

April 2024



WPA SECTION EATING DISORDERS: CURRENT INFORMATION

# WPA SECTION EATING DISORDERS: APRIL 2024

## Greetings

Dear colleagues,

We would like to send you another small newsletter. We hope that the first few months of this year have been positive for you all despite the global crises.

Four years after the start of the pandemic, we are living in an age of multiple crises, and it is an interesting question how much this situation in the world will affect the incidence of eating disorders.

Even after the covid 19 pandemic, whose impact on the incidence of eating disorders was undisputed, we are still experiencing a very high need for treatment, and it can be assumed that disordered eating behavior is an attempt to compensate for threats and insecurity in the world.

Once again, we have compiled some abstracts of relevant articles and dates of professional conferences in the field of eating disorders.

Additionally, we ask you to participate in a survey of eating disorder professionals conducted by the Academy of Eating Disorders.

Best regards,

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<http://www.wpanet.org/eating-disorders>

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Prof. Alessio Maria Monteleone (Secretary)

<https://www.wpanet.org/eating-disorders>

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### **Section Meeting during the Annual Meeting of the EDRS**

On September 26-28 the Eating Disorder Research Society (EDRS) is holding its 30<sup>th</sup> annual Meeting this year in Sitges, Spain.

More information and the preliminary conference program can be found on the website:

<https://edrs.org/2024/>

During this conference we invite to a WPA Eating Disorders Section Meeting at **12:00 on the 26<sup>th</sup> of September 2024** (Information on the Location will be available at the reception)

We are also pleased to announce the **WPA Young Researcher Awards** worth one conference registration fee (total value of 350 USD) to enable researchers from non-high-income countries (<https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>) to attend EDRS 2024 in Sitges. A total of seven registration awards will be given. If not all of them are awarded, senior researchers from

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these countries may also apply.

If you would like to be considered for one of these awards, please email [info@edrs.org](mailto:info@edrs.org) with your submitted abstract number and title.

### **AED Global Survey of Eating Disorders Clinicians**

The Academy for Eating Disorders (AED) and its partners is conducting a global survey on the education, training, and level of specialization of Clinicians and Researchers in the field of eating disorders.

If you or your team have provided clinical services to, or conducted research with, people with eating disorders in the past 12 months, you are eligible to complete this survey, regardless of whether you or your team specialize exclusively in eating disorders.

Click here to participate: <https://bit.ly/AEDglobalsurvey>

The survey takes approximately 15-25 minutes, participation is anonymous, and Participants may enter a drawing for the chance to win one free registration to the 2025 International Conference on Eating Disorders (ICED).

Thank you for taking the time to complete and/or share this survey. If you have any questions or concerns, feel free to contact Principal Investigator Dr. Kristin von Ranson at [kvonrans@ucalgary.ca](mailto:kvonrans@ucalgary.ca).

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Summary of 2022 journal Impact factors for Eating Disorder Journals

			
International Journal of Eating Disorders	European Eating Disorders Review	Journal of Eating Disorders	Eating and Weight Disorders
5.5	5.3	4.1	2.9
			
Eating Disorders: The Journal of Treatment & Prevention	Eating Behaviors	Appetite	Nutrients
3.3	2.8	5.4	5.9

Selected publications of interest of recent months

**Brennan, C., Cini, E., Illingworth, S., Chapman, S., Simic, M., Nicholls, D., Chapman, V., Simms, C., Hayes, E., Fuller, S., Orpwood, J., Tweedy, N., Baksh, T., Astaire, E., & Bhakta, D. (2024). Greater rate of weight loss predicts paediatric hospital admission in adolescent typical and atypical anorexia nervosa. *European journal of pediatrics*, 10.1007/s00431-024-05436-3. Advance online publication. <https://doi.org/10.1007/s00431-024-05436-3>**

Hospital admissions for eating disorders (ED) are rapidly increasing. Limited research exists evidencing the factors that lead to hospital admissions or their outcomes. The current study aimed to identify predictors of hospital admission in adolescents with anorexia nervosa (AN) or atypical anorexia nervosa (AAN). Prospective observational study including participants (n = 205) aged 11-18 and diagnosed with AN or AAN at initial ED assessment, across eight London

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clinics. Physical health parameters at assessment, including heart rate, blood pressure, temperature and rate of weight loss, were compared between adolescents who were admitted to a paediatric ward following assessment and those who were not admitted. The mean rate of weight loss prior to assessment was significantly higher, and mean energy intake significantly lower, in the admitted vs not admitted groups (1.2 vs 0.6kg/week,  $p < 0.001$  and 565 kcal/day vs 857 kcal/day,  $p < 0.001$ ), independent of degree of underweight. No significant differences were identified between groups in all other parameters of physical risk. Underweight adolescents with AN were equally likely to be admitted as non-underweight adolescents with AAN. Conclusion: This study provides evidence on predictors of hospital admission, from a sample representing the London area. The assessment of weight loss speed, duration and magnitude are recommended as priority parameters that inform the risk of deterioration and the likelihood of hospital admission in adolescent AN and AAN. Further research investigating outcomes of these hospital admission is needed. What is Known: • Hospital admissions for eating disorders (ED) are rapidly increasing. • Limited research exists evidencing the factors that lead to hospital admissions, or their outcomes. What is New: • This study provides evidence on predictors of hospital admission in young people with typical and atypical anorexia nervosa. • Weight loss speed, duration, and magnitude are recommended as priority parameters that inform the risk of deterioration and the likelihood of hospital admission in this patient group.

**Garber, A. K., Cheng, J., Accurso, E. C., Buckelew, S. M., Downey, A. E., Le Grange, D., Gorrell, S., Kapphahn, C. J., Kreiter, A., Moscicki, A. B., & Golden, N. H. (2024). Short-term outcomes of the study of refeeding to optimize inpatient gains for patients with atypical anorexia nervosa. *The International journal of eating disorders*, 10.1002/eat.24115. Advance online publication. <https://doi.org/10.1002/eat.24115>**

**Objective:** The StRONG trial demonstrated the safety and efficacy of higher calorie refeeding (HCR) in hospitalized adolescents and young adults with malnutrition secondary to restrictive eating disorders. Here we compare refeeding outcomes in patients with atypical anorexia nervosa (atypical AN) versus anorexia nervosa (AN) and examine the impact of caloric dose.

**Method:** Patients were enrolled upon admission and randomized to meal-based HCR, beginning 2000 kcal/day and advancing 200 kcal/day, or lower calorie refeeding (LCR), beginning 1400 kcal/day and advancing 200 kcal every other day. Atypical AN was defined as %median BMI (mBMI)  $> 85$ . Independent t-tests compared groups; multivariable linear and logistic regressions examined caloric dose (kcal/kg body weight). **Results:** Among  $n = 111$ , mean  $\pm$  SD age was  $16.5 \pm 2.5$  yrs; 43% had atypical AN. Compared to AN, atypical AN had slower heart rate restoration ( $8.7 \pm 4.0$  days vs.  $6.5 \pm 3.9$  days,  $p = .008$ , Cohen's  $d = -.56$ ), less weight gain ( $3.1 \pm 5.9\%$ mBMI vs.  $5.4 \pm 2.9\%$ mBMI,  $p < .001$ , Cohen's  $d = .51$ ) and greater hypomagnesemia (29% vs. 11%,  $p = .03$ , OR = 3.29). These suboptimal outcomes were predicted by insufficient caloric dose ( $32.4 \pm 6.9$  kcal/kg in atypical AN vs.  $43.4 \pm 9.8$  kcal/kg in AN,  $p < .001$ , Cohen's  $d = 1.27$ ). For every 10 kcal/kg increase, heart rate was restored 1.7 days (1.0, 2.5) faster ( $p < .001$ ), weight gain was 1.6% $\pm$ mBMI (.8, 2.4) greater ( $p < .001$ ), and hypomagnesemia odds were 70% (12, 128) lower ( $p = .02$ ). **Discussion:** Although HCR is more efficacious than LCR for refeeding in AN, it contributes to underfeeding in atypical AN by providing an insufficient caloric dose relative to the greater body weight in this diagnostic group. **Public significance:** The StRONG trial previously demonstrated the efficacy and safety of higher calorie refeeding in patients with malnutrition due to restrictive eating disorders. Here we show that higher calorie refeeding contributes to underfeeding in patients with atypical anorexia nervosa, including poor weight gain and longer time to restore medical stability. These findings indicate these patients need more calories to support nutritional rehabilitation in hospital.

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**Kerr, J. A., Paine, J., Thrower, E., Hoq, M., Mollica, C., Sawyer, S. M., Azzopardi, P. S., & Pang, K. C. (2024). Prevalence of Eating Disorder Symptoms in Transgender and Gender Diverse Adolescents Presenting for Gender-Affirming Care. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, S1054-139X(23)00977-1. Advance online publication. <https://doi.org/10.1016/j.jadohealth.2023.11.396>**

**Purpose:** To describe the prevalence of eating disorder symptoms among adolescents seeking gender-affirming care. **Methods:** Cross-sectional study of 660 gender-diverse adolescents who completed the Branched Eating Disorder Test to measure anorexia and bulimia symptoms. **Results:** 23.9% (95% CI 20.7-27.4) reported both anorexia symptoms, namely overvaluation of weight and fear of (or recurrent interference with) weight gain. 0.9% (95% CI 0.3-2.0) reported all bulimia symptoms, namely overvaluation of weight, recurrent binge eating, and recurrent compensatory behaviors (e.g., weekly purging). For all symptoms, prevalence was higher among i) adolescents assigned female at birth compared to those assigned male at birth, and ii) adolescents who felt unsure about their gender identity compared to those who identified as trans or nonbinary. **Discussion:** Clinicians should monitor eating disorder symptoms among adolescents presenting for gender-affirming care, especially among those assigned female at birth or who are unsure about their gender identity.

**Nagata, J. M., Vargas, R., Sanders, A. E., Stuart, E., Downey, A. E., Chaphekar, A. V., Nguyen, A., Ganson, K. T., Buckelew, S. M., & Garber, A. K. (2024). Clinical characteristics of hospitalized male adolescents and young adults with atypical anorexia nervosa. *The International journal of eating disorders*, 10.1002/eat.24132. Advance online publication. <https://doi.org/10.1002/eat.24132>**

**Objective:** To describe the clinical characteristics of male adolescents and young adults hospitalized for medical complications of atypical anorexia nervosa (atypical AN) and to compare their clinical characteristics with females with atypical AN and males with anorexia nervosa (AN). **Method:** A retrospective review of electronic medical records for patients with atypical AN and AN aged 9-25 admitted to the UCSF Eating Disorders Program from May 2012 to August 2020 was conducted. **Results:** Among 21 males with atypical AN (mean age 15.1 ± 2.7, mean %mBMI 102.0 ± 11.8), medical complications evidenced by admission laboratory values included anemia (52.9%), vitamin D insufficiency/deficiency (52.6%), and zinc deficiency (31.6%). Compared with females with atypical AN (n = 69), males with atypical AN had longer length of stay (11.4 vs 8.4 days, p = .004), higher prescribed kcal at discharge (4114 vs 3045 kcal, p < .001), lower heart rate nadir (40.0 vs 45.8, p = .038), higher aspartate transaminase (AST, 37.9 vs 26.2 U/L, p = .032), higher alanine transaminase (ALT, 30.6 vs 18.3 U/L, p = .005), and higher rates of anemia (52.9% vs 19.4%, p = .005), with no differences in vitamin D, zinc, and vital signs. Compared with males with AN (n = 40), males with atypical AN had no significant differences in vital signs or laboratory assessments during the hospitalization. **Discussion:** Atypical AN in males leads to significant medical comorbidity, and males with atypical AN require longer hospital stays compared to females with atypical AN. Rates of abnormal vital signs and abnormal serum laboratory values during hospital admissions do not differ in males with atypical AN compared to AN. **Public significance:** Adolescent and young adult males with atypical anorexia nervosa experience significant medical complications. Males with atypical anorexia nervosa had longer hospitalizations and higher prescribed nutrition at discharge than females. Medical

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complications of atypical anorexia nervosa in male adolescents and young adults were generally equal to those of male adolescents and young adults with anorexia nervosa. Clinicians should be aware of unique medical complications of males with atypical anorexia nervosa.

**Tose, K., Takamura, T., Isobe, M., Hirano, Y., Sato, Y., Kodama, N., Yoshihara, K., Maikusa, N., Moriguchi, Y., Noda, T., Mishima, R., Kawabata, M., Noma, S., Takakura, S., Gondo, M., Kakeda, S., Takahashi, M., Ide, S., Adachi, H., Hamatani, S., ... Sekiguchi, A. (2024). Systematic reduction of gray matter volume in anorexia nervosa, but relative enlargement with clinical symptoms in the prefrontal and posterior insular cortices: a multicenter neuroimaging study. *Molecular psychiatry*, 10.1038/s41380-023-02378-4. Advance online publication. <https://doi.org/10.1038/s41380-023-02378-4>**

Although brain morphological abnormalities have been reported in anorexia nervosa (AN), the reliability and reproducibility of previous studies were limited due to insufficient sample sizes, which prevented exploratory analysis of the whole brain as opposed to regions of interest (ROIs). Objective was to identify brain morphological abnormalities in AN and the association with severity of AN by brain structural magnetic resonance imaging (MRI) in a multicenter study, and to conduct exploratory analysis of the whole brain. Here, we conducted a cross-sectional multicenter study using T1-weighted imaging (T1WI) data collected between May 2014 and February 2019 in Japan. We analyzed MRI data from 103 female AN patients (58 anorexia nervosa restricting type [ANR] and 45 anorexia nervosa binge-purging type [ANBP]) and 102 age-matched female healthy controls (HC). MRI data from five centers were preprocessed using the latest harmonization method to correct for intercenter differences. Gray matter volume (GMV) was calculated from T1WI data of all participants. Of the 205 participants, we obtained severity of eating disorder symptom scores from 179 participants, including 87 in the AN group (51 ANR, 36 ANBP) and 92 HC using the Eating Disorder Examination Questionnaire (EDE-Q) 6.0. GMV reduction were observed in the AN brain, including the bilateral cerebellum, middle and posterior cingulate gyrus, supplementary motor cortex, precentral gyrus medial segment, and thalamus. In addition, the orbitofrontal cortex (OFC), ventromedial prefrontal cortex (vmPFC), rostral anterior cingulate cortex (ACC), and posterior insula volumes showed positive correlations with severity of symptoms. This multicenter study was conducted with a large sample size to identify brain morphological abnormalities in AN. The findings provide a better understanding of the pathogenesis of AN and have potential for the development of brain imaging biomarkers of AN. Trial Registration: UMIN000017456. [https://center6.umin.ac.jp/cgi-open-bin/icdr/ctr\\_view.cgi?recptno=R000019303](https://center6.umin.ac.jp/cgi-open-bin/icdr/ctr_view.cgi?recptno=R000019303) .

**Wilcox, H., Paz, V., Saxena, R., Winkelman, J. W., Garfield, V., & Dashti, H. S. (2024). The Role of Circadian Rhythms and Sleep in Anorexia Nervosa. *JAMA network open*, 7(1), e2350358. <https://doi.org/10.1001/jamanetworkopen.2023.50358>**

**Importance:** Observational studies have associated anorexia nervosa with circadian rhythms and sleep traits. However, the direction of causality and the extent of confounding by psychosocial comorbidities in these associations are unknown. **Objectives:** To investigate the association between anorexia nervosa and circadian and sleep traits through mendelian randomization and to test the associations between a polygenic risk score (PRS) for anorexia

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nervosa and sleep disorders in a clinical biobank. **Design, setting, and participants:** This genetic association study used bidirectional 2-sample mendelian randomization with summary-level genetic associations between anorexia nervosa (from the Psychiatric Genomics Consortium) and chronotype and sleep traits (primarily from the UK Biobank). The inverse-variance weighted method, in addition to other sensitivity approaches, was used. From the clinical Mass General Brigham (MGB) Biobank (n = 47 082), a PRS for anorexia nervosa was calculated for each patient and associations were tested with prevalent sleep disorders derived from electronic health records. Patients were of European ancestry. All analyses were performed between February and August 2023. **Exposures:** Genetic instruments for anorexia nervosa, chronotype, daytime napping, daytime sleepiness, insomnia, and sleep duration. **Main outcomes and measures:** Chronotype, sleep traits, risk of anorexia nervosa, and sleep disorders derived from a clinical biobank. **Results:** The anorexia nervosa genome-wide association study included 16 992 cases (87.7%-97.4% female) and 55 525 controls (49.6%-63.4% female). Genetic liability for anorexia nervosa was associated with a more morning chronotype ( $\beta = 0.039$ ; 95% CI, 0.006-0.072), and conversely, genetic liability for morning chronotype was associated with increased risk of anorexia nervosa ( $\beta = 0.178$ ; 95% CI, 0.042-0.315). Associations were robust in sensitivity and secondary analyses. Genetic liability for insomnia was associated with increased risk of anorexia nervosa ( $\beta = 0.369$ ; 95% CI, 0.073-0.666); however, sensitivity analyses indicated bias due to horizontal pleiotropy. The MGB Biobank analysis included 47 082 participants with a mean (SD) age of 60.4 (17.0) years and 25 318 (53.8%) were female. A PRS for anorexia nervosa was associated with organic or persistent insomnia in the MGB Biobank (odds ratio, 1.10; 95% CI, 1.03-1.17). No associations were evident for anorexia nervosa with other sleep traits. **Conclusions and relevance:** The results of this study suggest that in contrast to other metabo-psychiatric diseases, anorexia nervosa is a morningness eating disorder and further corroborate findings implicating insomnia in anorexia nervosa. Future studies in diverse populations and with subtypes of anorexia nervosa are warranted.

**Meule, A., Hilbert, A., de Zwaan, M., Brähler, E., Koch, S., & Voderholzer, U. (2024). Cutoff scores of the Eating Disorder Examination-Questionnaire for the German population. The International journal of eating disorders, 10.1002/eat.24133. Advance online publication. <https://doi.org/10.1002/eat.24133>**

**Objective:** The Eating Disorder Examination-Questionnaire (EDE-Q) is one of the most widely used self-report measures for the assessment of eating disorder (ED) symptomatology. However, proposed cutoff scores that may indicate the presence of an ED have been heterogeneous. Therefore, the current study derived cutoff scores from two large samples: one representative for the German population and one composed of persons with EDs at admission to inpatient treatment. **Method:** Receiver operating characteristic analysis was used with the EDE-Q global score as independent variable and group (controls: n = 2519, patients: n = 2038) as dependent variable. These analyses were also conducted separately with the patient group divided into persons with anorexia nervosa (AN; n = 1456), bulimia nervosa (BN; n = 370), and other EDs (n = 212) and after matching groups for age and sex distribution. **Results:** The EDE-Q global score discriminated well between controls and patients (AUC >91%, sensitivity >.84, specificity >.79). A score of 1.6 discriminated best between controls and patients in general and persons with AN in particular. Optimal thresholds for discriminating between controls and persons with BN and other EDs ranged between scores of 1.8 and 2.4. **Discussion:** In the German population, cutoff scores between 1.6 and 2.4 may be used to screen for the presence or absence of an ED or evaluate treatment outcome, with slightly higher cutoff scores for persons with BN and other EDs than for persons with AN. **Public significance:** Questionnaire scores have little value when it is unclear which scores indicate the likely presence of an ED, as such scores can be used to estimate the prevalence of or screen for EDs in the general



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population and evaluate outcome at the end of ED treatment. The current study indicates a score around 2 on the EDE-Q as an optimal threshold for this.

**Baenas, I., Etxandi, M., & Fernández-Aranda, F. (2024). Medical complications in anorexia and bulimia nervosa. Complicaciones médicas en anorexia y bulimia nervosa. Medicina clinica, 162(2), 67–72. <https://doi.org/10.1016/j.medcli.2023.07.028>**

Anorexia nervosa and bulimia nervosa are eating disorders associated with life-threatening multisystemic medical complications. This narrative review aimed to present the medical complications most related to these disorders. In anorexia nervosa, many of them are linked to malnutrition and underweight, usually reversible with renutrition and weight restoration, although refeeding can also be linked to some medical complications. Purging behaviors observed in the anorexia nervosa binge-purging subtype and bulimia nervosa have been mainly related to hydroelectrolyte and acid-base disturbances, in addition to local complications. Thus, an early identification and therapeutic intervention of these disorders is considered crucial. Integral medical monitoring should be ensured to prevent potential serious complications from the early stages, with the involvement of physicians, psychologists, nutritionists, and other specialists in a multidisciplinary approach according to the patient's needs.

**Forney, K. J., Rezeppa, T. L., Hill, N. G., Bodell, L. P., & Brown, T. A. (2024). Examining the placement of atypical anorexia nervosa in the eating disorder diagnostic hierarchy relative to bulimia nervosa and binge-eating disorder. The International journal of eating disorders, 10.1002/eat.24122. Advance online publication. <https://doi.org/10.1002/eat.24122>**

**Objective:** Some individuals meet the criteria for atypical anorexia nervosa and another eating disorder simultaneously. The current study evaluated whether allowing a diagnosis of atypical anorexia nervosa to supersede a diagnosis of bulimia nervosa (BN) or binge-eating disorder (BED) provided additional information on psychological functioning. **Methods:** Archival data from 650 university students (87.7% female, 69.4% white) who met Eating Disorder Diagnostic Survey for DSM-5 eating disorder criteria and completed questionnaires assessing quality of life, eating disorder-related impairment, and/or eating pathology at a single time point. Separate regression models used diagnostic category to predict quality of life and impairment. Two diagnostic schemes were used: the DSM-5 diagnostic scheme and an alternative scheme where atypical anorexia nervosa superseded all diagnoses except anorexia nervosa. Model fit was compared using the Davidson-Mackinnon J test. Analyses were pre-registered (<https://osf.io/2ejcd>). **Results:** Allowing an atypical anorexia nervosa diagnosis to supersede a BN or BED diagnosis provided better fit to the data for eating disorder-related impairment ( $p = .02$ ;  $n = 271$ ), but not physical, psychological, or social quality of life ( $p$ 's  $\geq .33$ ;  $n = 306$ ). Allowing an atypical anorexia nervosa diagnosis to supersede a BN or BED diagnosis provided a better fit in cross-sectional models predicting purging ( $p = .02$ ;  $n = 638$ ), but not body dissatisfaction, binge eating, restricting, or excessive exercise ( $p$ 's  $\geq .08$ ;  $n$ 's = 633-647). **Discussion:** The current data support retaining the DSM-5 diagnostic scheme. More longitudinal work is needed to understand the predictive validity of the atypical anorexia nervosa diagnosis. **Public significance:** The current study examined how changes to the diagnostic categories for eating disorders may change how diagnoses are associated with

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quality of life and impairment. Overall, findings suggest that the diagnostic hierarchy should be maintained.

**Dalton, B., Davies, M. R., Flynn, M., Hutchings-Hay, C., Potterton, R., Breen O'Byrne, E., Kilonzo, C., Belli, S. R., Gallop, L., Gordon, G., Keeler, J., Minnock, I., Phillips, M., Robinson, L., Snashall, E., Toloza, C., Walo, L., Cole, J., & Schmidt, U. (2024). Virtually delivered guided self-help for binge eating disorder and bulimia nervosa: findings from a service evaluation. *Behavioural and cognitive psychotherapy*, 1–15. Advance online publication. <https://doi.org/10.1017/S1352465823000607>**

**Background:** Timely intervention is beneficial to the effectiveness of eating disorder (ED) treatment, but limited capacity within ED services means that these disorders are often not treated with sufficient speed. This service evaluation extends previous research into guided self-help (GSH) for adults with bulimic spectrum EDs by assessing the feasibility, acceptability, and preliminary effectiveness of virtually delivered GSH using videoconferencing.

**Method:** Patients with bulimia nervosa (BN), binge eating disorder (BED) and other specified feeding and eating disorders (OSFED) waiting for treatment in a large specialist adult ED outpatient service were offered virtually delivered GSH. The programme used an evidence-based cognitive behavioural self-help book. Individuals were supported by non-expert coaches, who delivered the eight-session programme via videoconferencing. **Results:** One hundred and thirty patients were allocated to a GSH coach between 1 September 2020 and 30 September 2022; 106 (82%) started treatment and 78 (60%) completed treatment. Amongst completers, there were large reductions in ED behaviours and attitudinal symptoms, measured by the ED-15. The largest effect sizes for change between pre- and post-treatment were seen for binge eating episode frequency ( $d = -0.89$ ) and concerns around eating ( $d = -1.72$ ). Patients from minoritised ethnic groups were over-represented in the non-completer group.

**Conclusions:** Virtually delivered GSH is feasible, acceptable and effective in reducing ED symptoms amongst those with bulimic spectrum disorders. Implementing virtually delivered GSH reduced waiting times, offering a potential solution for long waiting times for ED treatment. Further research is needed to compare GSH to other brief therapies and investigate barriers for patients from culturally diverse groups.

**Dimitropoulos, G., Singh, M., Sauerwein, J., Pedram, P., Kimber, M., Pradel, M., Eckhardt, S., Forsberg, S., Keery, H., Allan, E., Bruett, L., & Le Grange, D. (2024). Examining clinicians' perceptions and experiences working with diverse families in family-based treatment: Common adaptations and considerations for treatment engagement. *The International journal of eating disorders*, 10.1002/eat.24144. Advance online publication. <https://doi.org/10.1002/eat.24144>**

**Objective:** Family-Based Treatment (FBT) is the leading manualized treatment for adolescent eating disorders; however, there is limited research on the adaptation of FBT for diverse families (i.e., families belonging to identity groups subject to systemic barriers and prejudices). The purpose of this qualitative study was to address: (1) adaptations made to the FBT model (if any) by clinicians working with diverse youth and families; (2) the barriers/facilitators of maintaining adherence (fidelity) to the model for these families; and, (3) the barriers/facilitators to access and engagement in FBT for diverse families. **Method:** Forty-one FBT clinicians were recruited globally using purposive and snowball sampling, and listservs from eating disorder

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networks. Clinicians participated in individual interviews or focus groups, discussing their experiences delivering and adapting FBT for diverse families. Qualitative data was transcribed verbatim and analyzed using directed content analysis. **Results:** Some participants reported making adaptations to every phase of the FBT model, while others did not, when working with diverse families. In Phase 1, participants cited adapting the family meal, length/number of sessions provided, and addressed systemic barriers. In Phase 2, participants adapted the length of the phase and rate/level of independence given back to the adolescent. In Phase 3, participants increased or decreased the number of sessions, or eliminated this phase to address barriers to engagement in FBT. **Discussion:** This is the first study to qualitatively examine clinicians' experiences of implementing FBT with diverse families. Results may inform future FBT planning, clinician training, clinical decision-making tools, and opportunities for modifications to the foundational model. **Public significance:** This qualitative study examined clinicians' perceptions and experiences implementing FBT with diverse families, specifically what adaptations (if any) were made to the foundational model, and the barriers and facilitators to adhering to and engaging in the model. Results show that some participants reported making adaptations to every phase of FBT, while others did not, with diverse families. Findings may inform future treatment planning, clinician training, clinical decision-making tools, and potential modifications to FBT.

**Mishina, K., Kronström, K., Heinonen, E., & Sourander, A. (2024). Body dissatisfaction and dieting among Finnish adolescents: a 20-year population-based time-trend study. *European child & adolescent psychiatry*, 10.1007/s00787-023-02327-0. Advance online publication. <https://doi.org/10.1007/s00787-023-02327-0>**

Body image has an important role in the health and development of adolescents. Body dissatisfaction and dieting can become chronic and continue into adulthood. There is a lack of recent, comprehensive studies on ongoing trends on body dissatisfaction. This study assessed time-trend changes in self-reported body dissatisfaction and dieting among Finnish adolescents at four assessment points. Representative samples of adolescents (N = 6660) aged 13-16 years participated in school-based, cross-sectional studies in 1998 (N = 1458), 2008 (N = 2044), 2014 (N = 1809), and 2018 (N = 1349), respectively. The studies were similar in design, methodology, and geographical recruitment areas. Body dissatisfaction and dieting were assessed with a questionnaire including items derived from the DSM-IV criteria for anorexia and bulimia nervosa. From 1998 to 2018, dieting and fears related to gaining weight decreased among females. Body dissatisfaction reduced among females, and their wishes to become thinner became less prevalent. Consuming large amounts of food at one time consistently decreased among females and males and there were no changes in the rates of willful vomiting. The number of females in the 90th percentile with the most severe symptoms decreased. The results indicate that body dissatisfaction and disturbed dieting improved among females during the 20-year study. Despite these positive developments, the overall level of symptoms among females remained substantial, indicating that females have much higher levels of body dissatisfaction and dieting than males.

**Frank, G. K. W., Stoddard, J. J., Brown, T., Gowin, J., & Kaye, W. H. (2024). Weight gained during treatment predicts 6-month body mass index in a large sample of patients with anorexia nervosa using ensemble machine learning. *The International journal of eating disorders*, 10.1002/eat.24208. Advance online publication. <https://doi.org/10.1002/eat.24208>**

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**Objective:** This study used machine learning methods to analyze data on treatment outcomes from individuals with anorexia nervosa admitted to a specialized eating disorders treatment program. **Methods:** Of 368 individuals with anorexia nervosa (209 adolescents and 159 adults), 160 individuals had data available for a 6-month follow-up analysis. Participants were treated in a 6-day-per-week partial-hospital program. Participants were assessed for eating disorder-specific and non-specific psychopathology. The analyses used established machine learning procedures combined in an ensemble model from support vector machine learning, random forest prediction, and the elastic net regularized regression with an exploration (training; 75%) and confirmation (test; 25%) split of the data. **Results:** The models predicting body mass index (BMI) at 6-month follow-up explained a 28.6% variance in the training set ( $n = 120$ ). The model had good performance in predicting 6-month BMI in the test dataset ( $n = 40$ ), with predicted BMI significantly correlating with actual BMI ( $r = .51$ ,  $p = 0.01$ ). The change in BMI from admission to discharge was the most important predictor, strongly correlating with reported BMI at 6-month follow-up ( $r = .55$ ). Behavioral variables were much less predictive of BMI outcome. Results were similar for z-transformed BMI in the adolescent-only group. Length of stay was most predictive of weight gain in treatment ( $r = .56$ ) but did not predict longer-term BMI. **Conclusions:** This study, using an agnostic ensemble machine learning approach in the largest to-date sample of individuals with anorexia nervosa, suggests that achieving weight gain goals in treatment predicts longer-term weight-related outcomes. Other potential predictors, personality, mood, or eating disorder-specific symptoms were relatively much less predictive. **Public significance:** The results from this study indicate that the amount of weight gained during treatment predicts BMI 6 months after discharge from a high level of care. This suggests that patients require sufficient time in a higher level of care treatment to meet their specific weight goals and be able to maintain normal weight.

**Casale, S., Svicher, A., Fioravanti, G., Hewitt, P. L., Flett, G. L., & Pozza, A. (2024). Perfectionistic Self-Presentation and Psychopathology: A Systematic Review and Meta-Analysis. *Clinical psychology & psychotherapy*, 31(2), e2966.**

<https://doi.org/10.1002/cpp.2966>

Decades of research implicate perfectionism as a risk factor for psychopathology. Most research has focused on trait perfectionism (i.e., needing to be perfect), but there is a growing focus on perfectionistic self-presentation (PSP) (i.e., the need to seem perfect). The current article reports the results of a meta-analysis of previous research on the facets of PSP and psychopathology outcomes (either clinical diagnoses of psychiatric disorders or symptoms of these disorders). A systematic literature search retrieved 30 relevant studies (37 samples;  $N = 15,072$ ), resulting in 192 individual effect-size indexes that were analysed with random-effect meta-analysis. Findings support the notion of PSP as a transdiagnostic factor by showing that PSP facets are associated with various forms of psychopathology, especially social anxiety, depression, vulnerable narcissism and to lesser extent grandiose narcissism and anorexia nervosa. The results indicated that there both commonalities across the three PSP and some unique findings highlighting the need to distinguish among appearing perfect, avoiding seeming imperfect and avoiding disclosures of imperfections. Additional analyses yielded little evidence in the results across studies including undergraduates, community samples and clinical samples. Our discussion includes a focus on factors and processes that contribute to the association between PSP and psychopathology.

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Dean, Y. E., Motawea, K. R., Aslam, M., Pintado, J. J. L., Popoola-Samuel, H. A. O., Salam, M., Dundi, P. O. R., Donaldy, W., Aledani, E. M., Alqiqie, Z., Sultana, N., Mohamed, A. R. H., Elalem, A., Syeda, S. T. H., Mohamed, M. S., Assal, M. W., Attia, N. M., Hagar, H., Abdelaziz, H. A., Subedi, A., ... Aiash, H. (2024). Association Between Type 1 Diabetes Mellitus and Eating Disorders: A Systematic Review and Meta-Analysis. *Endocrinology, diabetes & metabolism*, 7(3), e473. <https://doi.org/10.1002/edm2.473>

**Background:** Previous meta-analyses have shown mixed results regarding the association between eating disorders (EDs) and type 1 diabetes mellitus (T1DM). Our paper aimed to analyse different EDs and disordered eating behaviours that may be practiced by patients with T1DM. **Methods:** A literature search of PubMed, Scopus and Web of Science was conducted on 17 January 2023, using the key terms "T1DM," "Eating Disorders" and "Bulimia." Only observational controlled studies were included. The Revman software (version 5.4) was used for the analysis. **Results:** T1DM was associated with increased risk of ED compared with nondiabetic individuals (RR = 2.47, 95% CI = 1.84-3.32, p-value < 0.00001), especially bulimia nervosa (RR = 2.80, 95% CI = 1.18-6.65, p-value = 0.02) and binge eating (RR = 1.53, 95% CI = 1.18-1.98, p-value = 0.001). Our analysis has shown that increased risk of ED among T1DM persisted regardless of the questionnaire used to diagnose ED; DM-validated questionnaires (RR = 2.80, 95% CI = 1.91-4.12, p-value < 0.00001) and generic questionnaires (RR = 2.03, 95% CI = 1.27-3.23, p-value = 0.003). Prevalence of insulin omission/misuse was 10.3%; diabetic females demonstrated a significantly higher risk of insulin omission and insulin misuse than diabetic males. **Conclusion:** Our study establishes a significant and clear connection between EDs and T1DM, particularly bulimia and binge eating, with T1DM. Moreover, female diabetics are at higher risk of insulin misuse/omission. Early proactive screening is essential and tailored; comprehensive interventions combining diabetes and ED components are recommended for this population, with referral to a specialised psychiatrist.

Ketel, J., Bosch-Bruguera, M., Auchter, G., Cuntz, U., Zipfel, S., Enck, P., & Mack, I. (2024). Gastrointestinal Microbiota & Symptoms of Depression and Anxiety in Anorexia Nervosa-A Re-Analysis of the MICROBIAN Longitudinal Study. *Nutrients*, 16(6), 891. <https://doi.org/10.3390/nu16060891>

The microbiota-gut-brain axis may play a role in the pathophysiology of anorexia nervosa (AN). Here, the relationship between the gastrointestinal microbiota and symptoms of depression, anxiety, and eating disorder pathology in patients with AN before (n = 55) and after weight restoration (n = 44) was investigated by reanalyzing the data of the MICROBIAN study. The gastrointestinal microbiota was analyzed using 16S rRNA amplicon sequencing. Symptoms of anxiety disorder, depression, and the severity of the eating disorder were measured by validated questionnaires. All analyses were adjusted for the body mass index (BMI). Several significant findings between psychological parameters and the gastrointestinal microbiota were not evident after controlling for the BMI. No differences in alpha and beta diversity between groups of higher and lower symptom severity levels for depression and anxiety were found. Positive associations between species of *Blautia* and *Ruminococcus* and depression symptoms, and between the phylum *Firmicutes* and anxiety symptoms were observed after rehabilitation, respectively. A positive correlation was found between propionate and acetate levels and the reduction of depression severity during inpatient treatment. Accounting for the weight status when analyzing the relationship between psychological parameters and the gastrointestinal microbiota in patients with underweight is important since the BMI may be the driver for many observed changes.

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**Wong, V. Z., & Lowe, M. R. (2024).** Is there a basis for a weight cut-off point? A large-scale investigation of atypical anorexia and anorexia nervosa subtypes among patients at a residential treatment centre. *European eating disorders review : the journal of the Eating Disorders Association*, 10.1002/erv.3077. Advance online publication. <https://doi.org/10.1002/erv.3077>

**Objective:** There is debate surrounding how to differentiate between anorexia nervosa (AN) and atypical AN (atypAN) as diagnostic entities, and whether a distinction based on BMI is warranted. Better understanding eating disorder (ED) and emotional symptoms across atypAN and AN subtypes [AN-restricting (AN-R), AN-binge/purge (AN-BP)], with and without controlling for BMI, can elucidate how atypAN differs from AN subtypes and whether there is a basis for a BMI cut-off. **Methods:** 1810 female patients at an ED treatment centre completed intake surveys. ANCOVAs assessed differences across AN-R (n = 853), AN-BP (n = 726), and atypAN (n = 231) groups on ED, depressive, and anxiety symptoms, anxiety sensitivity, experiential avoidance, and mindfulness, with and without controlling for BMI.

**Results:** Relative to AN-R, atypAN and AN-BP groups endorsed significantly higher ED and depressive symptoms, anxiety sensitivity, experiential avoidance, and significantly lower mindfulness (all  $p < 0.001$ ), but atypAN and AN-BP groups did not differ from one another. When controlling for BMI, all previously significant differences between atypAN and AN-R did not remain significant. **Conclusion:** Individuals with atypAN who have a higher BMI experience more pronounced ED and emotional symptoms, suggesting that relying solely on BMI as a marker of illness severity may be problematic.

**Gutierrez-Colina, A. M., Aichele, S., Lavender, J. M., Sanchez, N., Thorstad, I., Gulley, L. D., Emerick, J. E., Schrag, R., Thomas, V., Spinner, H., Arnold, T., Heroy, A., Haigney, M. C., Tanofsky-Kraff, M., & Shomaker, L. B. (2024).** Associations of social and cognitive-behavioral variables with disinhibited eating and anxiety: An ecological momentary assessment study. *The International journal of eating disorders*, 10.1002/eat.24177. Advance online publication. <https://doi.org/10.1002/eat.24177>

**Objective:** Among adolescents, disinhibited eating and anxiety commonly co-occur. Precision intervention approaches targeting unique mechanistic vulnerabilities that contribute to disinhibited eating and anxiety may therefore be helpful. However, the effectiveness of such interventions hinges on knowledge of between- and within-person associations related to disinhibited eating, anxiety, and related processes. **Method:** A sample of 39 adolescent females (12-17 years) with elevated anxiety and above-average weight (BMI %ile  $\geq$  75th) completed measures of theoretically driven social and cognitive-behavioral variables, disinhibited eating, and anxiety via ecological momentary assessment over 7 days. Data were analyzed using mixed-effects models. **Results:** Between-person differences in social stressors were linked to emotional eating, eating in the absence of hunger, and anxiety, whereas between-person differences in negative thoughts were associated with all disinhibited eating variables and anxiety. Between-person differences in avoidance were not related to any outcome. Additionally, between-person differences in social stressors and negative thoughts—as well as within-person deviations (from person-average levels) of social stressors, negative thoughts, and avoidance—were associated with anxiety. In turn, between-person differences in anxiety predicted eating in the absence of hunger and emotional eating, and within-person deviations in anxiety were associated with emotional eating at any given time point.

**Discussion:** Findings support elements of both the interpersonal and cognitive-behavioral models of disinhibited eating. Differential trigger effects on anxiety, both at the between- and

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within-person levels, and significant associations between anxiety and all eating-related outcomes, highlight the potential utility of interventions targeting individual differences in sensitivity to anxiety triggers. **Public significance:** Findings provide support for the interpersonal and cognitive-behavioral models of disinhibited eating, highlighting anxiety as a salient vulnerability and potential mechanistic factor underlying disinhibited eating. Social, cognitive, and behavioral variables were differentially related to anxiety across participants, suggesting potential for future intervention tailoring and intervention selection based on adolescents' sensitivity to anxiety as a trigger for disinhibited eating behavior.

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New members must apply, and we will use the WPA form for application to become a section member.

<https://www.wpanet.org/join-a-section>



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**Calendar of Events for Professionals:**

**Nordic Eating Disorder Society  
(NEDS) Conference 2024**  
**24-26 September 2024**  
Copenhagen, Denmark

**EDRS 2024 – Annual Meeting of the  
Eating Disorders Research Society**  
**26-28 September 2024**  
Sitges, Catalonia, Spain  
Melia Sitges Hotel

**24<sup>th</sup> WPA World Congress of  
Psychiatry**  
**14 - 17 November, 2024**  
World Trade Centre, Mexico City,  
Mexico  
  
More information:  
<https://wcp2024.kenes.com/>

**London International Eating Disorder  
Conference**  
**27 - 28 March, 2025**  
  
More information:  
[https://eatingdisordersconference.com/lon  
doneatingdisordersconference2025/en/pa  
ge/home](https://eatingdisordersconference.com/lon<br/>doneatingdisordersconference2025/en/pa<br/>ge/home)

**33<sup>rd</sup> European Congress of  
Psychiatry**  
**5–8 April 2025**  
IFEMA Palacio Municipal, Madrid, Spain  
  
More information:  
<https://epa-congress.org>

**International Conference on Eating  
Disorders (ICED) 2025**  
**May 28-30, 2025**  
San Antonio Marriott Rivercenter on the  
River Walk  
San Antonio, Texas, USA