

WPA SECTION EATING DISORDERS: FEBRUARY 2023

Greetings

Dear members of the WPA section eating disorders

We are pleased to once again be able to send you a newsletter after a long latency.

The Covid 19 pandemic was an extremely challenging time and we probably all agree that it had an impact on eating disorders in particular, in addition to the many consequences, as has now been shown in an almost overwhelming scientific literature. Now we hope that the Covid 19 pandemic will soon finally come to an end and that its after-effects will also soon subside.

We would like to become more active with the section again and have selected some abstracts from the international literature for you. In addition, we will again inform you about some upcoming events, most of you will already be aware of them. In September the World Congress of Psychiatry will take place in Vienna, it would be nice if some of you could come to this congress, and we could also have a face-to-face meeting of the section.

Since we still have not published the list of members on the WPA homepage, we will contact you shortly and ask for your permission to publish your name on the WPA homepage.

We are very pleased that the Pathways to care study has been completed and we sincerely thank everyone who supported this study. The results have now been accepted for publication and you will find a brief summary below.

Best regards

Ulrich Voderholzer, Professor, M.D. (Chair), Fernando Fernández-Aranda, PhD.,
FAED (Co-Chair), Dr. Alessio Maria Monteleone (Secretary)

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WPA SECTION EATING DISORDERS: CURRENT INFORMATION**“Pathways to care”-study**

The Eating Disorder sections of the WPA and of the European Psychiatry Association cooperated to assess barriers and facilitators in the pathways toward specialist care for eating disorders. Services specialized in eating disorder (ED) care and located in seven European countries participated. An adapted version of the World Health Organization “Encounter Form”, a standardized tool to assess the pathways to care, was administered. This study showed that most patients reached a specialist ED unit after seeing two other health professionals: psychiatrists, psychologists, and general practitioners were primary “points of access” to care. Not only eating symptoms but also depressive, anxious, and somatic symptoms prompted people to seek help. Some differences were detected among countries (i.e., the involvement of general practitioners was less frequent in Italy and more common in UK than in the other countries, while psychologists were most frequently involved in Germany). Pathway-related variables such as the suggestion to seek care by friends or by health professionals and the occurrence of general psychiatric symptoms that promoted seeking care, higher age and low social class predicted a delayed access to the ED unit. These findings may contribute to developing educational programs paying particular attention to general practitioners and family members, in addition to mental health professionals, to increase the awareness of EDs and reduce delays in accessing specialist ED services.

WPA Section Eating Disorders: Welcoming of new members

We would like to welcome as new member of the WPA Section Eating Disorders:

- Elena Guadalupe Rodriguez-Gutierrez (Mexican Psychiatric Association, Mexico)

Currently, the WPA Eating Disorders section has in total 212 members.

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

For the future, 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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Summary of 2021 journal Impact factors for Eating Disorder Journals

			
International Journal of Eating Disorders	European Eating Disorders Review	Journal of Eating Disorders	Eating and Weight Disorders
5.791	5.360	4.916	3.008
			
Eating Disorders: The Journal of Treatment & Prevention	Eating Behaviors	Appetite	Nutrients
3.663	2.936	5.016	6.706

WPA SECTION EATING DISORDERS: CURRENT INFORMATION**Selected publications of interest of January and February of 2023**

J Devoe, D., Han, A., Anderson, A., Katzman, D. K., Patten, S. B., Soumbasis, A., Flanagan, J., Paslakis, G., Vyver, E., Marcoux, G., & Dimitropoulos, G. (2023). The impact of the COVID-19 pandemic on eating disorders: A systematic review. *The International journal of eating disorders*, 56(1), 5–25. <https://doi.org/10.1002/eat.23704>

Objective: A growing body of evidence suggests that individuals with eating disorders (EDs) have experienced deteriorating symptoms, increased isolation, and an increase in hospital admissions as a result of the COVID-19 pandemic. Despite this, no systematic reviews have been conducted examining the COVID-19 and ED peer-reviewed literature. Therefore, this systematic review aimed to synthesize the impact of the COVID-19 pandemic on individuals with EDs. **Method:** Database searches of the peer-reviewed literature were completed in the subsequent databases: CINAHL, Embase, MEDLINE, and PsycINFO (from November 2019 to October 20, 2021). All research reporting on the relationship between the COVID-19 pandemic on individuals with EDs were included. **Results:** Fifty-three studies met the inclusion criteria, including 36,485 individuals with EDs. The pooled hospital admissions across the studies demonstrated on average a 48% (pre = 591, post = 876, n = 10 studies) increase in admissions during the pandemic compared to previous pre-pandemic timepoints. In this review, 36% of studies (n = 19) documented increases in eating disorder symptoms during the pandemic, this increase in eating disorder symptoms were documented in AN, BED, BN, and OFSED patients. Studies also demonstrated increases in anxiety (n = 9) and depression (n = 8), however patterns of change appeared to be diagnostic and timing specific (e.g., lockdowns). **Discussion:** We found a large increase in the number of hospitalizations and an increase in ED symptoms, anxiety, depression, and changes to BMI in ED patients during the pandemic. However, these changes appeared to be diagnostic and timing specific. Many qualitative studies described deterioration in ED symptomatology due to decreased access to care and treatment, changes to routine and loss of structure, negative influence of the media, and social isolation. Future studies are needed to focus on pediatric populations, new ED diagnoses, and severity of illness at presentation. **Public significance:** The scientific literature suggests that individuals with eating disorders have experienced deteriorating symptoms, increased isolation, and an increase in hospital admissions as a result of the COVID-19 pandemic. This study synthesized 53 articles and explored the impact of the COVID-19 pandemic on patients with eating disorders. We found increases in eating disorder symptoms during the pandemic; this increase in eating disorder symptoms was documented in patients with common eating disorders including anorexia nervosa, binge-eating disorder, bulimia nervosa, and other specified feeding and eating disorders. This review also demonstrated changes in body mass index (an index used to classify underweight, overweight, and obesity in adults) and increases in anxiety and depression during the pandemic compared to previous timepoints; patterns of change appeared to be related to timing of lockdowns. This review provides important information on the impact of COVID-19 on the physical and mental health of individuals with eating disorders.

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Dhopatkar, N., Keeler, J. L., Mutwalli, H., Whelan, K., Treasure, J., & Himmerich, H. (2023). Gastrointestinal symptoms, gut microbiome, probiotics and prebiotics in anorexia nervosa: A review of mechanistic rationale and clinical evidence. *Psychoneuroendocrinology*, 147, 105959. <https://doi.org/10.1016/j.psyneuen.2022.105959>

Recent research has revealed the pivotal role that the gut microbiota might play in psychiatric disorders. In anorexia nervosa (AN), the gut microbiota may be involved in pathophysiology as well as in the gastrointestinal (GI) symptoms commonly experienced. This review collates evidence for the potential role of gut microbiota in AN, including modulation of the immune system, the gut-brain axis and GI function. We examined studies comparing gut microbiota in AN with healthy controls as well as those looking at modifications in gut microbiota with nutritional treatment. Changes in energy intake and nutritional composition influence gut microbiota and may play a role in the evolution of the gut microbial picture in AN. Additionally, some evidence indicates that pre-morbid gut microbiota may influence risk of developing AN. There appear to be similarities in gut microbial composition, mechanisms of interaction and GI symptoms experienced in AN and other GI disorders such as inflammatory bowel disease and functional GI disorders. Probiotics and prebiotics have been studied in these disorders showing therapeutic effects of probiotics in some cases. Additionally, some evidence exists for the therapeutic benefits of probiotics in depression and anxiety, commonly seen as co-morbidities in AN. Moreover, preliminary evidence for the use of probiotics in AN has shown positive effects on immune modulation. Based on these findings, we discuss the potential therapeutic role for probiotics in ameliorating symptoms in AN.

Sala, M., Keshishian, A., Song, S., Moskowitz, R., Bulik, C. M., Roos, C. R., & Levinson, C. A. (2023). Predictors of relapse in eating disorders: A meta-analysis. *Journal of psychiatric research*, 158, 281–299. <https://doi.org/10.1016/j.jpsychires.2023.01.002>

Introduction: Eating disorders (EDs) have high rates of relapse. However, it is still not clear which factors are the strongest predictors of ED relapse, and the extent to which predictors of relapse may vary due to study and individual differences. **Objective:** We conducted a meta-analysis to quantify and compare which factors predict relapse in EDs and evaluate various potential moderators of these relations (e.g., ED subtype, sample age, length of follow-up, timing of predictor assessment, relapse operationalization). **Methods:** A total of 35 papers (effects = 315) were included. We used a multilevel random-effects model to estimate summary study-level effect sizes, and multilevel mixed-effects models to examine moderator effects. **Results:** Higher level of care, having psychiatric comorbidity, and higher severity of ED psychopathology were associated with higher odds of relapse. Higher leptin, higher meal energy density/variety, higher motivation for change, higher body mass index/weight/body fat, better response to treatment, anorexia nervosa-restricting (vs. anorexia nervosa-binge purge) subtype diagnosis, and older age of ED onset were associated with lower odds of relapse. Several moderators were identified. **Discussion:** A variety of variables can predict ED relapse. Furthermore, predictors of ED relapse vary among ED subtypes, sample ages, lengths of follow-up, timing of predictor assessments, and relapse operationalization. Future research should identify the mechanisms by which these variables may contribute to relapse.

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Clausen, L., Semark, B. D., Helverskov, J., Bulik, C. M., & Petersen, L. V. (2023). Pharmacotherapy in anorexia nervosa: A Danish nation-wide register-based study. *Journal of psychosomatic research*, 164, 111077.

<https://doi.org/10.1016/j.jpsychores.2022.111077>

Objective: No medications have been indicated for the treatment of anorexia nervosa (AN). Nonetheless, individuals with AN are frequently treated pharmacologically. The present study maps nationwide pharmacotherapy two years before to five years after first AN diagnosis. **Methods:** We identified all medication prescriptions in a national register-based study of patients with a first diagnosis of AN between 1998 and 2011, and age and gender matched controls (1:10). Medication classes were compared using odds ratios (OR) between patients and controls; between patients below and above 15 years; between patients with and without comorbidity; and between those diagnosed before or after 2005. **Results:** The odds of pharmacotherapy were increased in patients for all classes of medication except a small residual class. Highest odds were found for alimentary (OR 2.8, $p < 0.001$) and psychopharmacological (OR 5.5, $p < 0.001$) medication. The former peaked one year prior to first diagnosis and the latter one year after. Older patients had increased risk of almost all medication classes with cardiovascular medication showing a fivefold OR ($p < 0.001$). Patients with psychiatric comorbidity had a threefold OR for psychopharmacological medication ($p < 0.001$) compared to patients without psychiatric comorbidity. Calendar year showed few and small differences. **Conclusion:** The extended use of all medication classes both prior to and after first diagnosis of AN highlights the severe cause and complexity of AN. The results encourage clinical caution of pharmacotherapy, highlight the need for pharmacotherapy guidelines for AN, and emphasize the urgency of research in pharmacotherapy in AN.

Sohn, M. N., Dimitropoulos, G., Ramirez, A., McPherson, C., Anderson, A., Munir, A., Patten, S. B., McGirr, A., & Devoe, D. J. (2023). Non-suicidal self-injury, suicidal thoughts and behaviors in individuals with an eating disorder relative to healthy and psychiatric controls: A systematic review and meta-analysis. *The International journal of eating disorders*, 10.1002/eat.23880. Advance online publication.

<https://doi.org/10.1002/eat.23880>

Objective: Eating disorders (ED) may be associated with an increased prevalence of non-suicidal self-injury (NSSI) and suicidal thoughts and behaviors (STBs) relative to healthy (HC) and psychiatric (PC) controls. However, precise estimates of differences in prevalence between individuals with EDs and controls are unclear. We compared the prevalence of NSSI, suicidal ideation (SI), suicide attempts (SA), and deaths by suicide in controls and individuals with EDs. **Method:** We searched MEDLINE, PsycINFO, EMBASE, and CINAHL for peer-reviewed publications reporting the prevalence of NSSI and/or STBs in EDs and HC or PC group (PROSPERO: CRD42021286754). A series of random-effects meta-analyses were conducted to estimate pooled odds ratios (ORs) for NSSI, SI, SA, and death by suicide in EDs. **Results:** Across 32 studies, individuals with an ED had a significantly increased prevalence of NSSI (HC: OR = 6.85 [95% CI: 3.60, 13.04]; PC: OR = 2.74 [95% CI: 1.49, 5.06]), SI (HC: OR = 3.63 [95% CI: 2.43, 5.41]; PC: OR = 3.10 [95% CI: 2.01, 4.78]), and SA (HC: OR = 5.16 [95% CI: 4.27, 6.24]; PC: OR = 1.37 [95% CI: 0.37, 4.99]) relative to HC and PC groups. A 2.93-times increased odd of death by suicide did not achieve statistical significance. There was a high-level of heterogeneity between studies. **Discussion:** Our findings indicate that ED populations have an increased prevalence of NSSI, SI, and SA but not death by suicide compared to controls and emphasize the need for effective clinical strategies to address these

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behaviors in ED populations. **Public significance:** This review provides evidence for an increased prevalence of non-suicidal self-injury, suicidal ideation, and suicide attempts in populations with eating disorders compared to controls. Our findings emphasize the need for effective clinical strategies to address these behaviors in patients with eating disorders.

Essayli, J. H., Forrest, L. N., Zickgraf, H. F., Stefano, E. C., Keller, K. L., & Lane-Loney, S. E. (2023). The impact of between-session habituation, within-session habituation, and weight gain on response to food exposure for adolescents with eating disorders. The International journal of eating disorders, 10.1002/eat.23894. Advance online publication. <https://doi.org/10.1002/eat.23894>

Objective: Exposure therapy is a promising treatment for eating disorders (EDs). However, questions remain about the effectiveness of exposure to feared foods during the weight restoration phase of treatment, and the importance of between-session and within-session habituation. **Method:** We recruited 54 adolescents from a partial hospitalization program (PHP) for EDs which included daily food exposure. Throughout treatment, participants provided subjective units of distress (SUDS) ratings before and after eating a feared food, and completed measures of ED symptomatology. **Results:** Multilevel models found that pre-exposure SUDS decreased over time, providing some evidence that between-session habituation occurred. In contrast, the difference between pre-exposure and post-exposure SUDS did not decrease over time, indicating that within-session habituation did not occur. Weight gain predicted greater between-session habituation to feared foods, but did not predict within-session habituation. Between-session habituation, but not within-session habituation, predicted favorable treatment outcomes, including weight gain and improvements on the Children's Eating Attitudes Test and Fear of Food Measure. **Discussion:** Partial hospitalization programs that include daily exposure to feared foods may be effective at decreasing anxiety about foods for adolescents with EDs who are experiencing weight restoration. Further research is warranted to replicate our findings challenging the importance of within-session habituation, and to better understand between-session habituation and inhibitory learning as mechanisms of change when conducting food exposure for EDs. **Public significance:** This study provides some evidence that PHPs that include food exposure may be useful for adolescents with EDs who are experiencing weight restoration. Between-session habituation, but not within-session habituation, predicted favorable treatment outcomes. Further research is needed to determine whether clinicians can disregard within-session habituation when conducting food exposure for EDs, and understand the importance of between-session habituation as a potential mechanism of food exposure.

Andersson, P., Jamshidi, E., Ekman, C. J., Tedroff, K., Björkander, J., Sjögren, M., Lundberg, J., Jokinen, J., & Desai Boström, A. E. (2023). Mapping length of inpatient treatment duration and year-wise relapse rates in eating disordered populations in a well-defined Western-European healthcare region across 1998-2020. International journal of methods in psychiatric research, e1960. Advance online publication. <https://doi.org/10.1002/mpr.1960>

Objectives: Updated international guideline recommendations for AN inpatient care rely on expert opinions/observational evidence and promote extended inpatient stays, warranting investigation using higher-level ecological evidence. **Methods:** The study was conducted according to Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).

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Data encompassing 13,885 ED inpatients (5336 adolescents and 8549 adults) was retrieved from Swedish public health registries. Variables analyzed included (1) ED inpatient care opportunities, (2) unique number of ED inpatients and (3) mean length of ED-related inpatient stays in age groups 15-19 and 20-88+, across 1998-2020. **Results:** Mean length of inpatient stays was inversely correlated to relapse to ED-related inpatient care within the same year ($p < 0.001$, $R\text{-squared}_{adj} = 0.5216$ and $p < 0.00001$, $R\text{-squared}_{adj} = 0.5090$, in the 15-19 and 20-88+ age groups, respectively), independent of number of ED inpatients treated within a year in both age groups. Extending mean adolescent inpatient duration from 35 to 45 days was associated with a ~30% reduction in the year-wise relapse rate. **Conclusions:** Mean length of ED-related inpatient treatment stays was associated with reduced relapses to inpatient care within the same year, which could be interpreted as support for recommendations to include a stabilization phase in inpatient ED treatment.

Allison, K. C., Wu, J., Spitzer, J. C., McCuen-Wurst, C., Ashare, R. L., Tewksbury, C., LaGrotte, C. A., Wadden, T. A., Williams, N. N., & Sarwer, D. B. (2023). Changes in Eating Behaviors and Their Relation to Weight Change 6 and 12 Months After Bariatric Surgery. *Obesity surgery*, 1–10. Advance online publication.

<https://doi.org/10.1007/s11695-022-06442-w>

Introduction: Identifying eating behaviors associated with suboptimal weight loss following bariatric surgery remains important. This study assessed the relationship between eating behaviors and weight loss following bariatric surgery in a racially diverse sample.

Methods: Participants were assessed before surgery and 6 and 12 months postoperatively, with the Structured Clinical Interview for DSM-5, the Eating Disorder Examination-Bariatric Surgery Version, and validated measures assessing a range of eating behaviors. Linear mixed effect models were used to test the impact of eating behaviors on percent weight loss (%WL) at 6 and 12 months. **Results:** We enrolled 300 participants (mean age 40.1 years; BMI 45.9 kg/m²; 87% women; 62% Black and 30% White). The majority (82%) underwent sleeve gastrectomy (SG). Mean %WL was $23.0 \pm 5.1\%$ at 6 months and $26.2 \pm 7.6\%$ at 12 months. Subjective binge episodes prior to surgery predicted greater %WL over the first 12 postoperative months ($p = 0.028$). Postoperative disinhibition, hunger, night eating symptoms, objective binge episodes, global disordered eating attitudes and behaviors, and snacks per day were associated with smaller %WL over 12 months (all p 's < 0.01). The presence of picking/nibbling and addictive-like eating behaviors was not associated with %WL at the end of the first postoperative year. **Conclusion:** Among a diverse participant sample, problematic eating behaviors following surgery were associated with smaller %WL over 12 months. Postoperative assessment and treatment of eating behaviors are needed to address these issues as they arise and to prevent attenuation of early weight loss in some patients.

Baenas, I., Miranda-Olivos, R., Solé-Morata, N., Jiménez-Murcia, S., & Fernández-Aranda, F. (2023). Neuroendocrinological factors in binge eating disorder: A narrative review. *Psychoneuroendocrinology*, 150, 106030. Advance online publication.

<https://doi.org/10.1016/j.psyneuen.2023.106030>

Neuroendocrine mechanisms play a key role in the regulation of eating behavior. In individuals with binge eating disorder (BED), alterations in these mechanisms signaling hunger and satiety have been observed. It has been investigated that these alterations may underlie the development and maintenance of compulsive overeating in BED. The present narrative review

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examined the current literature related to the neurobiological processes involved in feeding dysregulation in BED with the aim of updating the most relevant aspects with special attention to neuroendocrine signaling. Studies have shown both central and peripheral endocrine dysfunctions in hormones participating in homeostatic and hedonic pathways in BED. Most studies have been especially focused on orexigenic signals, pointing out the existence of a hyperactivated mechanism promoting hunger. Fewer studies have explored anorexigenic pathways, but the findings so far seem to suggest an abnormal satiety threshold. Despite this, to date, it is unable to identify whether these alterations are typical of the BED pathophysiology or are related to an obesogenic pattern due to most studies included patients with BED and obesity. The identification of endophenotypes in BED may provide a new approach to aberrant eating behavior, favoring the implementation of biological therapeutic targets.

Monteleone, A. M., Cascino, G., Salerno, L., Schmidt, U., Micali, N., Cardi, V., & Treasure, J. (2023). A network analysis in adolescent anorexia nervosa exploring the connection between both patient and carer reactions and outcome. *European eating disorders review : the journal of the Eating Disorders Association*, 31(1), 65–75.

<https://doi.org/10.1002/erv.2933>

Objective: This paper used network analysis to test the associations between eating disorder-related psychopathology and carers' responses to anorexia nervosa symptoms in adolescents. Additionally, the prognostic value of central and bridge network nodes was explored.

Method: This is a secondary analysis of a three-armed randomised-controlled-trial of adolescents with anorexia nervosa (n = 149) and their primary carer (n = 149) who were allocated to either treatment as usual (TAU), or one of two versions of a carer skills intervention (ECHO) added to TAU. A network analysis was run in the full sample. The prognostic role of central and bridge nodes was tested through multiple regression analyses. **Results:** Carers' depression and emotional over-involvement, as well as patients' depression showed the highest strength centrality. Patients' depression and carers' accommodation exhibited the highest bridge expected influence. Across the full sample, and in the ECHO group, carers' accommodation predicted patients' higher body mass index (BMI), while patients' depression predicted worse psychosocial functioning at 1-year follow-up. In the ECHO group, higher carers' depression also predicted lower BMI. **Conclusions:** Carers' accommodation and depression in both carers and patients were involved in the maintenance of psychopathology in adolescents with anorexia nervosa. Depression in both patients and carers is a potential treatment target for family interventions.

Cascino, G., Canna, A., Russo, A. G., Monaco, F., Esposito, F., Di Salle, F., Monteleone, P., & Monteleone, A. M. (2022). Childhood maltreatment is associated with cortical thinning in people with eating disorders. *European archives of psychiatry and clinical neuroscience*, 10.1007/s00406-022-01456-y. Advance online publication.

<https://doi.org/10.1007/s00406-022-01456-y>

Childhood maltreatment (CM) is a non-specific risk factor for eating disorders (ED) and is associated with a greater severity in their clinical presentation and poorer treatment outcome. These data suggest that maltreated people with ED may be biologically other than clinically different from non-maltreated people. The aim of the present study was to investigate cortical thickness (CT), a possible biomarker of neurodevelopment, in people with ED with or without

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history of CM and in healthy women. Twenty-four healthy women, 26 with anorexia nervosa and 24 with bulimia nervosa underwent a 3T MRI scan. All participants filled in the childhood trauma questionnaire. All neuroimaging data were processed by FreeSurfer. Twenty-four participants with ED were identified as maltreated and 26 participants with ED as non-maltreated. All healthy women were non-maltreated. Compared to healthy women, maltreated people with ED showed lower CT in the left rostral anterior cingulate gyrus, while compared to people with ED without history of CM showed lower CT values in the left superior frontal and in right caudal middle frontal and superior parietal gyri. No significant differences emerged in CT measures between healthy women and people with ED without history of CM. The present findings show for the first time that in adult people with ED childhood maltreatment is associated with cortical thinning in areas implicated in the modulation of brain processes that are acknowledged to play a role in the psychopathology of ED.

Walton, E., Bernardoni, F., Batury, V. L., Bahnsen, K., Larivière, S., Abbate-Daga, G., Andres-Perpiña, S., Bang, L., Bischoff-Grethe, A., Brooks, S. J., Campbell, I. C., Cascino, G., Castro-Fornieles, J., Collantoni, E., D'Agata, F., Dahmen, B., Danner, U. N., Favaro, A., Feusner, J. D., Frank, G. K. W., ... Ehrlich, S. (2022). Brain Structure in Acutely Underweight and Partially Weight-Restored Individuals With Anorexia Nervosa: A Coordinated Analysis by the ENIGMA Eating Disorders Working Group. *Biological psychiatry*, 92(9), 730–738. <https://doi.org/10.1016/j.biopsych.2022.04.022>

Background: The pattern of structural brain abnormalities in anorexia nervosa (AN) is still not well understood. While several studies report substantial deficits in gray matter volume and cortical thickness in acutely underweight patients, others find no differences, or even increases in patients compared with healthy control subjects. Recent weight regain before scanning may explain some of this heterogeneity. To clarify the extent, magnitude, and dependencies of gray matter changes in AN, we conducted a prospective, coordinated meta-analysis of multicenter neuroimaging data. **Methods:** We analyzed T1-weighted structural magnetic resonance imaging scans assessed with standardized methods from 685 female patients with AN and 963 female healthy control subjects across 22 sites worldwide. In addition to a case-control comparison, we conducted a 3-group analysis comparing healthy control subjects with acutely underweight AN patients (n = 466) and partially weight-restored patients in treatment (n = 251). **Results:** In AN, reductions in cortical thickness, subcortical volumes, and, to a lesser extent, cortical surface area were sizable (Cohen's d up to 0.95), widespread, and colocalized with hub regions. Highlighting the effects of undernutrition, these deficits were associated with lower body mass index in the AN sample and were less pronounced in partially weight-restored patients. **Conclusions:** The effect sizes observed for cortical thickness deficits in acute AN are the largest of any psychiatric disorder investigated in the ENIGMA (Enhancing Neuro Imaging Genetics through Meta Analysis) Consortium to date. These results confirm the importance of considering weight loss and renutrition in biomedical research on AN and underscore the importance of treatment engagement to prevent potentially long-lasting structural brain changes in this population.

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Calendar of Events for Professionals:



23RD WPA WORLD
CONGRESS OF PSYCHIATRY
VIENNA, AUSTRIA
28 SEPTEMBER - 1 OCTOBER, 2023
wcp-congress.com

More information: <https://wcp-congress.com>



LONDON
EATING DISORDERS
CONFERENCE 2023

London Eating Disorders Conference
QEII Centre – London
16-17 March 2023

More information:
<https://www.eatingdisordersconference.com>

EDRS 2023- Annual Meeting of the Eating Disorders Research Society
Hyatt Regency Boston
Boston, MA
September 7-9, 2023

Early Registration Deadline
August 7, 2023

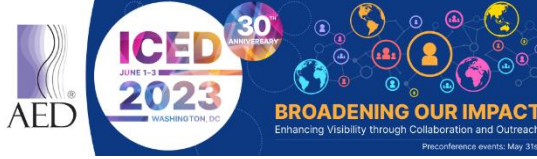
Abstract Submission Deadline
June 1, 2023

More information:
<https://edrs.org/2023/index.php>

WPA Congress 2024

EDRS 2024 – TBD

International Conference on Eating Disorders (ICED) 2024
March 14-16, 2024
Sheraton New York Times Square
New York, NY, USA



AED®
ICED
JUNE 1-3
2023
WASHINGTON, DC
BROADENING OUR IMPACT
Enhancing Visibility through Collaboration and Outreach
Preconference events: May 31st

The International Conference on Eating Disorders (ICED), hosted by the Academy for Eating Disorders (AED)
June 1-3, 2023

More information:
<https://www.aedweb.org/aed-events/iced-2023>