorder experts.

**Dr. Gina Dimitropoulos** recommends the recent Canadian Practice Guidelines for Adolescent eating disorders published by Couturier et al. (2020). Couturier and her Canadian colleagues completed a systematic review of evidence-based treatments for children and adolescents with eating disorders. The following treatments were identified: (a) family therapy, (b) multi-family therapy (c) cognitive behavioural therapy, (d) adolescent-focused psychotherapy, (e) adjunctive yoga, and (f) atypical antipsychotics. These treatments were cross case-analyzed with three eating disorder diagnoses – anorexia nervosa, avoidant/restrictive food intake disorder, and bulimia nervosa – to determine optimal treatment outcomes, including: improvement in depression and anxiety symptoms; weight gain; decrease in eating disorder symptoms and remission rates. Family-based treatment was noted as the strongest recommendation due to its least intensive treatment environment, and the rest of the treatment modalities received weak recommendations. Once the systematic review was conducted, results were presented to a guideline development panel (GDP) who provided suggestions for further research. These recommendations included:

- The investigation of how treatments are influenced by a comorbidity of mental illness in a patient.
- Research on male populations, and those with non-binary gender identities.
- The use of technology to care for patients and families with evidence-based treatments at a distance.

Other insights from the GDP included:

- Accessibility to peer support, especially in times of transition between different treatments.
- The existence and development of mutual trust in the practitioner and patient/family relationship to ensure successful treatment delivery.
- The lack of services and particularly few residential treatment options across Canada.
- Patient and parent choice/preferences of treatment are essential.

This article is of high clinical relevance and importance, and has implications for practitioners working with children and adolescents with eating disorders.

#### **Gina Dimitropoulos, MSW, PhD, RSW**

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#### Reference

Couturier, J., Isserlin, L., Norris, M., Spettigue, W., Brouwers, M., Kimber, M., ... & Pilon, D. (2020). Canadian practice guidelines for the treatment of children and adolescents with eating disorders. *Journal of Eating Disorders*, 8(1), 4.  
<https://pubmed.ncbi.nlm.nih.gov/32021688/>

**Dr. Jennifer Coelho** recommends an article exploring recovery in eating disorders. The *International Journal of Eating Disorders* recently published a special issue on the topic of recovery, with the goal of helping to define “recovery” from an evidence-based perspective, with considerations for this definition to be appropriate across

diagnoses, gender, and geographical settings. Having a common definition of recovery will make it easier to understand and compare the results of treatment outcome studies. Richmond and colleagues (2020) published a paper in this special issue, which studied the perspective of youth with eating disorders (ages 12-23), their parents, and health care professionals (dietitians, therapists, and primary care providers). Interviews with these groups led to four themes relevant to recovery: psychological well-being, eating-related behaviors/attitudes, physical markers of recovery, and self-acceptance of body image. Health care professionals were more likely than youth or parents to recommend physical markers as a key indicator of recovery. This study emphasizes the different perspectives that health care professionals and individuals with lived experience bring to treatment, and highlights the importance of finding a shared understanding for terms like “recovery” in clinical care for eating disorders.

**Jennifer S. Coelho, Ph.D., R. Psych.**

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## Reference

Richmond, T. K., Woolverton, G. A., Mammel, K., Ornstein, R. M., Spalding, A., Woods, E. R., & Forman, S. F. (2020). How do you define recovery? A qualitative study of patients with eating disorders, their parents, and clinicians. *International Journal of Eating Disorders, 53*(8), 1209-1218.  
<https://pubmed.ncbi.nlm.nih.gov/32453448/>

**Dr. Debra K. Katzman recommends** a recent publication by Garber et al. (2021) that looks at two inpatient refeeding protocols for adolescents and young adults (AYA) with anorexia nervosa (AN) and atypical AN (AAN). This multicenter randomized clinical trial explored the short-term efficacy, safety, and cost of lower-calorie (LCR) vs. higher-calorie refeeding (HCR) for malnourished AYA with AN and AAN. The investigators randomized 120 hospitalized AYA with a DMS-5 diagnosis of AN or AAN aged 12 to 24 years who were 60% or more of median body mass index (mBMI) from two tertiary care hospitals (UCSF Benioff Children’s Hospital and Lucile Packard Children’s Hospital) between February 8, 2016, to March 7, 2019. HCR, started at 2000 kcal/d and increased by 200 kcal/d vs LCR, started at 1400 kcal, and increased by 200 kcal every other

day. The final analysis included 111 participants. HCR was associated with a faster return to medical stability, with no increase electrolyte abnormalities and adverse events and was also associated with marked reductions in length of hospital stay and cost savings compared with LCR. This study dispels the long-held belief of the “start low and go slow” approach to inpatient refeeding of AYA with AN or AAN. Finally, this study provides much needed evidence that supports safe, HCR approaches in hospitalized AYA with moderate malnutrition secondary to AN and AAN.

**Debra K. Katzman, MD, FRCPC**

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Garber, A. K., Cheng, J., Accurso, E. C., Adamas, S. H., Buckelew, S. M., Kapphahn, C. J., ... Golden, N. H. (2021). Short-term Outcomes of the Study of Refeeding to Optimize Inpatient Gains for Patients with Anorexia Nervosa: A Multicenter Randomized Clinical Trial. *JAMA Pediatrics, 175*(1), 19-27. doi: 10.1001/jamapediatrics.2020.3359.  
<https://pubmed.ncbi.nlm.nih.gov/33074282/>

**Dr. Melissa Kimber recommends** an umbrella review by Solmi et al (2020), which quantitatively synthesizes the evidence from nine meta-analyses examining 49 risk factors for eating disorders, which included childhood victimization in the form of exposure to childhood maltreatment and peer-based victimization. Childhood maltreatment refers to collection of caregiver behaviours that result in actual or potential harm to a child’s wellbeing, growth, or development. It includes physical, sexual, or emotional abuse, physical or emotional neglect, as well as childhood exposure to violence between caregivers. Peer-based victimization includes a specific set of threatened as well as actual verbal, relational, and physical behaviours between peers, which are targeted in nature and that results in or has a high likelihood of resulting in physical or emotional harm. It includes appearance-, race-, religious-, ability-, gender- or sexuality-based teasing, bullying, or aggression. Three of the nine meta-analyses examined child maltreatment as a risk factor for eating disorders. The forms of maltreatment investigated included physical, sexual, and emotional abuse; none of the included sources examined the strength or nature of association between childhood physical or emotional neglect

or childhood exposure to intimate partner violence and eating disorders. Highly suggestive evidence was found for the association between childhood sexual abuse and bulimia nervosa; suggestive evidence was found for the association between a history of physical or sexual abuse and binge eating disorder. One out of the nine meta-analyses examined peer-based victimization; highly suggestive evidence was found for the association between appearance-related victimization and all forms of eating disorder pathology. None of the included meta-analyses examined the nature and strength of association between other forms of peer-based victimization and eating disorders.

**Melissa Kimber, MSW, PhD, RSW**

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Solmi, M., Radua, J., Stubbs, B., Ricca, V., Moretti, D., Busatta, D., ..Castellini, G. (2020). Risk factors for eating disorders: an umbrella review of published meta-analyses. *Brazilian Journal of Psychiatry*.doi.org/10.1590/1516-4446-2020-1099  
<https://pubmed.ncbi.nlm.nih.gov/32997075/>