

RESEARCH SUMMARY

“Overcoming Bulimia Online” A guided self-help cognitive behavioural therapy intervention for bulimic type disorders. Research summary June 2023

Background

Estimates suggest that over 700,000 people in the UK have an eating disorder (ED), though this number is likely to be even higher as many people living with an eating disorder do not access support for their condition. Bulimia Nervosa (BN) is an eating disorder characterised by recurrent episodes of binge eating and compensatory behaviour, such as vomiting, laxative use, over-exercising and fasting. There are many physical, psychological and social consequences of BN and therefore the NICE guidelines recommend that individuals with BN should be identified and offered treatment as quickly as possible, emphasising the importance of early intervention when treating individuals with this eating disorder.

The intervention – Overcoming Bulimia

Cognitive behavioural therapy (CBT) is recommended in the treatment of BN. However, access to specialist services for eating disorders is limited and therefore the opportunity for early intervention is often missed. In order to bridge this gap between onset of BN and treatment, a computerised CBT intervention, “Overcoming Bulimia” was developed. OB (William et al, 1998) is a CBT self-help package that uses audio, text and video whilst giving the opportunity for interaction in order to meet the personal needs of the user. This computerised resource uses the five areas CBT approach to help BN sufferers to change their thoughts, feelings and behaviours regarding food and eating. The first version of the package was delivered via a CD-ROM and various research projects were carried out before it was delivered as an online intervention.

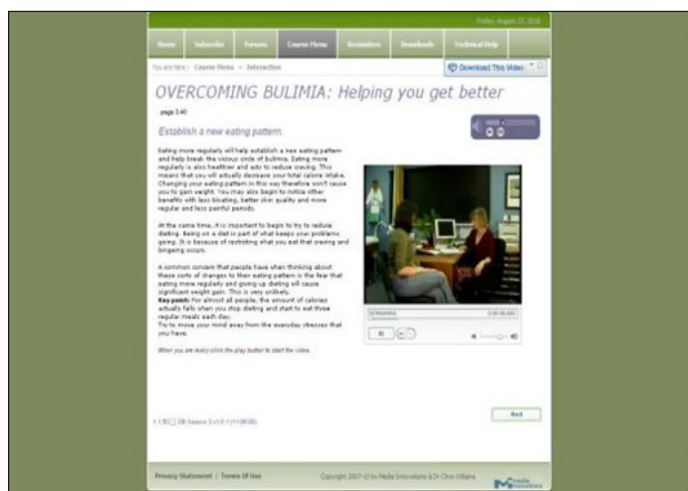


Fig. 1: Screenshot from OBO, Session 3: “How do I change?”

The package contains 8 interactive sessions. As illustrated in Figure 1, the sessions contain written text and video clips, which are supplemented by audio information and instructions. The 8 topics covered in the package are: 1. Introduction and What is Bulimia?; 2. Understanding why I have Bulimia; 3. How do I change?; 4. The role of thoughts in Bulimia, 5. Assertiveness and Increasing activity; 6. Problem solving; 7. Living Life to the Full, and 8. Planning for the future and review of what I have learned.

At the end of each session, participants are asked to complete various homework assignments such as using the anxiety control training audio daily until the next session, implementing some of the rules of healthy eating, and keeping food, thought, and activity diaries. Additionally, users are asked to rate their mood and give information about their bingeing and vomiting at the beginning of each session. This information is recorded and presented in a graph that can be viewed by the participant and any authorised support workers, researchers, or clinicians.

Participants are encouraged to work through the sessions independently in their own time. Outcomes are best when the online package is delivered as a guided self-help intervention in which participants receive weekly telephone, email, or text message support from a clinician or trained self-help support worker.

RESEARCH SUMMARY



Overcoming Bulimia Online - Research to date

“Cognitive-behavioural therapy for adolescents with bulimic symptomatology” - This study (<https://www.sciencedirect.com/science/article/abs/pii/S0005796709001326?via%3Dihub>) assessed the acceptability and effectiveness of internet-based delivery of OB. In this first published study of ‘Overcoming Bulimia Online’ (OBO), 101 adolescents suffering from BN or Eating disorder not otherwise specified (EDNOS) were recruited from both clinical and community settings (Pretorius et al, 2009). Participants were given access to the package along with email support which was delivered by support workers working for Beat Eating Disorders - the UK’s leading eating disorders charity helpline, a service that has UK Mental Health Helplines Partnership (MHHP) Quality Standard accreditation. These support workers were trained and experienced in the delivery of email support to people with eating disorders. Bulimic symptoms significantly reduced at the 3-month follow-up and these improvements were maintained at the 6-month follow-up. Participants’ views of the intervention were positive.

“Young People’s Perceptions of and Reasons for Accessing a Web-based Cognitive Behavioural Intervention for Bulimia Nervosa” (<https://onlinelibrary.wiley.com/doi/10.1002/erv.985>) – In this qualitative study, young people from the trial described above gave valuable information regarding their experiences of using the online package and their thoughts on the support they received whilst engaging with this intervention. The dataset showed that young people liked the programme for its accessibility, flexibility, support and information. Many participants indicated that they considered cCBT as a first step towards additional treatment options due to increased confidence in discussing their eating problems, but they reported that low motivation was a barrier to using this intervention. The authors stated that more research is needed to determine which components of OBO are effective and for whom.

A randomized controlled trial of internet-based cognitive-

behavioural therapy for bulimia nervosa or related disorders in a student population (<https://pubmed.ncbi.nlm.nih.gov/20406523/>) – Sanchez-Ortiz et al. (2011a) also applied the principle of guided self-help in the first randomised controlled trial (RCT) of OBO. Participants were recruited from the student population at universities in London, via email. Of the participants recruited, 72% had never received any therapy for their eating disorder. Uptake rates in both the immediate treatment and the delayed treatment control groups were good, 79% and 66% respectively. Participants were given access to the 8-session package and received regular email support from a trained cognitive behaviour therapist with experience of working with ED patients. The 6-month follow up assessments indicated that 52.2% of participants no longer met the criteria for an ED. Additionally, episodes of bingeing significantly improved in both groups at the 3 month follow up. This improvement was even greater at the 6 month follow up. The authors state that abstinence rates from bulimic behaviour were similar to those in studies of CBT self-help in book format and, significantly, in face-to-face individual CBT.

The Role of Email Guidance in Internet-Based Cognitive-Behavioural Self-Care Treatment for Bulimia Nervosa (<https://onlinelibrary.wiley.com/doi/10.1002/erv.1074>) - Analysis of 712 emails sent to 71 participants in the above trial of OBO found that 14.7% of the emails therapists sent contained at least one CBT comment, while 95.4% had at least one supportive comment and 13.6% had at least one technical comment. The mean time spent on providing email support to each participant across the 8 sessions was 45 minutes. Emails sent by therapists were mainly supportive in content, suggesting that perhaps support could be provided by non-clinicians. This was the first study to analyse the content of guided self-help support emails.

“A computer isn’t gonna judge you”: a qualitative study of users’ views of OBO (<https://onlinelibrary.wiley.com/doi/epdf/10.1002/erv.985>) – In this second qualitative study of OBO, students’ experiences of using the package were

RESEARCH SUMMARY

investigated. Interviewees cited flexibility, confidentiality, and ease of use as positive aspects of the online package. Interestingly, many participants discussed other treatments they had accessed and compared these with their experience of OBO. Participants indicated that the online CBT package was more structured than counselling for example. Some participants expressed feelings of apprehension regarding approaching their GP about their eating problems. This may be one of the reasons that some individuals see cCBT as a more desirable treatment option. This study and the randomized controlled trial (RCT) from which the participants were drawn were studies of students. Students are a highly selected group educationally, in terms of age, their access via universities to high-speed Internet, and their information technology literacy. Therefore, the next stage of OBO research was to carry out community-based studies to represent a wider demographic.

A Survey of Attitudes towards Computerized Self-Help for Eating Disorders within a Community-Based Sample

(<https://www.cambridge.org/core/journals/behavioural-and-cognitive-psychotherapy/article/abs/survey-of-attitudes-towards-computerized-selfhelp-for-eating-disorders-within-a-communitybased-sample/EA91E3B0F9D1BA18EA2749AB6D051514>) – The aim of this community-based survey was to investigate attitudes towards online self-help for eating disorders and the support required whilst using such an approach. Two-hundred and fifty-three participants with bulimic symptoms completed the survey. The sample was recruited primarily online. The mean age was 29.11 years (SD = 8.67; min = 16, max = 64). Attitudes towards online self-help (SH) for eating disorders were very positive. The inclusion of some form of support to accompany such an intervention was important to the majority of participants. Remote mediums of support such as e-mail, a forum and text messaging were most often selected as helpful. Most participants expressed a preference for weekly support contacts and for flexible support session durations, depending on individual needs.

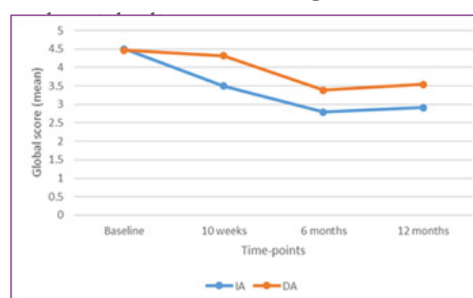
The survey supported the view that online self-help for eating



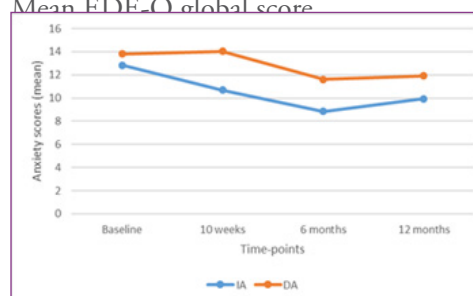
disorders is a desirable treatment option for many individuals. The information gathered regarding preferences in the type, medium, duration and frequency of support was used in the subsequent RCT protocol development in order to maximize uptake, retention and outcomes.

A community based randomised controlled trial of Overcoming Bulimia Online

– This most recent trial of OBO was a pre-post randomised controlled trial (RCT). One hundred and three people were recruited from the community; 102 females, and 1 male, aged 16 or over, with significant bulimic symptoms. Participants were randomly allocated to immediate or delayed access (IA or DA) to OBO with weekly non-clinical support and were assessed at 0 weeks, 10-weeks, 20 weeks (DA group only), 6-months and 12-months. The IA group started the intervention at 0 weeks, the DA group started at 10-weeks. The primary outcome was rate of bingeing at 10-weeks. Secondary outcome measures were rates of vomiting, Eating Disorders Examination Questionnaire (EDE-Q) global score, depression, anxiety



Mean EDE-Q global score



Mean anxiety score

Although there was no significant treatment effect for

RESEARCH SUMMARY



change in the primary outcome, bingeing at 10-weeks, there were significant between-group differences in global EDE-Q score, depression, anxiety and social adjustment at the primary 10-week follow-up. The online guided self-help intervention, delivered in a community setting and supported by non-clinicians, was effective in addressing some bulimic symptoms and in reducing levels of depression, anxiety and impaired social function; compared to delayed access.

A community-based qualitative study of OBO (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636296/>) - The aim of this qualitative study was to investigate participants' experiences of using OBO as part of a community based initiative. Eight participants with a mean age of 33.9 years took part in semi-structured interviews. Interviews were transcribed and analysed using a 6-step thematic analysis process. Saturation was achieved, and 7 themes were identified in the dataset. These were: (1) Conceptualizing eating disorders, (2) Help-seeking behaviour, (3) Aspects of the intervention, (4) Motivation to use the online package, (5) Privacy and secrecy about their eating problems, (6) Recovery and the future, and (7) Participant engagement describing individuals' thoughts on taking part in the online research study. Participants suggested that online CBT self-help represented a desirable and acceptable treatment option for those with bulimic type eating problems, despite some difficulties with motivation and implementation of some elements of the package.

Example of quotes from participants:

"It helps you tackle other stuff as well, and being assertive, it sort of just really—it teaches you the whole lot of it".

"You've still got that person in the background who's wanting you know, wanting to know what's happening so that's motivation" (re. the support worker).

"I realised throughout my recovery that there is no one else that can help me but myself that was just, just an eye-opening moment..."

"I'm nearly recovered now ...I think it was sometime in June that

I last made myself sick and even that was a one off".

The development of Overcoming Bulimia Online 2nd Edition

The findings from both the community based RCT and the linked qualitative study suggested that OBO would benefit from some key improvements that could maximise engagement and, potentially improve outcomes. The key changes made in the new version of OBO are:

- Condensed the package into 4 rather than 8 sessions.
- Added "Tell me more" sections within the sessions have also been added to give users more options regarding the amount of information they receive.
- Short optional sessions have been added covering topics such as confidence, drinking and assertiveness.
- The new version of the package is compatible with smart phone use and the dated video content has been removed

The screenshot shows the homepage of the Overcoming Bulimia Online (OBO) website. The header includes navigation links: Home, Register, Sign In, Evidence Base, FAQs, Contact Us, and Shop. The main heading is "Overcoming Bulimia Online (OBO)" with the subtitle "Online Life Skills – Helping you to help yourself". Below this, a message states: "Your life is more important than your bulimia. Learn how to get it back with resources dedicated to help people cope when they start to struggle with problems such as bingeing and related behaviours such as making yourself sick or trying to reverse the binge in other unhelpful ways." There are three main buttons: "Already Registered? Log In Now", "Get Started Register Now", and "Visit our shop to buy access". A section titled "Learn more about the course..." features three icons: a person icon for "OBO Course", a plus sign icon for "Additional Modules", and a heart icon for "You Time Modules". At the bottom, there are two newsletter sign-up buttons: "Sign up for our Member newsletter" and "Sign up for our Practitioner Newsletter". The footer contains links for Terms and Conditions, Privacy Policy, Accessibility Policy, Cookies, FAQs, and Contact Us.

RESEARCH SUMMARY



Conclusions

Overcoming Bulimia Online shows promise as an effective and acceptable treatment option for BN, pending further research. Future research would aid understanding of the impact of OBO in different settings, the cost effectiveness of the intervention and facilitate the implementation of this intervention in practice. BN is common and damaging, there is a clear need for an innovate accessible, evidence-based treatment such as OBO in order bridge the gap between onset of symptoms and treatment in a cost-efficient way. The current research has started to identify the role of OBO as a first step to increasing access to treatment and lays the groundwork for a future programme of research and implementation.

Useful links

Overcoming bulimia | Online Life Skills – Helping you to help yourself

<https://overcomingbulimia.com/>

Evidence | Living Life to the Full (lltff.com)

<https://lltff.com/evidence/>

University of Glasgow - Schools - School of Health & Wellbeing - Our staff - Christopher Williams

<https://www.gla.ac.uk/schools/healthwellbeing/staff/index.html/staffcontact/person/4cd4efe08a92#publications,articles>