# Illness perceptions and eating disorders

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| **Ethical review** | - |
| **Status** | Pending |
| **Health condition type** | Eating disorders and disturbances |
| **Study type** | Observational non invasive |

## Summary

### ID

NL-OMON30273

**Source**
ToetsingOnline

**Brief title**
Illness perceptions and eating disorders

### Condition

- Eating disorders and disturbances

**Synonym**
anorexia nervosa, bulimia nervosa, eating disorders

**Research involving**
Human

### Sponsors and support

**Primary sponsor:** Stichting Rivierduinen
**Source(s) of monetary or material Support:** Centrum Eetstoornissen Ursula

### Intervention

**Keyword:** eating disorders, illness perceptions, quality of life, treatment

## Outcome measures

### Primary outcome

Illness perceptions

### Secondary outcome

Stages of Change

Depressive symptomatology

Anxiety symptomatology

Life events

Self Efficacy

Mastery

Self Esteem

Social Support

Quality of Life

# Study description

### Background summary

Eating disorders (EDs) are characterized by severely disordered eating behaviour that mainly affect young women and generally start during puberty or early adulthood. EDs can have a serious impact on various life domains of those inflicted and may lead to physical, mental and social impairment (Maj, et al, 2003). ED patients generally report a poor quality of life (De la Rie et al 2005). Nevertheless a low readiness to enter treatment and ambivalence about treatment are often found in ED patients (Geller, J, et al, 2005). Furthermore when ED patients enter treatment, less than half of the patients fully recover after treatment. In a summary of outcome studies on both anorexia nervosa (AN) as well as bulimia nervosa (BN) Steinhausen et al (1999,2002) found that 46-47 % of ED patients recover from the disorder, 26-33 % recover partially, and as many as 20-26 % will develop a chronic disorder. Approximately 5 % of AN patients eventually die from suicide or physical consequences of the ED. Chronicity and mortality of patients with an ED is among the highest of all psychiatric illnesses. To improve the outcome of treatment of EDs studies on the effectiveness of different treatment methods are warranted. Furthermore it seems important to investigate how to enhance the readiness to enter treatment and treatment adherence, which in turn may affect outcome.

Illness perceptions and eating disorders

Leventhal et al (2003) presumed that attributes of an illness representation shape the procedures for coping or controlling illness and play an important role in appraising coping outcomes. They developed a self-regulatory model to conceptualize treatment adherence process. In this model, health beliefs can be characterized along five dimensions: identity of the illness (label and symptoms), causal explanations of the illness, perceived illness controllability, perceived course of the illness, and the consequences of the illness for the person's life. Studies on depression and psychotic illnesses, have shown that health beliefs contribute to treatment seeking, treatment adherence, and clinical outcomes (e.g., Brown et al., 2001; Sullivan et al., 2003; Fortune et al 2004; Lobban et al., 2005). It seems that investigating illness perceptions of patients with a mental disorder may enable the development of interventions to enhance readiness to enter treatment and treatment adherence.

Few research on the illness perceptions of ED patients has been conducted. In a small study by Holliday et al (2005) on the illness perceptions of AN patients, it was shown that participants had fairly negative perceptions about controllability and curability of the disorder. In our study on the evaluation of treatment of EDs from the patient*s perspective (de la Rie et al, 2006) the evaluation of treatment was not strongly predicted by patient characteristics or treatment characteristics. We then concluded that other factors are important in explaining the evaluation of treatment and presumed that the illness perceptions of ED patients at different stages of the illness trajectory may affect the expectations of treatment, the readiness to enter treatment and the evaluation of treatment. We want to further examine these hypotheses and investigate the illness perceptions of ED patients.

When investigating the illness perceptions of ED patients it is important to clarify the relationship of illness perceptions and the stage of change (Prochaska and DiClemente, 1983, Geller, et al 2005) and prior treatment experiences. Furthermore those factors that are known to affect coping with illness, such as self efficacy and social support (Bandura, 2002, Bloks et al 2004), are important to take into account. Relatives or caregivers may in fact affect treatment progress in several ways. Treasure et al (2003) suggested that the carers and patients may not have a shared model of illness which hinders treatment progress. In a study on the illness perceptions of carers of schizophrenia patients, Barrowclough et al 2001 found that cognitive representations of the illness may have important implications for both carer and patients in schizophrenia.

## Study objective

In the current study we want to investigate the illness perceptions of ED patients, to compare their perceptions with the illness perceptions of their family caregivers and therapists and to compare the illness perceptions of ED patients to a comparison group. Furthermore we want to investigate to what extent the illness perceptions are related to stages of changes, self efficacy, mastery, self esteem, social support and quality of life.

### Study design

The study is a cross sectional study. All consecutive patients with a diagnosis for an eating disorder (AN and BN) as identified by a clinician at the Centre for Eating Disorders Ursula, will be invited to participate in the first stage of the study. They will be asked to fill out a questionnaire. At the end they are asked to mention one relative and therapist who will be asked to fill out a questionnaire. At another department of Rivierduinen patients with an anxiety disorder or PTSD will be invited in the second stage of the study.

### Study burden and risks

It takes one and a half hour to fill out the questionnaire. The benefits of the study when data are collected are enhanced insight in illness perceptions of eating disorder patients and information that will enable the development of interventions to enhance readiness to engage in treatment

## Contacts

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## Trial sites

## Listed location countries

Netherlands

# Eligibility criteria

**Age**
Adults (18-64 years)
Elderly (65 years and older)

## Inclusion criteria

All consecutive patients with a diagnosis for an eating disorder (AN and BN) as identified by a clinician at the Centre for Eating Disorders Ursula, will be invited to participate in the first stage of the study.
Secondly one relative and one therapist,mentioned by the participant, will be invited to participate in the study.
All consecutive patients with a diagnosis for an anxiety disorder or ptss as identified by a clinician at Rivierduinen will be invited to participate in the second stage of the study.

## Exclusion criteria

Anorexia nervosa
age under 16;Bulimia nervosa
age under 16;Comparison group
age under 16
lifetime history of any eating disorder

# Study design

## Design

| | |
|---|---|
| Study type: | Observational non invasive |
| Intervention model: | Other |
| Allocation: | Non-randomized controlled trial |
| Masking: | Open (masking not used) |
| Control: | Active |

|  |  |
|---|---|
| Primary purpose: | Diagnostic |

## Recruitment

NL

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|---|---|
| Recruitment status: | Pending |
| Start date (anticipated): | 01-01-2007 |
| Enrollment: | 120 |
| Type: | Anticipated |

# Ethics review

Not available

# Study registrations

## Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

| **Register** | **ID** |
|---|---|
| CCMO | NL14976.097.06 |