

# **WPA SECTION EATING DISORDERS: AUGUST 2024**

## **Greetings**

Dear colleagues,

Enclosed you will find our summer newsletter. We wish all of you who are still on summer vacation a nice vacation. As usual, we have compiled some abstracts of relevant articles and dates of professional conferences in the field of eating disorders.

We would like to draw your attention to two things in particular:

Survey of Eating Disorders Professionals conducted by the Academy of Eating Disorder. You are cordially invited to participate

Meeting of the WPA Section Eating Disorders during the EDRS Congress in Sitges (<https://edrs.org/2024/>).

Best regards,

**Ulrich Voderholzer, Professor, M.D. (Chair),**

**Fernando Fernández-Aranda, PhD., FAED (Co-Chair),**

**Prof. Alessio Maria Monteleone (Secretary)**

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

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

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 **12:30 – 14:00 on Friday the 26<sup>th</sup> of September 2024**. The Meeting will take place in a restaurant near the congress.

### **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).

### Summary of 2023 Impact factors of Eating Disorder Journals

			
International Journal of Eating Disorders	European Eating Disorders Review	Journal of Eating Disorders	Eating and Weight Disorders
4.7	3.9	3.5	2.9
			

**Selected publications of interest of recent months**

**Food Insecurity is Associated with Positive Screen for Eating Disorders and Reward-Based Eating Pathways in Graduate Health Sciences Students and Postdoctoral Researchers**

*Wanqing Xu, Nicholas Andrysiak, Nour Hammad, Cindy Leung*

**Objective:** To examine the association between food insecurity (FI) and the risk of eating disorders (ED) and eating-related pathology (ERP) among students and postdoctoral researchers (postdocs) at a private university in Boston, MA. **Method:** Using a cross-sectional survey delivered to 1,745 graduate students and postdocs in health sciences at Harvard University, we measured FI using the 18-item Household Food Security Survey Module. We assessed its association with ED using a modified Sick, Control, One Stone, Fat, Food (SCOFF) scale, and with ERP using the Reward-Based Eating Drive (RED) questions. Associations between FI and ED/ERP were tested using multivariate Poisson regression models, adjusted for sociodemographic covariates. **Results:** The overall prevalence of FI was 16.2%. Greater FI was associated with a higher risk of potential ED ( $P < 0.001$ ). Specifically, participants with marginal food security had a prevalence ratio (PR) of 1.10 (95%CI: 1.05-1.16), low food security had a PR of 1.12 (95%CI: 1.06-1.19), and very low food security had a PR of 1.12 (95%CI: 1.04-1.20) compared with high food security. Similarly, FI was associated with higher scores for lack of control ( $\beta = 0.73$ , 95%CI: 0.18-1.29), lack of satiety ( $\beta = 0.63$ , 95%CI: 0.34-0.91), and preoccupation with food ( $\beta = 0.80$ , 95%CI: 0.38-1.22) as the ERP key components. **Conclusion:** Greater FI is associated with higher risks of ED and ERP. Future studies are needed to better understand the mechanisms behind the associations.

**Prospective Associations between Maladaptive Exercise and Disordered Eating: a 10-year Longitudinal Cohort Study**

*Ziyu (Ivan) Zhao, Harmony F. Vides-Varini, Pamela K. Keel*

**Introduction:** Prior efforts to define maladaptive exercise (ME) indicate that compulsive and compensatory features and exercising for appearance are associated with disordered eating in cross-sectional studies. However, the predictive validity of these definitions has not been examined. **Methods:** Men ( $n = 592$ ) and women ( $n = 1467$ ) completed surveys of exercise and disordered eating in 2002, and 74% completed surveys at 10-year follow-up. Exercise amount (duration and frequency), exercise for appearance, compulsive and compensatory exercise were tested as prospective predictors of body mass index (BMI), drive for thinness, and bulimia scores. **Results:** Exercise for appearance predicted BMI and drive for thinness at follow-up. Gender moderated prediction of BMI; exercise for appearance predicted lower BMI for men vs. higher BMI for women at follow-up. The effect on drive for thinness remained significant

controlling for BMI and was not moderated by gender. No other exercise features predicted drive for thinness, and no features predicted changes in bulimia. **Conclusion:** Interventions targeting appearance-related exercise may help prevent disordered eating characterized by restriction in both men and women. Future studies should develop a consistent assessment framework for ME in eating disorder research and examine the both directional influences between ME and disordered eating and long-term consequences of ME using longitudinal designs.

### **Self-Perception of Eating Disorders in University Students with and without Food Insecurity**

*Hoor Ul Ain, Jaelin Isquith, Kelsie/T Forbush, Kara Christensen Pacella*

**Introduction:** Eating disorder stereotypes impact the mental health literacy and self-perception of having EDs. Inaccurate self-perception of EDs is a barrier for help seeking (Ali et al., 2020). People with food insecurity (FI) do not conform to the Skinny, White, Affluent Girl (SWAG) stereotype, but are at a higher risk of EDs than those without FI (Becker et al., 2017). Hence, it is possible that despite higher ED risk, individuals with FI may have less accurate perceptions of their eating behaviors (lower mental health literacy) and may not see them as indicative of EDs. **Methods:** Students (N = 938; Mage = 21.58, SD = 5.76) from two US public universities completed a screening of FI and a question assessing if they thought they had an ED. Responses from the Eating Disorder Diagnostic Scale and the Clinical Impairment Assessment were used to classify individuals as positive or negative for an ED. Sensitivity and specificity of self-perception of having an ED was computed by FI status. Chi-square tests assessed whether sensitivity and specificity of ED self-perception differed based on FI status. **Results:** Sensitivity and specificity of ED self-perception were not significantly different between the no FI (67.79%, 86.41%) and the FI (74.76%, 83.17%) groups (chi square  $p > .39$ ). **Conclusion:** Students with FI had similar accuracy in their self-perception of EDs compared to students without FI. Results suggest that FI status is not a risk factor for misidentification of one's own ED symptoms.

### **Eating Disorder Psychopathology and Emotional Eating in Adolescents: The Role of Stress and Food Insecurity.**

*Ana Letícia Pereira Andrade, Jennifer L Temple*

**Introduction:** Emotional Eating (EE) is a complex behavior influenced by psychological, environmental, and physiological factors. The relationship between EE, eating disorder psychopathology, and food insecurity is often cyclical. This study aimed to investigate the relationship between emotional eating and eating disorder psychopathology while exploring the moderating role of stress and food insecurity (FI). **Methods:** 72 adolescents completed surveys for the UB-Eating Among Teens Study (UB-EATS); a longitudinal cohort study. Participants self-reported eating behavior (EE and Disordered Eating - EDE-Q), food insecurity, and perceived stress. Linear regressions examined relationships among EE subscales, perceived stress, and FI on EDE-Q global score while controlling for BMI percentile. **Results:** There were main effects of EE anxiety and unsettled subscales, perceived stress, and child FI on EDE-Q. There were also interactions between EES anxiety and unsettled subscales and perceived stress and child food insecurity on EDE-Q scores. **Conclusion:** Perceived stress moderated the relationship between EE and ED psychopathology, with stronger associations observed among adolescents with self-reported food insecurity. We found a stronger relationship for the unsettled emotions. These findings highlight the importance of acknowledging psychological factors such as stress in addressing disordered eating behaviors in vulnerable populations.

## **General Psychiatric Management for Adolescents With Borderline Personality Disorder and Eating Disorders**

*Marcos S. Croci, M.D., Marcelo J.A.A. Brañas, M.D., Kristin N. Javaras, D.Phil., Ph.D., Esther Dechant, M.D., Julia Jurist, B.A., Georgia Steigerwald, B.A., and Lois W. Choi-Kain, M.D., M.Ed.*

*American Journal of Psychotherapy, In Advance,*  
<https://doi.org/10.1176/appi.psychotherapy.20230045>

Borderline personality disorder and eating disorders frequently co-occur among youths. These disorders emerge in adolescence, during the critical developmental period of building an independent sense of self and the capacity to relate to one's community. Because of core differences in the development and psychopathology of borderline personality disorder and eating disorders, adjustments are required when treating these disorders simultaneously. Evidence-based psychotherapies for borderline personality disorder, such as dialectical behaviour therapy and mentalization-based treatment, have been adapted to accommodate the shared vulnerabilities and features of the two disorders. However, these approaches are specialized, intensive, and lengthy and are therefore poorly suited to implementation in general psychiatric or primary health care, where most frontline mental health care is provided. Generalist approaches can fill this public health gap, guiding nonspecialists in structuring informed clinical management for these impairing and sometimes fatal disorders. In this overview, the authors describe the adjustment of good (or general) psychiatric management (GPM) for adolescents with borderline personality disorder to incorporate the prevailing best practices for eating disorder treatment. The adjusted treatment relies on interventions most clinicians already use (diagnostic disclosure, psychoeducation, focusing on life outside treatment, managing patients' self-destructive behaviors, and conservative psychopharmacology with active management of comorbid conditions). Limitations of the adjusted treatment, as well as guidelines for referring patients to specialized and general medical treatments and for returning them to primary generalist psychiatric care, are discussed.

## **Role of parental educational level as psychosocial factor in a sample of inpatients with anorexia nervosa and bulimia nervosa**

*Francesco Bevione, Matteo Martini, Paola Longo, Federica Toppino, Alessandro Musetti, Laura Amodeo, Giovanni Abbate-Daga and Matteo Panero*

*Front Psychol. 2024 May 17;15:1408695. doi: 10.3389/fpsyg.2024.1408695.*

**Introduction:** Evidence on parental educational level (PEL) as a risk factor for Eating Disorders (EDs) is mixed, and no study has assessed its role in relation to the compliance and outcomes of treatments in EDs. Further, no study differentiated from the educational level of mothers and fathers, nor considered the possible mediation of perfectionism in fostering EDs. **Methods:** A clinical sample of 242 first-ever admitted inpatients with EDs provided information on PEL and completed the following questionnaires: the Eating Disorder Examination Questionnaire (EDE-Q) and the Frost Multidimensional Perfectionism Scale (F-MPS). Clinicians also provided information on the Hamilton Rating Scale for Anxiety (HAM-A) and the Hamilton Rating Scale for Depression (HAM-D) for each participant. **Results:** Individuals with high PEL (whether mothers, fathers, or both parents) showed significantly higher scores on depressive symptoms and lower on parental criticism, were younger, had an earlier age of onset, had fewer years of illness, more were students and employed, and fewer had offspring. Individuals with fathers or both parents with high educational levels suffered more from Anorexia Nervosa rather than Bulimia Nervosa, had a longer length of stay during the current hospitalization, had less dietary restraint, and had higher personal standards. Individuals with mothers with high educational levels showed a lower rate of previous substance or alcohol addiction. Personal standards partially mediated the

relationship between higher PEL and lower dietary restraint. **Discussion:** PEL emerged to be a twofold psychosocial risk factor, being associated with higher depressive symptoms and a longer length of stay, but also with a shorter duration of illness and better scholar and working involvement. Higher PEL was related to higher personal standards but not to global perfectionism. Patterns of eating psychopathology emerged based on the high PEL of mothers or fathers.

**Transition support for patients admitted to intensive treatment for anorexia nervosa: qualitative study of patient and carer experiences of a hybrid online guided self-help intervention (ECHOMANTRA)**

*Danielle Clark Bryan, Katie Rowlands, Pamela Macdonald, Valentina Cardì, Suman Ambwani, Jon Arcelus, Sabine Landau, Ulrike Schmidt and Janet Treasure*  
BJPsych Open. 2024 Apr 16;10(3):e81. doi: 10.1192/bjo.2023.642.

**Background:** Adults with anorexia nervosa experience high levels of relapse following in-patient treatment. ECHOMANTRA is a novel online aftercare intervention for patients and carers, which provides psychoeducation and support to augment usual care. **Aims:** To explore patient and carer experiences of receiving the ECHOMANTRA intervention. **Method:** This is part of the process evaluation of the ECHOMANTRA intervention as delivered in the TRIANGLE trial (ISRCTN: 14644379). Semi-structured interviews were conducted with 20 participants randomised to the ECHOMANTRA (ten patients and ten carers). Thematic analysis was used to analyse the interview transcripts. **Results:** Five major themes were identified: (1) Mixed experience of the intervention; (2) tailoring the intervention to the stage of recovery; (3) involvement of carers; (4) acceptability of remote support; and (5) impact of self-monitoring and accountability. **Conclusions:** Participants were mostly positive about the support offered. The challenges of using remote and group support were counterbalanced with ease of access to information when needed. Components of the ECHOMANTRA intervention have the potential to improve care for people with eating disorders.

**Therapeutic Alliance in Family-Based Treatment of Anorexia Nervosa: In-Person Versus Telehealth**

*Marita Cooper, Chloe Connor, Natalia Orloff, John D. Herrington, C. Alix Timko*  
Clin Psychol Psychother. 2024 May-Jun;31(3):e3017. doi: 10.1002/cpp.3017.

**Objective:** The therapeutic alliance is broadly linked with positive outcomes. However, nearly all research in this area involves in-person therapy, whereas teletherapy has grown increasingly common since the COVID-19 pandemic. There is now a pressing need to establish whether the nature and importance of the therapeutic alliance is impacted by teletherapy. This study examined therapeutic alliance in families of youth with anorexia nervosa who were participating in a randomized controlled trial that transitioned from in-person to telehealth visits during the COVID-19 pandemic. **Method:** We analysed data from 53 adolescents and their parents (20 began in-person, 33 began with telehealth). Both parents, youth and therapist completed the Working Alliance Inventory–Short Revised after 4 weeks of treatment. **Results:** We found no significant differences across telehealth and in-person treatment for paternal or therapist reported data. However, both adolescents and mothers reported higher bond and goal-related alliance for in-person sessions compared to telehealth. **Conclusions:** Findings regarding alliance across telehealth and in-person sessions were mixed, with some preference among mothers and youth for in-person treatment. Future studies should determine whether possible

adaptations can improve working alliance during family-based treatment for anorexia nervosa via telehealth.

### **Suicidal behavior in adolescents and adults with bulimia nervosa**

Scott J. Crow, Sonja A. Swanson, Daniel le Grange, Emily H. Feig, Kathleen R. Merikangas  
Compr Psychiatry. 2014 Oct;55(7):1534-9. doi: 10.1016/j.comppsy.2014.05.021. Epub 2014 Jun 7.

**Background:** Recent evidence suggests increased risk for mortality in bulimia nervosa (BN). However, little is yet known about suicidal behavior in BN. **Aims:** To examine frequency and correlates of suicidal ideation and attempts in adolescents and adults with BN in two population-based samples. **Method:** A total of 10,123 adolescents and 2980 adults in two nationally representative surveys of mental disorder were queried regarding eating disorder symptoms and suicidal ideation and attempts. **Results:** Less than 1 percent (0.9%) of adolescents and 1.0% of adults met the criteria for BN. Suicidal ideation was more common among adolescents with BN (53.0%) compared with those with binge eating disorder (BED) (34.4%), other psychopathology (21.3%) or no psychopathology (3.8%). Similar trends emerged for the association between BN and self-reported suicidal plans or attempts. Among adults, suicidality was more common in BN than in the no psychopathology group, but not significantly different from the anorexia nervosa (AN), BED, or other psychopathology subgroups. **Conclusion:** There is a high risk of suicidal ideation and behavior among those with BN. These results underscore the importance of addressing suicide risk in adolescents and adults with eating disorder symptoms.

### **Association Between Type 1 Diabetes Mellitus and Eating Disorders: A Systematic Review and Meta-Analysis**

Yomna E. Dean, Karam R. Motawea, Muaaz Aslam, Jose J. Loayza Pintado, Helen A. O. Popoola-Samuel, Mohamed Salam, Prashant Obed Reddy Dundi, Webster Donaldy, Esraa M. Aledani, Zaineh Alqiqie, Nazia Sultana, Alaa Ramadan Hussein Mohamed, Amir Elalem, Sidra Tahreem Hashmi Syeda, Mai Saad Mohamed, Mazen W. Assal, Nada M. Attia, Hanan Hagar, Heba Ahmed Abdelaziz, Anuj Subedi, Areeg Elbahaie, Yusef Hazimeh, Hani Aiash  
Endocrinol Diabetes Metab. 2024 May;7(3):e473. doi: 10.1002/edm2.473. PMID: 38597269

**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.

### **Prevalence of Eating Disorder Symptoms in Transgender and Gender Diverse Adolescents Presenting for Gender-Affirming Care**

*Jessica A. Kerr, Ph.D., Jessica Paine, M.B.B.S., Emily Thrower, M.D., Monsurul Hoq, Ph.D., Catherine Mollica, D.Psych., Susan M. Sawyer, M.D., Peter S. Azzopardi, Ph.D. and Ken C. Pang, Ph.D.*

J Adolesc Health. 2024 Apr;74(4):850-853. doi: 10.1016/j.jadohealth.2023.11.396. Epub 2024 Jan 9.

**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 20.7e27.4) reported both anorexia symptoms, namely overvaluation of weight and fear of (or recurrent interference with) weight gain. 0.9% (95% CI 0.3e2.0) 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.

### **Inpatient treatments for adults with anorexia nervosa: a systematic review of literature**

*Federica Toppino, Matteo Martini, Paola Longo, Inês Caldas, Nadia Delsedime, Raffaele Lavalle, Francesco Raimondi, Giovanni Abbate-Daga, Matteo Panero*

Eat Weight Disord. 2024 May 20;29(1):38. doi: 10.1007/s40519-024-01665-5.

**Purpose:** Anorexia nervosa (AN) is a mental disorder for which hospitalization is frequently needed in case of severe medical and psychiatric consequences. We aim to describe the state-of-the-art inpatient treatment of AN in real-world reports.

**Methods:** A systematic review of the literature on the major medical databases, spanning from January 2011 to October 2023, was performed, using the keywords: “inpatient”, “hospitalization” and “anorexia nervosa”. Studies on pediatric populations and inpatients in residential facilities were excluded. **Results:** Twenty-seven studies (3501 subjects) were included, and nine themes related to the primary challenges faced in hospitalization settings were selected. About 81.48% of the studies detailed the clinical team, 51.85% cited the use of a psychotherapeutic model, 25.93% addressed motivation, 100% specified the treatment setting, 66.67% detailed nutrition and

refeeding, 22.22% cited pharmacological therapy, 40.74% described admission or discharge criteria and 14.81% follow-up, and 51.85% used tests for assessment of the AN or psychopathology. Despite the factors defined by international guidelines, the data were not homogeneous and not adequately defined on admission/discharge criteria, pharmacological therapy, and motivation, while more comprehensive details were available for treatment settings, refeeding protocols, and psychometric assessments. **Conclusion:** Though the heterogeneity among the included studies was considered, the existence of sparse criteria, objectives, and treatment modalities emerged, outlining a sometimes ambiguous report of hospitalization practices. Future studies must aim for a more comprehensive description of treatment approaches. This will enable uniform depictions of inpatient treatment, facilitating comparisons across different studies and establishing guidelines more grounded in scientific evidence.

**Suicide in individuals with eating disorders who had sought mental health treatment in England: a national retrospective cohort study**

*Catherine Hercus, Alison Baird, Saied Ibrahim, Pauline Turnbull, Louis Appleby, Urvashnee Singh, Nav Kapur*

Lancet Psychiatry. 2024 Aug;11(8):592-600. doi: 10.1016/S2215-0366(24)00143-3.

**Background:** Although studies have suggested a high risk of suicide in people with eating disorders, most studies have focused on suicidal ideation and attempts. There is little research on the characteristics of people with eating disorders who died by suicide, nor investigation of trends over time. We aimed to compare the characteristics of patients with eating disorders who died by suicide versus patients with other mental health diagnoses who died by suicide in England and to examine the trends in rates. **Methods:** In this national retrospective cohort study, data on all people (aged  $\geq 10$  years) who died by suicide in England, UK, between Jan 1, 1997, and Dec 31, 2021, while under the care (within the previous 12 months) of mental health services were obtained from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), in which clinical information is collected via a questionnaire completed by the mental health professional responsible for the patient's care. Incidence of suicide in, and demographic, clinical, and treatment characteristics of, patients with a diagnosis of eating disorder (as recorded by the treating clinician) who died by suicide were compared with patients with other mental health diagnoses who died by suicide within the same timeframe using univariable logistic regression analysis. People with related lived experience were involved in the study design, implementation, interpretation, and writing of the manuscript. **Findings:** Of 119 446 people for whom NCISH were notified of dying by suicide in England, 30 795 were under the recent care of mental health services, of whom 30 246 had known diagnoses and were included in analyses. Of these individuals, 10 373 (34%) were female and 19 873 (66%) were male; 2236 (8%) were of minority ethnicity; 382 (1%) had a diagnosis of eating disorder and 29 864 (99%) had another mental health diagnosis. Compared with patients with other mental health diagnoses who died by suicide, patients with eating disorders were younger (median age 33 years [range 15–90] vs 45 years [10–100]), more often female (343 [90%] female and 39 [10%] male in the eating disorders group; 10 030 [34%] female and 19 834 [66%] male in the other diagnoses group), and less likely to have evidence of conventional risk factors for suicide such as living alone (odds ratio [OR] 0.68, 95% CI 0.55–0.84). 22 (6%) of 382 were from a minority ethnic group. Patients with an eating disorder were characterised by a greater clinical complexity (eg, self-harm [OR 2.31, 95% CI 1.78–3.00], comorbidity [9.79, 6.81–14.1], and longer duration of illness [1.95, 1.56–2.43]), and were more likely to have died following overdoses (2.00, 1.62–2.45) than patients with other diagnoses. Childhood abuse (52 [37%] of 140) and domestic violence (18 [20%] of 91) were common in patients with eating disorders. Similar to patients with other diagnoses, most (244 [75%] of 326) of those with eating disorders who died by suicide were rated as low risk by clinicians at last contact. The number of suicide deaths in patients with eating disorders rose between 1997 and 2021 (incidence rate ratio [IRR] 1.03, 95% CI 1.02–1.05;  $p < 0.0001$ ), but rates fell when accounting for the greater number of patients entering mental health services (IRR 0.97, 0.95–1.00;  $p = 0.033$ ). **Interpretation:** This study was focused on people who sought help from mental health services. It did not consider subtypes of eating disorders or include a control group, but it does highlight possible areas for intervention. The comprehensive provision of evidence-based treatment for eating disorders and underlying conditions to address the clinical complexity in these patients might help to reduce suicide. Recognising limitations in clinical risk assessment, addressing early life experiences and current adversities, and appropriate prescribing might also be of benefit. Suicide prevention must remain a priority for eating disorder services and mental health care more widely.

**Repeated stress triggers seeking of a starvation-like state in anxiety-prone female mice**

*Hakan Kucukdereli, Oren Amsalem, Trent Pottala, Michelle Lim, Leilani Potgieter, Amanda Hasbrouck, Andrew Lutas and Mark L. Andermann*

Neuron. 2024 Jul 3;112(13):2130-2141.e7. doi: 10.1016/j.neuron.2024.03.027. Epub 2024 Apr 19.

Elevated anxiety often precedes anorexia nervosa and persists after weight restoration. Patients with anorexia nervosa often describe self-starvation as pleasant, potentially because food restriction can be anxiolytic. Here, we tested whether repeated stress can cause animals to prefer a starvation-like state. We developed a virtual reality place preference paradigm in which head-fixed mice can voluntarily seek a starvationlike state induced by optogenetic stimulation of hypothalamic agouti-related peptide (AgRP) neurons. Prior to stress exposure, males but not females showed a mild aversion to AgRP stimulation. Strikingly, following multiple days of stress, a subset of females developed a strong preference for AgRP stimulation that was predicted by high baseline anxiety. Such stress-induced changes in preference were reflected in changes in facial expressions during AgRP stimulation. Our study suggests that stress may cause females predisposed to anxiety to seek a starvation state and provides a powerful experimental framework for investigating the underlying neural mechanisms.

### **Effectiveness of the Maudsley Model of Anorexia Nervosa Treatment for Adults: A systematic review**

*Sheila Fernández García, Yolanda Quiles Marcos*

Eur Eat Disord Rev. 2024 Jul 3. doi: 10.1002/erv.3122. Epub ahead of print.

**Background:** Maudsley Model of Anorexia nervosa (AN) Treatment for Adults (MANTRA) is recommended by NICE for the treatment of adults with AN. However, despite this fact, the approach remains relatively understudied. The aim of this study was to systematically update the research evidence regarding the use of the MANTRA in the treatment of Eating Disorders (ED). **Method:** The databases used were Web of Science, Scopus, and PsycInfo, including studies up to 31 May 2023. PRISMA guidelines were followed, and Cochrane tools were used to assess the risk of bias. The search focused on identifying published articles that discussed the usefulness of MANTRA as a component of treatment for ED, following PICO criteria.

**Results:** Nine studies spanning the period from 2011 to 2023 were included. Findings suggested that MANTRA was effective in improving body mass index (BMI), eating symptomatology and emotional state. There were generally no significant differences compared to other treatment conditions. Limitations to interpreting this systematic review include the methodological quality of included studies and the elevated risk of bias.

**Conclusions:** This review was the first to examine the effectiveness of MANTRA. The results indicate that MANTRA has shown effectiveness similar to other treatments for adults AN patients in addressing key clinical variables. It has been used in different populations (adolescents, males, inpatients) and formats (group, online) However, more research is needed to determine its effectiveness.

### **Becoming a member of the WPA Section Eating Disorders: Conditions and Procedure**

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>



**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>

**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

**EDRS Congress**

**September 2025**

San Diego, California, USA

**25th WPA World Congress of  
Psychiatry**

**05.10.-08.10.25**

Prague, Czech Republic