Mentalization in patients with anorexia or bulimia nervosa

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To show that patients with anorexia of bulimia nervosa more often than healthy controls display insecure attachment styles and poor mentalizing capacity.To investigate if there are correlations between mentalizing capacity and severity of specific...

Ethical review	Approved WMO
Status	Pending
Health condition type	Eating disorders and disturbances
Study type	Interventional

Summary

ID

NL-OMON31861

Source
ToetsingOnline

Brief title
Mentalization in eating disorders

Condition

- Eating disorders and disturbances

Synonym
eating disorders

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Midden-Brabant (Tilburg)
Source(s) of monetary or material Support: Ministerie van OC&W,fondsen ter bevordering van wetenschappelijk onderzoek in de geestelijke gezondheidszorg

Intervention

Keyword: Anorexia nervosa, Attachment, Bulimia nervosa, Mentalization

Outcome measures

Primary outcome

Outcome measures:

- hypothesis 1: attachment style, mentalizing capacity (assessed by AAI, and in relation to it RFS)

- hypothesis 2: mean scores on SCL-90, STAI, EDI-2, SIQ, ACS-30; severity of depression (SCID-I);personality disorder.

- hypothesis 3: attachment style, mentalizing capacity, mean scores on self-report lists, depression, personality disorder.

- hypothesis 4: eating disorder (SCID-I)

Secondary outcome

none

Study description

Background summary

Patients suffering from anorexia of bulimia nervosa display restrictive of impulsive eating behaviour, sometimes together with purging, as a result of a poor capacity to deal with negative affects. Affectregulation in patients with anorexia or bulimia nervosa is either under-or overcontrolled. Underneath the eating disorder symptoms patients suffer from low self-esteem, uncertainty about their appraisal by others and difficulties in dealing with interpersonal events.
Recent theory stresses the importance of mentalizing capacity for affectregulation and coping with interpersonal experiences. Mentalizing is defined as the capacity to see self and others as mental beings, as individuals with feelings, thoughts, expectations and fears, an inner life that influences behaviour. Mentalizing capacity develops in the relations with attachment

figures. Individuals with an insecure attachment style often have a poor mentalizing ability. Insecure attachment is believed to be a risk factor for developing psychopathology.
Research shows that patients with anorexia or bulimia nervosa often have insecure attachment styles.
For some years a form of psychotherapeutic day treatment that explicitly intends to enhance mentalizing capacity is used for patients with borderline personality disorder. It shows to be more effective in reducing symptoms as depressed mood, automutilation, suicidality and disordered eating behaviour in this group of patients.
This raises the question if reduction of anorexic or bulimic symptoms, together with co-morbid symptoms as depression, automutilation by specialist treatment for eating disorders in patients with anorexia or bulimia nervosa is due to enhancement of their mentalizing capacity.

Study objective

To show that patients with anorexia of bulimia nervosa more often than healthy controls display insecure attachment styles and poor mentalizing capacity.
To investigate if there are correlations between mentalizing capacity and severity of specific symptoms.
To investigate if poor mentalizing capacity, after one year of treatment, predicts the persistence of eating disorder symptoms.

Study design

Patients suffering from anorexia of bulimia nervosa indicated for (day) clinical treatment at the unit for eating disorders ot the GGZ Midden-Brabant or the dayclinic for eating disorders of the GGZ Oost-Brabant are compared to healthy controls on attachment style, mentalizing capacity, general and specific psychopathology, and interpersonal functioning, by several diagnostic instruments:
- Dutch version of the Adult Attachment Interview (attachment style, mentalizing capacity)
- Dutch version of the Structured Clinical Interview for DSM axis-I disorders (depression, eating disorder)
- Dutch version of the Structured Clinical Interview for DSM axis-II disorders (personality disorder)
- Dutch version of the Symptom Check List, SCL-90 (general psychopathology)
- Dutch version of the State Trait Anxiety List (anxiety)
- Dutch version of the Eating Disorder Inventory, EDI-2 (eating behaviour and body dissatisfaction)
- Dutch version of the Self Injurious Questionnaire (automutilation)
- the Autonomy-Connectedness Scale, ACS-30 (Dutch scale) (interpersonal functioning)

Correlations between attachment style, mentalizing capacity and the outcome on the above mentioned, five selfreport scales will be analysed. Eating disorder and personality disorder are seen as independent variables.

After one year of treatment the same instruments will be applied to the patients with anorexia of bulimia nervosa to look for changes in attachment style and mentalizing capacity on the one hand and symptomatology on the other.

Half a year later the SCID-I section on eating disorders will be applied to them to assess remission or persistence of the eating disorder.

Intervention

The intervention consists in (day) clinical treatment on the unit for eating disorders of the GGZ Midden-Brabant or day treatment on the dayclinic for eating disorders of the GGZ Oost-Brabant.
The GGZ Midden-Brabant offers a five-day group treatment program, including sociotherapy, psychotherapy (individual and in a group) and non-verbal therapies. Having been trained in Mentalization Based Treatment, attitude and interventions of the treatment staff aim at the enhancement of mentalizing capacity in patients.
The GGZ Oost-Brabant treats patients with anorexia or bulimia nervosa in a four-day group program, including sociotherapy, psychotherapy and non-verbal therapies, according to cognitive-behavioural principles. Individual therapy is offered, temporarily, in crisis.
In both treatment programs systemic therapy is given when needed.

Study burden and risks

Two diagnostic interviews, AAI and SCID-II, time burden: one hour each, seldom one hour and a half
Part of SCID-I: one hour
Fillling in five selfreport lists: two hours

Total time required: 5 hours (max. 6)

People will have to travel to the institution for being interviewed. The AAI will be applied to patients at the location where they are being treated.

Contacts

Public
GGZ Midden-Brabant (Tilburg)

Postbus 770
5000 AT Tilburg
NL
Scientific
GGZ Midden-Brabant (Tilburg)

Postbus 770
5000 AT Tilburg
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

Anorexia nervosa
Bulimia nervosa
Needing (day) clinical treatment

Exclusion criteria

Critical impairment

Study design

Design

Study type: Interventional

Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-05-2008
Enrollment:	60
Type:	Anticipated

Medical products/devices used

Registration:	No

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METIGG: Medisch Ethische Toetsingscommissie Instellingen Geestelijke Gezondheidszorg (Utrecht)

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	NL22823.097.08