A Feasibility and Acceptability Study that Examines the Impact of Recovery Vodcasts to Augment Treatment-Resistant Anorexia Nervosa

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Background

- It has been suggested that patients with anorexia nervosa (AN) who are resistant to first-line treatment would benefit from second level interventions targeting specific features an adaptive form of intervention. Guided self-help programs administered via mobile technology have the dual focus of instigating behavior change and managing the anxiety associated with eating disorders in the moment and in users' naturalistic environments.

Introduction

- We evaluated the feasibility, acceptability, and preliminary augmentative effects of mobile-based guided self-help interventions (Recovery vodcasts) (1) after initial unsuccessful first-line treatments for patients with AN.

Materials and Methods

- Patients with AN who were unsuccessful in their treatments were recruited to access Recovery vodcasts as augmentation treatment for 3 weeks in Korea. Acceptability and feasibility of the intervention were evaluated, and qualitative feedback was collected. Preliminary treatment effects of adding the Recovery vodcasts were assessed, including eating disorder pathology, anxiety and depression symptoms, and body mass index (BMI).

Figure 1. A consort diagram describing participants' adherence to the study

Results

- The Recovery vodcasts were acceptable for the patients with AN. The patients' psychopathologies of eating disorders improved with augmentation of the vodcasts in their first-line treatments (Table 2). In addition, there was a tendency toward improvement of affective symptoms (Table 2) . The participants' feedback suggested that the intervention could be improved.

Reference

1. Cardi, V, Ambwani, S, Crosby, R, Macdonald, P, Todd, G, Park, J, ... Treasure, J. Self-Help And Recovery guide for Eating Disorders (SHARED): study protocol for a randomized controlled trial. Trials 2015; 16.

Table 1. Eating disorders psychopathology, affective symptoms, and clinical impairments at time of first visit, enrollment into the intervention with the augmentation of the Recovery vodcasts and at the end of 3 weeks of the intervention in patients with AN

	First visit (n=22)	Enrollment* (n=22)	End of intervention (n=18)	$F_{(2,34)}$[†] or $t_{(17)}$[‡]	p	$\Delta\eta^{2}$[†] or d[‡]
BMI, kg/m²	16.9(3.4)	16.93(2.7)	17.3(3.0)	F=0.74	.492	0.09
EDE-Q						
Restraint	4.0(1.6)a	3.47(1.7)a	2.3(1.7)b	F=5.50	.015	0.41
Eating concern	4.0(1.4)a	3.37(1.6)ab	2.3(1.8)b	F=8.19	.004	0.51
Shape concern	4.6(0.9)a	3.67(1.3)b	2.8(1.8)c	F=12.19	.001	0.60
Weight concern	4.1(1.5)a	3.11(1.4)ab	2.4(2.0)c	F=6.63	.008	0.45
Global	4.2(1.1)a	3.40(1.3)b	2.4(1.7)c	F=11.67	.001	0.59
DASS						
Depression	11.9(6.9)	11.50(7.2)	7.8(8)	F=3.49	.055	0.30
Anxiety	7.1(5.3)a	5.67(5.2)a	4.1(4.6)a	F=3.65	.050	0.31
Stress	10.6(6.5)	10.50(6.7)	7.8(6.8)	F=2.54	.110	0.24
Total	29.6(17.6)	27.67(17.8)	19.8(18.7)	F=3.55	.053	0.31
PANAS						
Positive affect	---	18.94(4.9)	22.2(6.0)	t=-2.00	.063	0.59
Negative affect	---	30.78(13.0)	24.2(13.2)	t=2.55	.021	0.50
CIA						
Personal	---	11.33(5.0)	8.9(5.2)	t=2.31	.033	0.47
Social	---	8.72(5.9)	6.3(4.7)	t=2.42	.027	0.46
Cognitive	---	9.17(5.0)	6.0(4.5)	t=2.80	.012	0.66
Overall	---	9.74(4.5)	7.1(5.5)	t=2.65	.017	0.53
VAS						
Unpleasant Body Feelings (-5~+5)	---	4.67(4.07)	3.2(3.6)	t=2.23	.040	0.37
Distress related to eating disorders (1~7)	---	5.97(1.3)	3.4(1.9)	t=5.28	.001	1.56

Note. Data were shown as mean (s.d.).
*The mean duration elapsed from first visit to enrollment in the study (pre-intervention) was 45.61±55.28 weeks; †Repeated-measures analyses of variance; ‡Paired t-tests. Means with different subscripts are significantly different from each other at $p < .05$ in a Bonferroni post-hoc comparison. BMI=Body mass index, EDE-Q=Eating Disorder Examination Questionnaire, DASS-21=Depression, Anxiety, Stress Scale-21, PANAS=Positive Affect and Negative Affect Schedule, CIA=Clinical Impairment Assessment, VAS=Visual Analogue Scales.
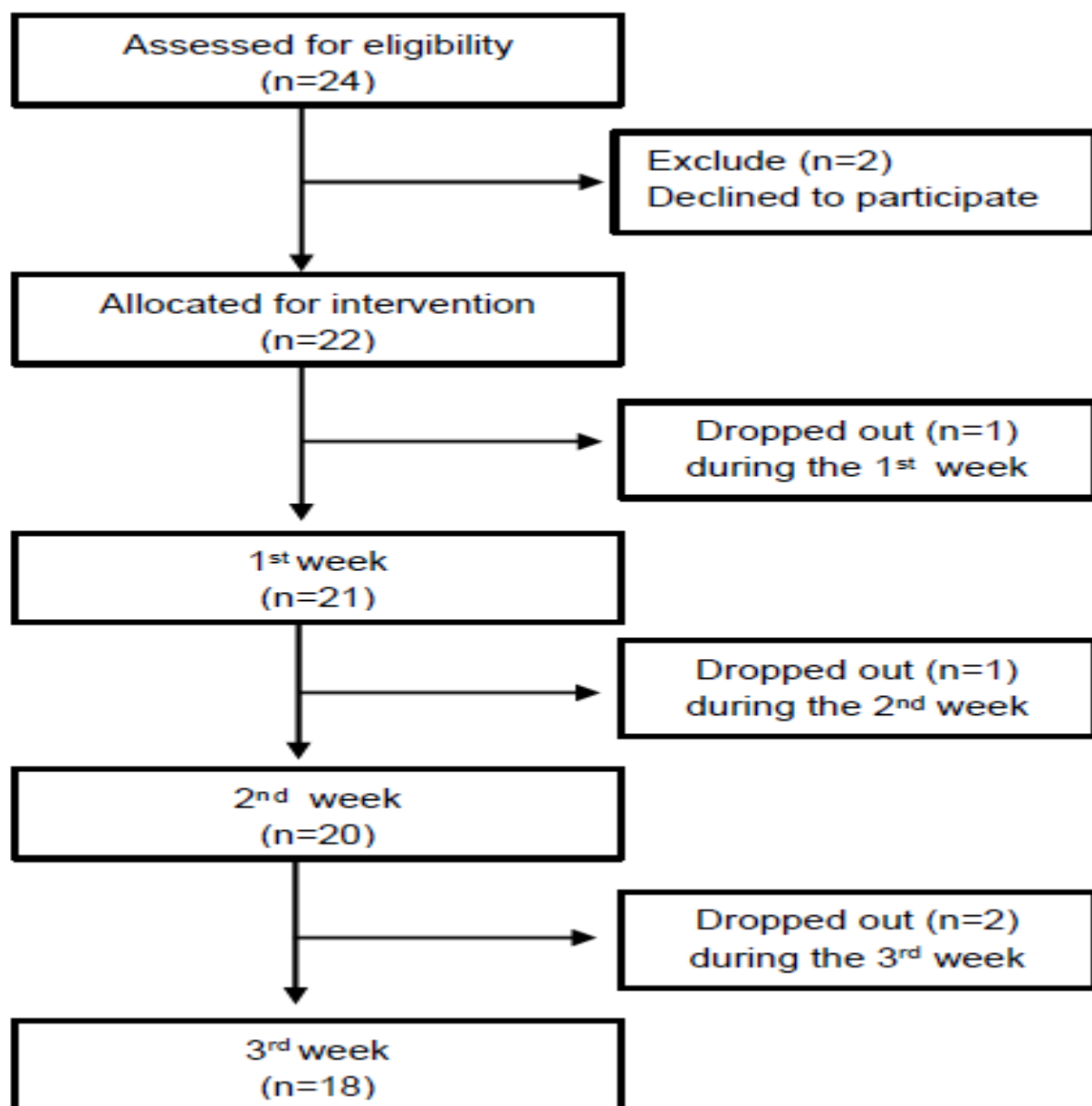
Conclusions

- The study demonstrated that the Recovery vodcasts were well-accepted by Korean patients with AN. Moreover, augmentation of the Recovery vodcasts could facilitate improvements in psychopathology of eating disorders, anxiety and mood symptoms for patients with AN.