



SALUT GUIDED SELF-HELP PROGRAM FOR BULIMIA(SALUT BN)

Salut BN is an online therapeutic support tool for people suffering from Bulimia Nervosa. It is the first program of its kind available online in eight languages (French, German, Italian, Spanish, Swedish, English, Dutch and Norwegian). Clinical evaluations conducted between 2002 and 2004 in Spain, Sweden, Germany, and Switzerland, indicated that patients using the program benefited from a significant reduction in bulimic behaviour, and related co-morbidities. These improvements were superior to patients on wait lists and comparable to patients participating in psycho-educational treatment groups.

The program has a flexible design and can be easily integrated into different parts of the treatment cycle (early intervention, relapse prevention, etc.). The program has been used successfully to provide counseling and therapeutic support by hospitals and community support organizations throughout Europe.

SALUT BN

The program is based on Cognitive Behavioural Therapy and contains evaluation and therapeutic support modules designed to help users progressively change their lifestyle and regain control of their eating behaviour. The program developed by the University Hospitals of Geneva (HUG) and NetUnion, is composed of seven steps (cf. figure 1):

1) Motivation, 2) Self-observation, 3) Behaviour modification, 4) Problem solving, 5) Cognitive restructuring, 6) Assertiveness, 7) Relapse prevention.

The steps contain lessons, exercises and examples that are illustrated by a virtual character called Sarah. Overall, the program has 29 examples, 10 different exercises and 10 analytical summaries.

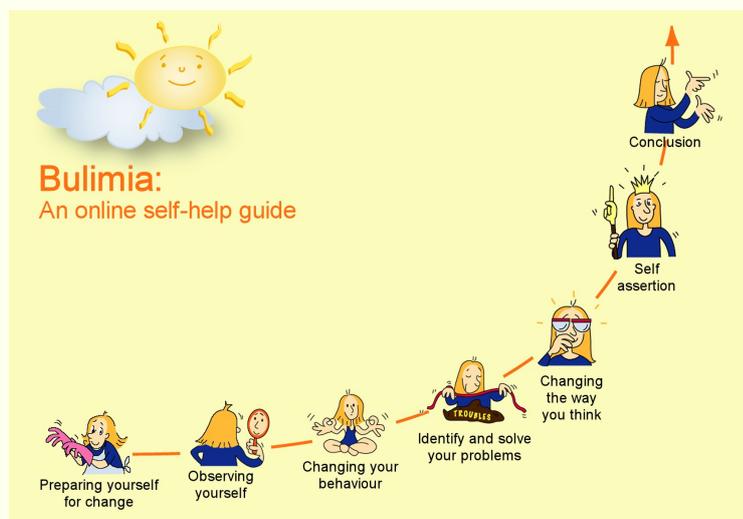


Figure 1: Steps

One of the most important exercises is the food diary and its weekly summaries. Users are asked to record their meals, bingeing or compensatory behaviours (e.g. vomiting), and the emotions or situations that triggered these behaviours. Users can follow their own progress at any time by consulting a series of reports and analytical summaries generated from their food diary (cf. figure 2).

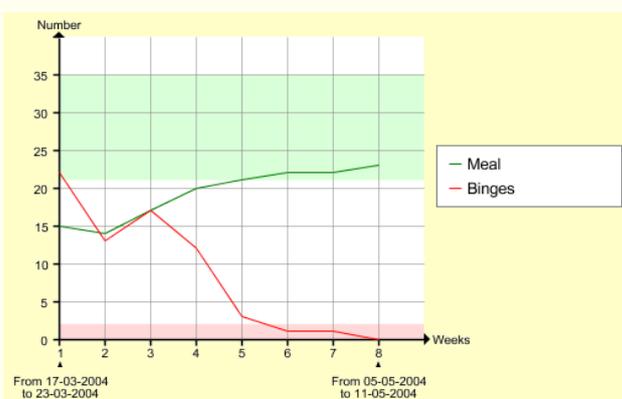


Figure 2: Evolution of meals and binges

THERAPEUTIC SUPPORT

This program is designed to support the therapeutic process and should be used under the supervision of a healthcare professional, "coach".

Typically, the program lasts six months, with 3 face to face meetings with the Coach: after a first interview, the participant works through the program, and maintains weekly contact with the Coach using a secured messaging module.

The second meeting is scheduled after 3 months and the third meeting is eventually scheduled at the end of the six-month period.

The 3 meetings and the weekly messages represent the minimal contact intensity for bulimia sufferers matching the study population described below. Beyond this, the Coach and their Organisations could personalise the length and intensity of the program in accordance to their own professional judgement and in agreement with the user.

EFFICIENCY AND INTEREST FOR THE SALUT BN

Results from the pilot study on the French version in Switzerland indicate that a significant number of participants improved their eating behaviours. For instance, 68.9% of patients showed a reduction of their bingeing behaviour after four months, 58.6% had less purges and 17.2% completely stopped bingeing and vomiting. The German pilot study also confirmed this finding. Results from Swedish and Spanish samples were compared to control groups: waiting list and sequence therapy in Sweden; waiting list and psycho-educational group therapy in Spain, and the program showed a similar efficacy as psycho-educational groups.

Both therapists and patients found the program useful and easy to use. Therapists showed great interest in the program and think that *"the program helps save time and lets [them] monitor the progress of [their] patients easily"*. Patients were also enthusiastic and *"like[d] the idea to treat [themselves]"*. Among other advantages, the program also helps overcome the problem of travel distance, time constraints of both patients and therapists, *"[Patients] did not have time to come to therapy each week"*. Access logs confirm that many patients use the program outside normal hours of consultation (evenings or week-ends).

The Salut BN has gained wide interest in the European research and clinical community. The following hospitals and organisations have either participated in the evaluation study or are currently running the program for outpatient support:

- Austria: Universitätsklinik für Neuropsychiatrie des Kindes - und Jugendalters, Vienna
- France: Réseau TCA Rhône-Alpes, Rhone Alps Region
- Germany: Klinik Roseneck, Prien am Chiemsee
Cinderella Beratungsstelle für Essstörungen e.V., München
- Holland: PsyQ Eetstoornissen & Obesitas, The Hague
Novarum Gespecialiseerd Centrum voor Eetstoornissen, Amsterdam
- Spain: Ciutat Sanitària i Universitària de Bellvitge, Barcelona
- Sweden: Queen Silvia Children's Hospital, Göteborg
Kunskapscentrum för ätstörningar, Stockholm
- Switzerland: Hôpitaux Universitaires de Genève, Geneva
Hôpital de Malévoz (IPVR), Monthey
Arbeitsgemeinschaft Ess-Störungen (AES), Zurich.

MAIN ADVANTAGES

One of the biggest problems with eating disorder treatment is the lack of therapists specially trained for handling eating disorders. The program can significantly reduce the time devoted to information management and progress monitoring, thereby giving therapists more time to handle more severe cases or take on additional patients. The program can be a cost effective means to offer additional support opportunities. The data collected can be used to support further research or as part of a quality management program.

General:

Available 24/7
Easy to use
Security and privacy

For participants:

Instant access, without waiting lists
Direct access from home
Cheaper than a complete therapy
Individualised feedback (charts)

For therapists:

Better use of time
Easy progress monitoring of participants

For healthcare institutions:

- Reduced training costs
- Enhanced flexibility for setting up multidisciplinary therapeutic strategies
- Potential lower hospitalisation time
- Reduced waiting lists
- Cost-effective first-line support, potential use for relapse prevention or as complement to other treatments
- Basis for a strategy to deliver improved health care quality with reduced cost

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