Mentalization in patients with anorexia and bulimia nervosa

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To show patients with anorexia or bulimia nervosa more often than healthy controls display an anxious attachment style and poor mentalizing capacity.To investigateif there are correlations between mentalizing capacity and severity of specific...

Ethical review	Not approved
Status	Will not start
Health condition type	Eating disorders and disturbances
Study type	Interventional

Summary

ID

NL-OMON32402

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 wetensch. onderzoek in de geestelijke gezondheidszorg

Intervention

Keyword: Attachment, Eating disorders, MBT, Mentalization

Outcome measures

Primary outcome

Outcome measures are:

- Attachment style (classified by AAI)

- Mentalizing capacity

- mean scores on SCL-90, BDI, STAI, EDI-2, SIQ and ACS, instruments measuring general psychopathology, depression, anxiety, eating disorder symptoms, body dissatisfaction, selfdestructive behaviour and interpersonal functioning respectively.

Secondary outcome

Having one or more personality disorders

Study description

Background summary

Patients suffering from anorexia or bulimia nervosa display restrictive or 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 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 relation with attachment figures. Individuals with an anxious attachment style often have by poor mentalizing ability. Anxious attachment is believed to be a risk factor for the development of

psychopathology. Research shows that patients with anorexia or bulimia nervosa often have anxious attachment styles.
Mentalization Based Treatment is a form of psychotherapeutic day treatment that for some years is used by patients with borderline personality disorder and shows to be more effective in reducing symptoms like depressed mood, automutilation, suicidality and disordered eating behaviour.
Research on attachment and mentalizing capacity in patients with eating disorders together with the nature of their symptoms make it plausible that Mentalization Based Treatment would also be effective in reducing eating disordered behaviour and accompanying symptoms in patients with anorexia or bulimia nervosa.

Study objective

To show patients with anorexia or bulimia nervosa more often than healthy controls display an anxious attachment style and poor mentalizing capacity.
To investigateif there are correlations between mentalizing capacity and severity of specific symptoms.
To show Mentalization Based Treatment is effective in reducing core and co-morbid symptoms in patients suffering from anorexia or bulimia nervosa.

Study design

Patients suffering from anorexia or bulimia nervosa treated in the clinic for eating disorders of the GGZ Midden-Brabant are compared to healthy controls on attachment style, mentalizing capacity, general and specific psychopathology, by several diagnostic instruments:
- Dutch version of the Ádult Attachment Interview (attachment style and mentalizing capacity),
- Dutch version of the Structured Interview for DSM- axis II disorders (personality disorders),
- Dutch version of the Symptom Check List (SCL-90) (general psychopathology),
- Dutch version of Beck's Depression Inventory (depression)
- Dutch version of State Trait Anxiety Inventory (anxiety)
- Dutch version of Eating Disorder Inventory (eating behaviour and body dissatisfaction)
- Ducth version of Self Injurious Questionnaire (automutilation)
- Dutch scale on interpersonal behaviour: Autonomy-Connectedness Scale.

Correlations between attachment style, mentalizing capacity, and the outcome on above mentioned instruments will be investigated. The presence of personality

disorders is checked, because this could be a mediating factor.

In an open quasi-experimental design patients with anorexia or bulimia nervosa treated with Mentalization Based Treatment in the (day)clinic of the GGZ MIdden-Brabant will be compared with patients with anorexia or bulimia nervosa treated in the cognitive-behavioral day treatment of the GGZ Oost-Brabant on outcome. Therefore AAI, SCID-II, SCL-90, BDI, STAI, EDI-2, SIQ and ACS will be assessed in both groups at the start and after one year of treatment.

Intervention

The intervention that is done consists in Mentalization Based Treatment. MBT is a five-day group treatment, with the elements sociotherapy, psychotherapy (individual and in a group) and non-verbal therapies. Attitude and interventions of the treating staff aim at the enhancement of the mentalizing capacity of patients. Treatment staff (incl. sociotherapists) are educated in this way of intervening. Team intervision on method and patients' problems is an essential part of the method. The principles of Mentalization Based Treatment are thoroughly outlined by Fonagy and Bateman.
MBT is effective in reducing symptoms in borderline patients, such as affectdysregulation, depression, selfdestructive behavior, abuse of alcohol and drugs, and eating disordered behavior. There are no adverse side-effects known of MBT.

Study burden and risks

The burden for participants in this study consists in the undergoing of two diagnostic interviews and filling in six selfrating questionnaires. Total time: 4 to 5 hours.
People will have to travel to the institution for being interviewed.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Anorexia nervosa
Severe bulimia nervosa, needing daytreatment

Exclusion criteria

Critical impairment

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	60
Type:	Anticipated

Medical products/devices used

Registration:	No

Ethics review

Not approved

Date:	05-03-2008
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	NL20190.097.07