



THE EFFICACY OF COGNITIVE–BEHAVIORAL THERAPY ON THE CORE SYMPTOMS OF BULIMIA NERVOSA

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ABSTRACT. *Cognitive behavioral therapy (CBT) is widely regarded as the treatment of choice for bulimia nervosa (BN), with previous reviews of the CBT outcome literature claiming an approximate 40%–50% recovery rate. Most of these reviews have focused on reductions of binge eating and purging; however, the cognitive model of BN that underlies the CBT approach identifies three additional symptoms as central to the disorder: restrictive eating, concerns with shape and weight, and self-esteem. The purpose of this review was to determine the effect of CBT on the five core symptoms of BN, particularly those neglected in previous reviews. This review found that while most studies provided outcome data on binge eating, purgative behavior, and concern with shape and weight, fewer studies provided data on restraint and self-esteem. While generally favorable, evidence for the efficacy of CBT on the core symptoms of BN was mixed, depending on the outcome measures used. Shortcomings in the literature are identified and suggestions to correct these shortcomings are provided. © 2001 Elsevier Science Ltd. All rights reserved.*

KEY WORDS. Bulimia nervosa, Eating disorders, Outcome, Review, Treatment, Cognitive

COGNITIVE BEHAVIORAL THERAPY (CBT) is widely regarded as the treatment of choice for bulimia nervosa (BN; Chambliss et al., 1998; Vitousek, 1996; Whittal, Agras, & Gould, 1999; Wilson, 1999). Previous reviews of the treatment outcome literature have claimed that approximately 40%–50% of patients treated with CBT recover from the disorder (Agras, 1997; Fairburn, 1997; Keel & Mitchell, 1997), as evidenced by reductions in binge eating and purging following treatment. Bulimia nervosa, however, consists of more than the symptoms of binge eating and purging. The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders also requires that an individual's self-evaluation be unduly influenced

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by body shape and weight for a diagnosis of BN to be given (American Psychiatric Association, 1994). The complex nature of BN is also reflected in the cognitive model of the disorder, developed by Fairburn and colleagues (Fairburn, 1997; Fairburn, Marcus, & Wilson, 1993; Wilson & Fairburn, 1993; Wilson, Fairburn, & Agras, 1997).

The Cognitive Model of Bulimia Nervosa

The cognitive model of BN proposes that five core domains are involved in its maintenance (see Fairburn, 1997 for a more detailed explanation of the model). Fig. 1 illustrates the cognitive model. According to this model, many individuals with BN have a long-standing pattern of negative self-evaluation or low self-esteem. This general pattern of negative self-evaluation interacts with extreme concerns about shape and weight. Individuals with BN idealize thinness and evaluate themselves primarily in terms of their weight and shape because weight and appearance seem to be more controllable than other aspects of their lives, but strong negative self-evaluation leads them to be perpetually dissatisfied with the way they look. Low self-esteem combined with extreme dissatisfaction with weight and shape drives individuals with BN to use extreme methods of dietary restraint in an attempt to reach an “ideal weight.” However, extreme dietary restriction leads to physiological and psychological processes that cause individuals with BN to lose control and binge eat. Compensatory methods (e.g., vomiting, laxative abuse) are used to reduce anxiety by eliminating the calories ingested during a binge episode. Following a purgative episode, individuals with BN become more determined to restrict eating, and a vicious positive cycle is established.

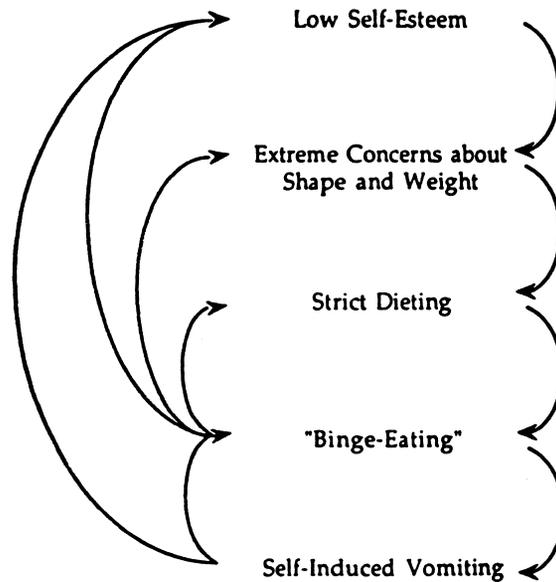


FIGURE 1. The Cognitive Model of the Maintenance of Bulimia. From Fairburn et al. (1993). Reprinted with permission.

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