

Cognitive Behavioural Treatment for Eating Disorders

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Over than 20 randomised controlled trials (RCTs) showed that cognitive behaviour therapy (CBT) is the most efficacy treatment for adults with bulimia nervosa (BN). CBT-BN is more effective than cpsychological treatments evaluated. The leading alternative treatment is interpersonal psychotherapy which is comparable in its effects but much slower to act. However, CBT-BN is not effective enough: at best, only half the patients make a full remission and it has not been designed for treating anorexia nervosa (AN), and eating disorder (ED) not otherwise specified patients, that together represent 2/3 of ED patients. CBT-Enhanced (CBT-E) has been designed to overcome these limits. CBT-E adopts more modern and potent procedures and strategies to address ED psychopathology, and it is suitable for all forms of clinical EDs. CBT-E has been originally designed for adults in standard outpatient settings, but it has been adapted for use with younger patients (under 18 years), with patients with medical and psychiatric comorbidity, and with patients treated in intensive settings (e.g. intensive outpatient, day-hospital and inpatient. Data from a recent RCT show that CBT-E is effective both for BN and not underweight EDNOS. Emerging data shows that CBT-E is a also a promising treatment for outpatient AN and for severe inpatient ED patients.