

Family Based Treatment: Effects and Experiences of Outpatient Treatment

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

Summary

ID

NL-OMON53230

Source

ToetsingOnline

Brief title

FEET

Condition

- Eating disorders and disturbances

Synonym

Eating Disorders

Research involving

Human

Sponsors and support

Primary sponsor: Karakter kinder- en jeugdpsychiatrie

Source(s) of monetary or material Support: Interne kennisbeurs van 50.000 euro

Intervention

Keyword: Adolescents, Eatings Disorders, Family, FBT

Outcome measures

Primary outcome

By means of this mixed-method study, researchers want to evaluate whether FBT leads to weight gain, a decrease in eating disorder-related complaints, what influence the treatment has on family relationships and how the treatment is experienced.

Secondary outcome

How is the course of eating disorder cognitions (measured with the EDE-Q questionnaire) during FBT treatment in young people with an eating disorder?

Is there a difference in the degree of perceived well-being (measured with the ORS and the Kidscreen) between parents and child during fbt treatment?

Is there a difference in assessment of the therapeutic session (measured with the ORS and the Kidscreen) between parents and child during FBT treatment in the number of cases we follow?

How is the course of the parent-child relationship (measured with the okiv-r questionnaire) during FBT treatment in young people with an eating disorder?

How is the course of the parenting load (measured with the OBVL questionnaire) during fbt treatment in the young people with an eating disorder?

Study description

Background summary

In recent years, eating disorders have become a more increased topic of discussion in our society. Anorexia is the mental disorder with the highest mortality rate; 5 to 10% of clients die from this serious disease. Together with the increase of interest on the topic, there has also been an increase in the prevalence of eating disorders amongst adolescents. This results in longer waiting lists at specialized eating disorder centers for (clinical) treatment. The national Ketenaanpak EETstoornissen (K-EET) has identified several bottlenecks regarding the care for eating disorders, including: 1) insufficient options for combined treatment in the case of comorbidity (which results in inconsistent care), 2) too little possibility of scaling down after clinical admission, 3) professionals do not always feel equipped to treat the 'complicated' problems of eating disorders, 4) insufficient application of the basic standard of care, and 5) in the treatment of eating disorders, the most recent knowledge and the available family oriented therapy treatments (including Family Based Treatment (FBT)) are not used efficiently. The main challenge within the mental health care, which is also identified as one of the bottlenecks by K-EET, is how to implement the basic standard of care efficiently for children and adolescents with eating disorders and to offer them an integrated care plan and effective treatment tailored to their needs. This research protocol describes a research design that provides for this.

Study objective

The primary question in this study is: what is the weight development for adolescents with an eating disorder during FBT? The secondary objectives are about the course of eating disorder symptomatology, as well as anxiety and mood complaints. And in addition what the experience of the treatment is for adolescents, parents and practitioners, both during and after treatment and what changes take place within the family relationships.

Study design

To assess the effectiveness of FBT, we designed a mixed-method strategy consisting of two elements: a single-case design and a qualitative study. Different objectives have been formulated for both components.

Intervention

Within FBT, the family is seen as an essential component of the treatment. FBT is aimed at re-empowering families, who often experience impaired functioning due to the eating disorder. The parent is used as a co-therapist and plays an

active and positive role in the treatment of the eating disorder. FBT consists of three phases. In the first phase, the adolescent is treated as someone who has no control over his or her own behavior, because it is the eating disorder that has control over the adolescent. At the start of FBT, parents learn to take control of eating and gaining weight of the adolescents. When sufficient weight recovery has been achieved, control is gradually transferred to the young person again in the second phase.

Study burden and risks

By means of this mixed-method study, researchers want to evaluate whether FBT leads to weight gain, a decrease in eating disorder-related complaints, what influence the treatment has on family relationships and how the treatment is experienced.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adolescents (12-15 years)

Adolescents (16-17 years)

Inclusion criteria

age 12-18
eating disorder
psychiatric comorbidity
sufficient command of the Dutch language

Exclusion criteria

IQ < 70
participating sibling in the current study
acute suicidality which requires immediate hospitalization
feeding tube indicated at the start of the treatment

Study design

Design

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

Recruitment

NL
Recruitment status: Pending
Start date (anticipated): 01-05-2023
Enrollment: 4
Type: Anticipated

Ethics review

Approved WMO
Date: 11-07-2023

Application type:

First submission

Review commission:

CMO regio Arnhem-Nijmegen (Nijmegen)

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	NL83938.091.23