

Guided self-treatment on the Internet for obese patients with binge eating disorder

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INTRODUCTION

- Obesity treatment can fail or be impaired because of the presence of binge eating disorder (BED)
- BED obese patients exhibit higher rate of affective disorders and lower quality of life than non-BED obese patients
- Cognitive behavior therapy (CBT) has proved to be efficient for BED treatment
- The use of new technologies has been suggested to increase treatment availability

GOALS

- Develop an Internet CBT-based self-treatment program for BED
- Evaluate this program in a population of BED obese patients compared to a control group

METHOD

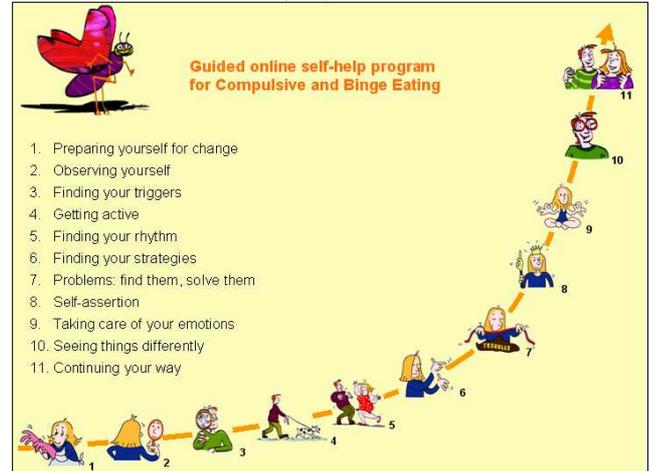
Design: controlled study

- Women, mean age of 39.5 y (± 10.8), mean BMI of 35.6 (± 4.3)
- Suffering from BED and obesity
- Two groups:
 - 39 in 6-month Internet self-treatment intervention
 - 31 wait-listed in 6-month control group

Assessments: before and after 6-month intervention/waiting-list

- Eating disorders:
 - EDE-Q (Eating Disorder Examination-Questionnaire)
 - TFEQ (Three-Factor Eating Questionnaire)
- Secondary assessments:
 - SCL-90R (Symptom Check-List) evaluating psychological health
 - IWQOL-Lite (Impact of Weight on Quality Of Life)

Internet self-treatment program: eleven modules



INTERNET SELF-TREATMENT PROGRAM

- Composed of 11 modules
- Based on CBT for BED
- Includes lessons and exercises that can be completed in the program
- Used with regular e-mail guidance of a coach
- Targets specifically the eating behavior and psychological key related factors
- Jointly developed by HUG and Netunion
- Demo website: www2.salut-ed.org/bed-demo

Differences between Internet and control groups after 6 months of intervention

Scales (Internet n=33; control n=29)		Baseline	Post intervention	F (1,59)	p-values
EDE-Q total	Internet control	3.1 (0.7) 3.1 (1.0)	2.3 (0.9) 2.8 (1.0)	8.31	.005
TFEQ restraint	Internet control	7.4 (4.3) 7.1 (3.5)	8.6 (4.1) 7.7 (3.9)	0.76	.387
TFEQ disinhibition	Internet control	12.4 (2.4) 12.1 (2.2)	10.1 (3.4) 11.9 (2.7)	10.39	.002
TFEQ hunger	Internet control	7.9 (3.5) 9.1 (3.3)	5.6 (3.1) 8.9 (3.5)	13.93	<.001
SCL-90R total	Internet control	0.7 (0.4) 0.9 (0.7)	0.5 (0.4) 0.8 (0.6)	4.14	.046
IWQOL-Lite total	Internet control	59.8 (15.5) 59.2 (16.8)	66.9 (16.4) 58.3 (17.9)	11.27	.001
BMI	Internet control	35.5 (4.3) 35.6 (4.3)	34.9 (4.1) 35.8 (4.3)	1.39	.244

Means (SD) ANCOVAs

RESULTS

- Good acceptance of the Internet self-treatment, high satisfaction and low dropout rate (15.4%)
- After 6 months of Internet self-treatment:
 - Binge eating (TFEQ disinhibition) and sensitivity to internal sensations (TFEQ hunger) improved
 - Pathological shape and weight concerns decreased (EDE-Q total) despite BMI stability
 - Psychological health (SCL-90R) and quality of life (IWQOL-Lite) improved
- A follow-up would be needed to confirm these results

CONCLUSION

- An Internet CBT-based self-treatment showed improvements of eating disorders, psychological health and quality of life in a population of BED obese women compared to a control group
- An Internet self-treatment was well accepted by BED obese patients whose eating disorder is often under-treated
- Internet delivery mode has many advantages for people who cannot afford a weekly psychotherapy
- These positive results might help BED obese patients benefit better of a subsequent weight loss program