



Wiley Series in Clinical Psychology



Eating and its Disorders

Edited by John Fox and Ken Goss

 WILEY-BLACKWELL



EATING AND ITS DISORDERS





Wiley Series in

CLINICAL PSYCHOLOGY

Adrian Wells
(Series Advisor)

*School of Psychological Sciences, University
of Manchester, UK*

For other titles in this series please visit www.wiley.com/go/cs



EATING AND ITS DISORDERS

Edited by

John R.E. Fox and Ken P. Goss



 **WILEY-BLACKWELL**

A John Wiley & Sons, Ltd., Publication

This edition first published 2012

© 2012 John Wiley & Sons, Ltd.

Wiley-Blackwell is an imprint of John Wiley & Sons, formed by the merger of Wiley's global Scientific, Technical and Medical business with Blackwell Publishing.

Registered Office

John Wiley & Sons Ltd, The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

Editorial Offices

350 Main Street, Malden, MA 02148-5020, USA

9600 Garsington Road, Oxford, OX4 2DQ, UK

The Atrium, Southern Gate, Chichester, West Sussex, PO19 8SQ, UK

For details of our global editorial offices, for customer services, and for information about how to apply for permission to reuse the copyright material in this book please see our website at www.wiley.com/wiley-blackwell.

The right of John R.E. Fox and Ken P. Goss to be identified as the authors of the editorial material in this work has been asserted in accordance with the UK Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

Wiley also publishes its books in a variety of electronic formats. Some content that appears in print may not be available in electronic books.

Designations used by companies to distinguish their products are often claimed as trademarks. All brand names and product names used in this book are trade names, service marks, trademarks or registered trademarks of their respective owners. The publisher is not associated with any product or vendor mentioned in this book. This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold on the understanding that the publisher is not engaged in rendering professional services. If professional advice or other expert assistance is required, the services of a competent professional should be sought.

Library of Congress Cataloging-in-Publication Data

Eating and its disorders / edited by John R.E. Fox and Ken P. Goss.

p. ; cm. – (Wiley series in clinical psychology)

Includes bibliographical references and index.

ISBN 978-0-470-68354-5 (cloth) – ISBN 978-0-470-68353-8 (paper)

I. Fox, John R. E. II. Goss, Ken. III. Series: Wiley series in clinical psychology.

[DNLM: 1. Eating Disorders–psychology. 2. Eating Disorders–therapy. 3. Needs Assessment. 4. Psychotherapy–methods. WM 175]

616.85'26–dc23

2012017998

A catalogue record for this book is available from the British Library.

Cover image Rope knot © BZH22 / Shutterstock

Cover design by Design Deluxe

Set in 9 on 11 pt Palatino by Toppan Best-set Premedia Limited

CONTENTS

About the Editors.....	viii
About the Contributors.....	ix
Preface.....	xvi
Acknowledgements.....	xix
Section 1 Clinical Assessment.....	1
Chapter 1 Introduction to Clinical Assessment for Eating Disorders.....	3
<i>Ken Goss and John R.E. Fox</i>	
Chapter 2 The Assessment of Mental State, Psychiatric Risk and Co-Morbidity in Eating Disorders.....	11
<i>Hannah Andrews</i>	
Chapter 3 Psychological Assessment in Eating Disorders.....	28
<i>Ken Goss, Steven Allan, Lisa Galsworthy-Francis and Bhavisha Dave</i>	
Chapter 4 Physiological Assessment of Eating Disorders.....	42
<i>Ty Glover and Sonu Sharma</i>	
Chapter 5 Assessment of Occupation and Social Performance.....	61
<i>Rebecca Morris</i>	
Chapter 6 Motivation to Change.....	75
<i>Catherine Kitson</i>	
Chapter 7 Treating Eating Disorders: Some Legal and Ethical Issues.....	102
<i>Simona Giordano</i>	
Chapter 8 Perspectives on Living with an Eating Disorder: Lessons for Clinicians.....	117
<i>Stephanie Tierney</i>	
Section 2 Psychological Processes in Eating Disorders.....	135
Chapter 9 Psychological Processes in Eating Disorders.....	137
<i>John R.E. Fox and Ken Goss</i>	
Chapter 10 Trauma and Eating Disorder.....	139
<i>Christopher Holman</i>	
Chapter 11 Shame and Pride in Eating Disorders.....	154
<i>Steven Allan and Ken Goss</i>	

Chapter 12	Emotions and Eating Disorders.....	167
	<i>John R.E. Fox, Anita Federici and Mick J. Power</i>	
Chapter 13	Neuropsychological Inefficiencies in Anorexia Nervosa Targeted In Clinical Practice: The Development of a Module of Cognitive Remediation Therapy	185
	<i>Carolina Lopez, Helen Davies and Kate Tchanturia</i>	
Section 3	Psychological Therapies for Eating Disorders	199
Chapter 14	Introduction to Psychological Therapies for Eating Disorders	201
	<i>Ken Goss and John R.E. Fox</i>	
Chapter 15	Cognitive Behavioural Models in Eating Disorders	204
	<i>Myra Cooper</i>	
Chapter 16	Cognitive Behavioural Therapy for the Eating Disorders: Getting Off to a Flying Start.....	225
	<i>Madeleine Tatham, Jane Evans and Glenn Waller</i>	
Chapter 17	Psychodynamic Approaches to Eating Disorders	244
	<i>Tony Winston</i>	
Chapter 18	Family and Multifamily Therapy.....	260
	<i>Mima Simic and Ivan Eisler</i>	
Chapter 19	Using Cognitive Analytic Therapy to Understand and Treat People with Eating Disorders	280
	<i>Adrian Newell</i>	
Chapter 20	An Introduction to Compassion-Focused Therapy for Eating Disorders (CFT-E)	303
	<i>Ken Goss and Steven Allan</i>	
Chapter 21	Emotions and Eating Disorders: Treatment Implications	315
	<i>John R.E. Fox, Anita Federici and Mick J. Power</i>	
Section 4	Working With Special Populations and Service-Related Issues	339
Chapter 22	Working with Special Populations and Service-Related Issues	341
	<i>John R.E. Fox and Ken Goss</i>	
Chapter 23	Working with Anorexia Nervosa on an Eating Disorders Inpatient Unit: Consideration of the Issues	344
	<i>John R.E. Fox, Ceri Woodrow and Kate Leonard</i>	
Chapter 24	The Treatment Setting for Eating Disorders: Day Patient Treatment.....	360
	<i>Amy Willinge, Chris Thornton and Stephen Touyz</i>	

Chapter 25	Personality Disorder and Eating Disorder: The Management of Eating Disorders in People With Co-Morbid Personality Disorder	394
	<i>Mark J. Sampson, Magdalene Sampson and John R.E. Fox</i>	
Chapter 26	Working with Severe and Enduring Eating Disorders: Enhancing Engagement and Matching Treatment to Client Readiness	412
	<i>Josie Geller, Suja Srikameswaran, Joanna Zelichowska and Kim D. Williams</i>	
Chapter 27	Eating Disorders in Males	427
	<i>Zach de Beer and Bernadette Wren</i>	
Chapter 28	Eating Disorders in Childhood and Adolescence: Assessment and Treatment Issues.....	442
	<i>Debra Quine</i>	
Chapter 29	Eating Disorders in Childhood and Adolescence: Service-Related Issues	467
	<i>Debra Quine</i>	
Index.....		487



ABOUT THE EDITORS

John Fox works as a lecturer in clinical psychology in the Division of Clinical Psychology at the University of Manchester where he is involved in training the next generation of clinical psychologists, and as a Consultant Clinical Psychologist at the Eating Disorders Clinic at Cheadle Royal Hospital. He has published extensively on eating disorders, with a particular research interest in emotional factors and eating disorders.

Ken Goss is a Consultant Clinical Psychologist and Head of Coventry Eating Disorders Service in the United Kingdom. Dr Goss has more than 20 years' experience working with people with eating difficulties. He has supervised and trained numerous trainee clinical psychologists in the field of eating disorders.



ABOUT THE CONTRIBUTORS

Steven Allan is a Clinical Lecturer at the University of Leicester based with the Leicester Clinical Psychology Training Course. He is a Chartered Clinical Psychologist with a particular interest in adult mental health including eating disorders. Dr Allan's research has focused on models of social status, attachment, shame and other aspects of cognition and emotion as they impact on clinical problems.

Hannah Andrews is a Clinical Nurse Specialist at the Coventry Eating Disorder Service (CEDS). She qualified as a registered mental health nurse in 2001 and since then has worked within many challenging settings including acute inpatient, psychiatric intensive care and community settings. She has always had an interest in eating disorders, which has grown throughout her career and has led her to working solely within this specialty. Within her current role, Hannah is also very interested in psychiatric risk research, neuroleptic medication and compassion-focused therapy.

Myra Cooper is Senior Research Tutor on the Oxford Clinical Psychology Training Course and Senior Research Fellow, Harris Manchester College, University of Oxford. She received an MA from the University of Edinburgh and a DPhil from the University of Oxford. Her clinical training was completed at the University of Edinburgh where she received an MPhil in Clinical Psychology. Dr Cooper's research focuses on cognition and emotion in clinical and subclinical eating disorders. She is interested in the cognitions and cognitive and emotional processes involved in the development and maintenance of eating disorders, and in refining cognitive and metacognitive models. Her current research has focused particularly on negative self- or core beliefs related to eating disorders. Recently, she has also been working on the integration of psychological and neurobiological factors in relation to vulnerability and the maintenance of eating distress and eating disorders. This has involved a series of psychopharmacological and neuroscience studies, in collaboration with colleagues in Oxford.

Bhavisha Dave completed her clinical psychology doctoral training at the Universities of Coventry and Warwick. Dr Dave's interest in eating disorders was enhanced by her placement at Coventry Eating Disorders Service as well as her research titled 'Eating disorders in South Asian and Caucasian women: A comparative analysis of underlying reasons, needs and service implications'. Following completion of her doctoral training she worked in primary care in Nottinghamshire and then returned to work at the Coventry Eating Disorders Service until moving to a CMHT in Hertfordshire where she is currently working as a Clinical Psychologist.

Helen Davies is a researcher working at the Institute of Psychiatry, King's College London where she has worked for the past seven years in the Eating Disorders Unit. Helen has been involved in translational research, contributing to the development of

a cognitive remediation programme for people with anorexia nervosa. More recently her research has focused on emotion processing and she has completed a PhD on emotion expression in eating disorders.

Zach de Beer trained as a clinical psychologist in South Africa during the mid-1990s before moving to the United Kingdom. He initially worked in community adult mental health before specializing in eating disorders. Zach is currently Consultant Clinical Psychologist at the North Essex Partnership Foundation Trust where he is the clinical lead and service manager of the Eating Disorders Service and a visiting fellow to the University of Essex where he is closely involved with the training of clinical psychologists. He is a former chair of the British Psychological Society's Faculty for Eating Disorders and remains an active member. He has clinical and research interests in eating disorders in males.

Ivan Eisler is Professor of Family Psychology/Family Therapy and Head of Section of Family Therapy at the Institute of Psychiatry, King's College London. He is also the joint head of the Child and Adolescent Eating Disorders Service at the South London and Maudsley NHS Foundation Trust. He trained as a clinical psychologist in Prague and since 1982, when he moved to London, he has been part of a clinical research team investigating psychotherapies for anorexia and bulimia nervosa and has published extensively on this subject. He has also contributed to research on treatments in depression, substance abuse, adolescent self-harm and chronic pain. He has chaired training courses in family therapy both at the Institute of Psychiatry and the Institute of Family Therapy in London. He is a past chair of the Institute of Family Therapy and is past Editor of the *Journal of Family Therapy*. He is a member of the Academy for the Social Sciences.

Jane Evans is a Clinical Psychologist working at the Vincent Square Eating Disorders Service, Central and North West London NHS Foundation Trust. Her clinical training was completed in 2006 at University College London. Since qualifying she has specialized in providing cognitive behavioural therapy to individuals with eating disorders.

Anita Federici is a Clinical Psychologist in the Eating Disorders Program at Credit Valley Hospital in Ontario Canada. Her main research interests focus on developing and evaluating innovative treatments for multidagnostic patients with chronic eating disorder symptoms (e.g. those with co-morbid BPD, recurrent suicidal/self-injurious behaviours). Specifically, her research focuses on (i) investigating the effectiveness of integrated DBT-CBT models for adults and adolescents with complex eating disorder presentations, (ii) evaluating DBT mechanisms of change, and (iii) studying the role of motivation and commitment strategies related to treatment outcome.

Lisa Galsworthy-Francis is a trainee Clinical Psychologist at the University of Leicester (2009–2012 cohort). She obtained her BSc (Hons) in Psychology at the University of Birmingham in 2004 and a Postgraduate Certificate in Clinical Applications of Psychology in 2009. She has worked in various mental health posts and has a particular interest in eating disorders, which began during her undergraduate research on restrained eating. She is currently on placement at the Coventry Eating Disorders Service.

Josie Geller is an Associate Professor in the Department of Psychiatry at the University of British Columbia, Director of Research in the Eating Disorders Program at St Paul's Hospital, and practising psychologist in Vancouver, British Columbia. Her clinical and research interests focus on applications of readiness and motivation models to the assessment and treatment of eating disorders, and she has expanded her work to other populations, including individuals living with HIV. She is supported by numerous grants including the Canadian Institute for Health Research and the Social Sciences and Humanities Research Council of Canada, has published extensively and is an internationally renowned speaker.

Simona Giordano is Reader of Bioethics at the Centre for Social Ethics and Policy and Institute for Science Ethics and Innovation, School of Law, the University of Manchester. She is the author of *Understanding Eating Disorders, Conceptual and Ethical Issues in the Treatment of Anorexia and Bulimia Nervosa* (Oxford University Press, 2005), and of *Exercise and Eating Disorders: An Ethical and Legal Analysis* (Routledge, 2010). She has published extensively on eating disorders and psychiatric ethics more generally, as well as on other bioethical and biomedical ethics issues.

Ty Glover is the lead Consultant Psychiatrist at the Eating Disorders Unit, Cheadle Royal Hospital. This is a 30-bed unit and Dr Glover has extensive years of experience of working with and treating people with eating disorders. He is often called to lead debates on eating disorders on regional and national radio and TV programmes.

Christopher Holman is a Consultant Psychiatrist and Group Analyst, and Medical Director of The Retreat at York. His clinical work has mainly been with Eating Disorders and Personality Disorders. He has been instrumental in the development of the services for Eating Disorders and Trauma at The Retreat, and is particularly interested in the integration of an attachment model of personality development with a trauma model of psychiatric disorder.

Catherine Kitson is a Chartered Clinical Psychologist working at Liverpool and Sefton Eating Disorder Service (Mersey Care NHS Trust). She did her undergraduate degree at the University of Newcastle upon Tyne, before working for three years in a number of assistant psychologist and research assistant posts as well as a nursing assistant post at Huntercombe Manor Adolescent Eating Disorders Unit. Dr Kitson completed her Clinical Psychology Doctorate at the University of Manchester. Since qualification in 2004 she has worked almost exclusively in adult eating disorders services; an outpatient eating disorder service at Mersey Care NHS Trust and an inpatient eating disorder unit at Cheadle Royal Hospital.

Kate Leonard is a Principal Clinical Psychologist at the Specialist Psychological Therapies Service, Hazelmere Unit, Leigh Infirmary, Leigh, Greater Manchester. Kate qualified from the University of Manchester Clinical Psychology training programme in 2007 after completing a specialist placement and research in eating disorders. Since that time, she has worked for the 5 Boroughs Partnership NHS Foundation Trust. She now works with adults with learning disabilities who also have a mental health diagnosis. In the past, she has also worked within low secure inpatient units providing one-to-one therapeutic intervention, as well as working indirectly through staff teams.

Carolina Lopez is an Assistant Professor in the Department of Pediatrics and Surgery in the Faculty of Medicine at the University of Chile. She is also a Clinical Psychologist Specialist in adolescent eating disorders. She has developed her clinical and academic work in the Centre for Adolescent Health 'SERJOVEN' and Clínica Las Condes in Santiago, Chile. She finished her PhD in 2008 in the Eating Disorders Research Unit at the Institute of Psychiatry, King's College London, working under the supervision of Professor Janet Treasure and Dr Kate Tchanturia. Her main interests in research have been neuropsychological functioning in eating disorders and its clinical implications.

Rebecca Morris (née Roberts) is a first class honours graduate in Occupational Therapy from the University of Coventry. Since qualifying in 2001, Rebecca has worked primarily in adult psychiatry with experience of inpatient and community-based services both in the public and private sector. Rebecca's interest in eating disorders began during her student training and has continued throughout her career.

Adrian Newell trained as a Clinical Psychologist at the University of Newcastle on Tyne later obtaining a doctorate at Birmingham University. He has also trained as a CAT Psychotherapist (ACAT – Association for Cognitive Analytic Therapy). In the past he has managed clinical psychology services and as a clinician worked with patients experiencing a wide range of psychological difficulties including depression, anxiety and longstanding interpersonal problems including self-harm. For 10 years he was employed as Consultant Clinical Psychologist at the Eating Disorders Service at St George's Hospital in Stafford. In this post he specialized in providing CAT psychotherapy to patients with anorexia nervosa and bulimia nervosa. Recently he left the NHS and currently works independently as a CAT Psychotherapist and Clinical Psychologist in Leamington Spa. He also teaches CAT to clinical psychologists and to trainees on CAT practitioner training courses organized by ACAT.

Mick J. Power is a Professor of Clinical Psychology at the University of Edinburgh. Over his career he has developed models of cognition and emotion and considered their relation to emotional disorders. Following the development of the SPAARS model with Tim Dalgleish (Power and Dalgleish, 1997, 2008), Mick is currently developing measures of emotion states in normal and clinical groups and examining controlled and automatic processes in emotion. He has also worked for many years with the World Health Organization to develop their measure of quality of life, the WHOQOL.

Debra Quine is a Chartered Clinical Psychologist based at the Eating Disorders Service for St Helens and Knowsley, 5 Boroughs Partnership NHS Foundation Trust. She specializes in working with children, adolescents and adults with eating disorders and provides a service within both CAMHS and adult services.

Magdalene Sampson is a Clinical Psychologist working in the Greater Manchester West Eating Disorder Service. She has worked in this service since completing her Doctorate of Clinical Psychology in 2001. She obtained a diploma in cognitive therapy in 2004 and specializes in applying cognitive therapy for eating disorders.

Mark J. Sampson is a Consultant Clinical Psychologist and lead clinician in personality disorder for 5 Boroughs Partnership Foundation Trust Personality Disorder Hub

Service. He has edited a book on personality and community mental health teams. He has also worked for NICE as a guideline development group member on the NICE guideline for borderline personality disorder.

Sonu Sharma is a Consultant Psychiatrist and trained at the Royal Free Hospital and the Tavistock Clinic London, specializing in the treatment of eating disorders. Dr Sharma is the North West Representative for the Royal College of Psychiatrists in both Eating Disorders and Public Education, and teaches the Eating Disorders part of the curriculum at the University of Manchester for post-graduate students.

Mima Simic is Joint Head of the Child and Adolescent Eating Disorder Service at the South London and Maudsley NHS Foundation Trust as well as a Consultant Psychiatrist with the Dialectical Behaviour Therapy Service for young people with emerging borderline personality disorder. She is active in teaching, training and research in the United Kingdom and abroad on eating disorders and self-harm and was/is involved in a number of multicentric research studies on the efficacy of the multifamily therapy or family therapy in the treatment of eating disorders and self-harm. Dr Simic is currently involved in the development of the novel Intensive Treatment Programme (day care) for young people with anorexia nervosa and EDNOS.

Suja Srikameswaran is a Clinical Associate Professor in the Department of Psychiatry at the University of British Columbia, Professional Practice Leader for Psychology for Providence Health Care, and Outpatient Psychologist and research team member in the Eating Disorders Program at St Paul's Hospital, Vancouver, British Columbia. Her clinical specialty includes working with pregnant and post-partum women with eating disorders and individuals with chronic eating disorders and complex trauma. Her research interests focus on applications of readiness and motivation models to the assessment and treatment of eating disorders and obesity, as well as on the role of social support in eating disorders treatment. She is a co-author of grants received from the Canadian Institute for Health Research and the Social Sciences and Humanities Research Council of Canada, and she has many publications. She is a highly regarded teacher and presenter.

Madeleine Tatham is a Clinical Psychologist with the Vincent Square Eating Disorders Service, Central and North West London NHS Foundation Trust. She is also an Associate Academic Tutor with the Doctorate of Clinical Psychology training programme, University of Hertfordshire and co-organizes the CBT module.

Kate Tchanturia is Consultant Clinical Psychologist in the Eating Disorder Service in South London and Maudsley NHS Trust and Senior Lecturer in the Institute of Psychiatry at King's College London. Her main focus of research was cognitive and cultural aspects of eating disorders, cognitive remediation and neuropsychology. Dr Tchanturia was involved in several international collaborative studies, and is developing translational research bridging neuroscience to clinical practice in the ED population. She has published extensively in the field of eating disorders.

Chris Thornton is a Clinical Psychologist who consults to a number of eating disorders units in the public and private health sectors across Australia and New Zealand. His clinical and research interests centre on developing a continuum of care approach to the treatment of eating disorders. He is a Clinical Associate with the University of

Sydney and Macquarie University in New South Wales. He is the current President of the Australia and New Zealand Academy of Eating Disorders.

Stephanie Tierney is a Research Fellow at the University of Manchester. Her research has explored psychosocial interventions for people with eating disorders, the treatment experiences of adolescents with anorexia nervosa and their parents' views of this care. She has investigated the management of individuals with Type 1 diabetes mellitus who have an eating disturbance, pro-anorexia web sites and is interested in the 'anorexic voice' which some individuals report to be a key driver of their behaviour.

Stephen Touyz is Professor of Clinical Psychology and Honorary Professor in Psychological Medicine at the University of Sydney. He is also consultant to the Eating Disorders Programme at Westmead Hospital. Professor Touyz is a consultant Clinical Psychologist at the Sydney Adventist Hospital and an adviser to the New South Wales Branch of the Commonwealth Department of Veterans Affairs. Professor Touyz has both an academic and clinical interest in the field of eating disorders including anorexia and bulimia nervosa as well as binge eating disorder. He is the author of six books, 220 published papers and 292 conference proceedings. His current research interests include the staging of anorexia nervosa, treatment of anorexia nervosa and the nature of obsessive-compulsive symptoms in patients with anorexia nervosa.

Glenn Waller is Consultant Clinical Psychologist with the Vincent Square Eating Disorders Service, Central and North West London NHS Foundation Trust and is Visiting Professor of Psychology at the Institute of Psychiatry, King's College London. He has published extensively on eating disorders and cognitive behavioural therapy.

Kim D. Williams is a registered dietician with the Eating Disorders Program at St Paul's Hospital, Vancouver, Canada. She provides individual and group nutritional counselling and co-ordinates a programme for individuals with severe and enduring eating disorders. Kim has published and presented her work on eating disorders nationally and internationally.

Amy Willinge is a Clinical Psychologist with a speciality in the research, assessment and treatment of eating disorders. She completed her clinical doctorate training at the University of Sydney and has consulted to several public and private clinical health services in NSW. She has held a research position at the School of Psychology, University of Sydney and at the Eating Disorder Unit of Wesley Private Hospital. She has also consulted to the Eating Disorder Unit and Mood Disorder Unit of the Northside Clinic, Sydney. She currently works as a private practitioner and maintains an active interest in research enhancing eating disorder treatment outcomes.

Tony Winston is Consultant in Eating Disorders in the Warwick Eating Disorders Service, Warwick, UK. He trained in psychiatry, psychotherapy and eating disorders in Leicester and was Lecturer in the Psychiatry of Eating Disorders at Leicester University. In Warwick, he has established inpatient treatment programmes for both anorexia nervosa and complex bulimia nervosa, which integrate psychodynamic principles with cognitive behavioural and systemic approaches. He has published a

number of papers on psychotherapy and eating disorders and has a research interest in attachment and alexithymia.

Ceri Woodrow is a Chartered Clinical Psychologist working in the Adults with Learning Disability service for Wigan and Leigh, 5 Boroughs Partnership NHS Trust. Dr Woodrow completed her doctorate in Clinical Psychology at Manchester University in 2009 where her research explored nursing staff's construal of patients with anorexia nervosa.

Bernadette Wren trained as a Clinical Psychologist and Systemic Psychotherapist, and is now Head of Psychology at the Tavistock and Portman NHS Trust. She has degrees in philosophy and psychology and a continuing interest in the relevance of each discipline to the other. She chairs the UEL-Tavistock Doctorate in Systemic Psychotherapy, and teaches clinical research methods across a number of Tavistock courses. She has worked extensively with eating-disordered young people (at Great Ormond Street Hospital) and transgendered young people (at the Tavistock Clinic) and their families. She is currently involved in research focusing on parent-child communication, exploring a 'social domains' model of family interactions.

Joanna Zelichowska is a graduate student in Counselling Psychology at the University of British Columbia and a research assistant at the Eating Disorders Program at St Paul's Hospital in Vancouver, British Columbia. Her research interests focus on the role of intimacy and social support in individuals with eating disorders.

PREFACE

Eating disorders have often attracted considerable public and media interest, with many magazines commonly discussing celebrities' difficulties with their eating or their body sizes. In some ways, this fascination with eating and its disorders comes from the fact that Western society is riddled with contradictions when it comes to eating and ideal body shape. Women (and increasingly men too) are constantly bombarded with images of 'thin models', which are linked to messages of success and wealth, whilst we are also living in a culture that values eating and the importance of eating in demonstrating care and connectedness to others. At first glance, it may seem that eating disorders are a new phenomenon, but there have been reports of eating problems stemming back into history. In a fascinating book on Catherine of Siena (Bell, 1987), the author argues that her search of asceticism, in a sense of being closer to God, was pursued via a 'holy anorexia'. Whilst the first bona fide accounts of 'girls starving themselves' is discussed by Brumberg (2001), where he highlights that the first reported cases stem back to the nineteenth century. At this time there were numerous reports of 'fasting girls', such as Mollie Fancher, otherwise known as the 'Brooklyn Enigma', who was very well known for her claim of not eating, or eating very little for extended periods of time. There was also the famous case of the 'Welsh fasting girl' (Sarah Jacob) who claimed not to have eaten any food at all after the age of 12. Sadly, Sarah died shortly after being admitted into hospital after the effects of pronounced starvation (thereby 'proving' that she could not survive without food!).

Despite this history, we are still very much in the infancy of understanding and treating eating disorders. This is a worrying state of affairs as Fairburn and Harrison (2003) point out that eating disorders are still a significant source of physical and psychosocial morbidity, and they carry the highest mortality rate of any of the psychiatric disorders (e.g. Herzog *et al.*, 2000). These high levels of morbidity and mortality are particularly pronounced when it is considered that the prevalence of anorexia is 0.3%, 1% for bulimia nervosa (Hoek, 2006), and for EDNOS recent research has suggested that there is a prevalence rate of 2.4% (Machado *et al.*, 2007). These rates suggest that there is a high level of eating distress within society and a large proportion of cases often slipping beneath the radar of mental health services (Hoek, 2006).

When we both sat down to plan this book, it struck us early on that there have been many books on the topic of eating disorders, so we were left thinking what could a new volume bring to the field. Our motivation for compiling this edition was to consider the issues that we face in our everyday clinical practice. We wanted to edit a book that the jobbing clinician could pull off the shelf to help them address the issues and dilemmas that their clients will present on a regular basis and to help those planning and delivering services. These issues include: managing the process of assessment; client engagement with services; developing better models to help us and our clients understand eating disorders, and working with specific client groups with eating disorders (e.g. men or severe and enduring clients). It also provided us

with an opportunity to explore a range of perspectives on the challenges of working with people with an eating disorder. These included service organization and therapeutic approaches. It was on the back of these decisions that we decided to divide the book into four sections: (i) clinical assessment of eating disorders, (ii) psychological processes in eating disorders, (iii) psychological therapies, and (iv) specific populations and service-related issues.

The first section looks at the issues involved in assessing people with eating disorders, with a focus on risk and common co-morbid mental health difficulties (Andrews), psychological assessment (Goss *et al.*), medical assessment (Glover and Sharma), assessment of occupation and social performance (Morris), motivation to engage in treatment (Kitson), ethical issues and dilemmas (Giordano), and sufferers' and carers' perspectives on living with an eating disorder (Tierney). Recent developments in the field have enhanced our understanding of the emotional and cognitive processes that may be aetiological or maintenance factors in eating disorders. We explore these developments within the second section of this volume. The authors in this section outline and discuss the role of trauma within eating disorders (Holman), shame and pride (Allan and Goss), and basic emotions perspective (Fox *et al.*). Finally, Lopez *et al.* explore the use of cognitive remediation therapy to target potential neuropsychological abnormalities in anorexia nervosa.

Over our journey in designing this book we reflected upon the benefits and potential limitations of current therapies for eating disorders clients. We are at the stage where NICE recommends treatments of choice for some eating disorder clients (e.g. CBT for bulimia nervosa). However, these are not as effective as we, and indeed our patients would like them to be, and for many clients there are no recommended treatments of choice. It was our intention to revisit, arguably, the most influential therapeutic schools and to consider new approaches that have developed from these. We start this section with an introduction to metacognitive approaches (Cooper), and Tatham *et al.*'s recommendation that existing NICE guideline treatment (CBT) needs to get off on a flying start so that both clients and clinicians adhere to the treatment model. Winston revisits a more traditional psychodynamic approach to eating disorders. The limitations of individual therapy, particularly working with severe and enduring eating disorders or younger clients, are identified within the NICE guidelines. Simic and Eisler consider a family therapy approach in working with people with eating disorders to address some of these limitations, whilst Newell outlines the cognitive analytic therapy approach that has its roots in both psychodynamic and cognitive approaches. In the second half of this section we introduce three new approaches that have developed from recent advances in our understanding of the aetiology and maintenance of eating disorders. Goss and Allan outline compassion-focused therapy for eating disorders which specifically targets shame, self-criticism and pride. Fox *et al.* discuss ways of working with emotions from a number of different theoretical perspectives.

In the fourth section of this book our aim was to recognize the diversity of our clients and services and the challenges that this can present in assessment and treatment. Changes in the ways treatment may be funded has led to a re-evaluation of the traditional split between inpatient vs. outpatient care, particularly in the United Kingdom. We are aware that most of the therapies outlined in this book were designed to be delivered within specialist outpatient services (in line with NICE guidelines), although they can be often applied by clinicians working in generic settings. However, there remains the need for more intensive treatments and these are explored by Fox

et al. (inpatient treatments) and Willinge *et al.* (day patient treatments). These authors discuss how these modalities may enhance the care of eating disorder clients as well as their potential pitfalls. It is often thought that our client group are young women, but sadly there are men, children and older women who also struggle with eating disorders. It is our sense that these groups represent real challenges to us as clinicians as our adult young female-based models frequently break down. It is often striking that there are a number of our clients who do not improve in treatment and, as a consequence, develop more complex, chronic presentations. It felt important for this book to address the differing needs of these client groups. Sampson *et al.* and Geller *et al.* provide timely guidance on working with the most challenging of our clients, such as those with a personality disorder or clients with a severe and enduring eating disorder. De Beer and Wren discuss the client population that we are seeing more often in clinical practice, namely men with an eating disorder. Finally, Quine explores the specific challenges of assessing children and adolescents with an eating disorder.

In sum, it has been a privilege and a pleasure to work with all of our contributors and it is our hope that this book represents a thought-provoking and informative edition for both the academic and clinician in their work in trying to understand and work with people with eating disorders.

John R.E. Fox
Ken P. Goss
July 2012

References

- Bell, R.M. (1987) *Holy Anorexia*. Chicago: University of Chicago Press.
- Brumberg, J.J. (2001) *Fasting Girls: The History of Anorexia Nervosa*, 2nd edn. London: Vintage Books.
- Fairburn, C.G. and Harrison, P.J. (2003) Eating disorders. *Lancet*, 361, 407–416.
- Herzog, D.B., Greenwood, D.N., Dorer, D.J. *et al.* (2000) Mortality in eating disorders: A descriptive study. *International Journal of Eating Disorders*, 14, 261–267.
- Hoek, H.W. (2006). Incidence, prevalence and mortality of anorexia nervosa and other eating disorders. *Current Opinions in Psychiatry*, 19 (4), 389–394.
- Machado, P.P.P., Machado, B.C., Gonçalves, S. and Hoek, H.W. (2007) The prevalence of eating disorders not otherwise specified. *International Journal of Eating Disorders*, 40 (3), 212–217.



ACKNOWLEDGEMENTS

We would like to thank Adrian Wells for inviting and supporting us in the compiling of this book. We would also like to thank Karen Shield for her patience and encouragement; there were times when she must have thought we would never finish!

It has been a pleasure to read the contributions from all of the authors. We thank them for their hard work, we know how difficult it is to fit writing around the 'day job' but their chapters offer an important contribution in enhancing our understanding and treatment of people with an eating disorder.

The encouragement and support of our employing organizations (for John, University of Manchester and colleagues at Priory Hospital Cheadle Royal, and for Ken, Coventry and Warwickshire Partnership NHS Trust) allowed us the time to develop this work. The inspiration for this book came from our patients. Their generosity in sharing their stories and allowing us to join them on their journey to understand and overcome their eating disorder has allowed us to develop our ideas and share them with the reader.

Finally we would like to thank our families for their patience, support and encouragement whilst we worked on the book. So, Shannon, Lewis, Adam and Tasha – you can have your Dads back, Kirsti and Gill – you are stuck with them . . . again!



Section 1

CLINICAL ASSESSMENT

Chapter 1

INTRODUCTION TO CLINICAL ASSESSMENT FOR EATING DISORDERS

Ken Goss and John R.E. Fox

The first section of this volume will outline multidisciplinary strategies for assessing people with an eating disorder (ED), including differential diagnosis between eating disorders, and assessing for psychiatric and medical co-morbidity. As a preface to this section, we will outline the most frequently used eating disorder diagnoses and how these may relate to the course of illness and prognosis. We also explore some of the difficulties with the diagnostic categorization of people with an ED.

EATING DISORDER DIAGNOSES

Eating disorders often attract considerable public and media interest, with many magazines commonly discussing celebrities' difficulties with their eating or their body sizes. Fairburn and Harrison (2003) pointed out that EDs are a significant source of physical morbidity, psychosocial impairment, and they carry the highest mortality rate of any of the psychiatric disorders (e.g. Herzog *et al.*, 2000).

Diagnostic classificatory systems may be an anathema to many readers of this volume. However, a basic familiarity with them, and an understanding of their utility and limitations, is important for clinicians undertaking eating disorder assessment and treatment; not least since treatment pathways (and indeed the commissioning of services) are frequently based upon diagnosis.

One of the most commonly used classificatory systems for mental health diagnosis (DSM-IV; APA, 2004) groups EDs into three main types: anorexia nervosa (AN), bulimia nervosa (BN) and atypical eating disorders or eating disorders not otherwise specified (EDNOS).

The term 'anorexia nervosa' is of Greek origin, which translates to a 'lack of desire to eat', and the first reported cases stem back to the nineteenth century. The word *bulimia* derives from the Greek *βουλῖμια* (boulīmia; ravenous hunger), a compound

of βους (bous), ox and λιμός (līmos), hunger, and is now understood as meaning an 'ox-like hunger'. Unlike AN, the history of BN is considerably shorter, with Gerald Russell publishing the first account of BN in 1979 (Russell, 1979). Like anorexia, recent interest in the popular media has become considerable, with famous cases disclosing their own struggles with the condition, including Diana, Princess of Wales, Geri Halliwell and John Prescott. Eating Disorders Not Otherwise Specified (EDNOS) is defined within DSM-IV applying to individuals with clinically severe EDs, but that do not conform to the diagnostic criteria for either AN or BN. (The current DSM-IV and proposed disorder diagnostic categories are outlined in Appendix 1.1 at the end of this chapter.)

The common theme across these diagnoses are extreme concerns about shape and weight (described by Russell (1970) as a 'morbid fear of fatness'), a marked tendency to evaluate one's own self-worth by body shape and weight, and an extreme preoccupation to be 'thin'.

Additional diagnostic categories have also been proposed. These include Binge Eating Disorder (BED) (APA, 1994) where there is no compensatory behaviour for bingeing; Multi-Impulsive Bulimia (MI-BN) (Lacey and Mourelli, 1986) where eating disorder symptoms present alongside, and are interchangeable with a number of self-destructive behaviours; and Machismo Nervosa (Whitehead, 1994) where the preoccupation is not with thinness but with gaining muscle bulk.

A number of authors have argued that current classificatory systems are unsatisfactory. For example, difficulties in identifying fear of weight gain in non-European samples and lack of amenorrhoea in very low weight women (Cachelin and Maher, 1998) have brought two of the key diagnostic criteria for AN into question. Similarly frequency and duration of binges (one of the core criteria for diagnosing BN and BED) may have limited clinical utility in predicting outcome or distress and so may need to be re-evaluated with regard to their role in diagnosis (Franko *et al.*, 2004).

Eating disorders diagnoses are likely to be relatively fluid over time. It is reported that 25–33% of those with BN have a history of AN (Braun, Sunday and Halami, 1994), whilst 54% of women with AN are likely to develop BN over a 15.5-year period (Bulik *et al.*, 1997). Despite the limitations of the current classificatory systems it would appear that the overarching category of 'eating disorder' does remain relatively stable over time, regardless of the initial, more specific, diagnosis (Milos *et al.*, 2005).

THE DISTRIBUTION AND COURSE OF EATING DISORDERS

People with EDs often do not disclose their symptoms to others and, as a consequence, it is difficult to ascertain their exact prevalence. This secretive nature of EDs is often due to the ego-syntonic nature of thinness within AN (Serpell *et al.*, 1999) and the shame associated with BN (Hayaki, Friedman and Brownell, 2002). However, despite these difficulties there is evidence that the occurrence of EDs has increased over recent years (Willi, Giacometti and Limacher, 1990; Turnbull *et al.*, 1996).

Polivy and Herman (2002) estimated that the incidence of EDs range from 3 to 10% of females aged 15–29 years, with the incidence of AN and BN ranging from 0.3 to 0.9% and 1 to 1.5%, respectively, among Western European and American young women (Hoek and van Hoeken, 2003; Hudson *et al.*, 2007). The increase in incidence rates may be, in part, due to better diagnostic practices, better detection and increased help-seeking behaviours, especially in AN (van Hoeken and Lucas, 1998). As de Beer

points out later in this volume (Chapter 27), relatively little is known about the prevalence and incidence of EDs in men, although it is generally thought to be much lower than that in women.

In terms of EDNOS, recent research has suggested that there is a prevalence rate of 2.4% (Machado *et al.*, 2007). Estimates suggest that between 20% and 60% of those seeking treatment will be diagnosed as EDNOS (Anderson, Bowers and Watson, 2001; Turner and Bryant-Waugh, 2004). Up to 50% of these clients go on to develop AN or BN over a four-year period (Herzog, Hopkins and Burns, 1993). This can present challenges to treatment services that have developed AN or BN specific care pathways. NICE (2004) implicitly recognizes this, when it suggests that clients with EDNOS should be offered treatment for the presentation that most closely matches an AN or BN diagnosis. It is important to note that the levels of psychosocial distress and the impact on psychosocial functioning associated with EDNOS appear to be as severe as that found in clients with AN or BN (Herzog and Delinsky, 2001). For a more detailed discussion of the challenges that EDNOS presents see Norring and Palmer (2005).

The course and outcome of EDs is extremely variable and appears to involve the complex interplay of a number of factors that dictate the nature of the course of the ED. Steinhausen (2002) argued that the age of onset, duration of illness, severity of weight loss and development of bingeing and vomiting appear to lead to a poor prognosis in AN. It also appears that for 10–20% of cases, AN becomes unremitting and intractable (Sullivan *et al.*, 1998), with 50% of the cases developing into BN (Bulik *et al.*, 1997).

For BN, the course is slightly different. Individuals with a history of AN often develop BN (Fichter and Quadflieg, 2007). Whilst for those without a history of AN, BN often starts later in life than AN. Here, BN frequently starts via dietary restriction which then descends into a vicious cycle of bingeing and vomiting with no associated weight loss (Fairburn, Cooper and Cooper, 2000). Prognosis for untreated BN is poor, as up to 50% of individuals meeting criteria for BN will continue to meet diagnostic criteria for an ED (normally EDNOS) 5–10 years after initial onset (Collings and King, 1994; Keel *et al.*, 1999). Similarly, atypical eating disorders have also been shown to have a poor prognosis, and they often develop into AN or BN (Herzog *et al.*, 1993).

Agras *et al.* (2009) in a four-year prospective study of 385 participants meeting DSM-IV criteria for AN, BN, BED and EDNOS at three sites, found that remission rates for clients with EDNOS and BED were similar and had the shortest times to remission, with BN having the longest time to remission followed by AN. At four-year follow-up 78% of the EDNOS group were remitted compared with 82% of the BED group, 47% of the BN group, and 57% of the AN group. Retrospective review of past ED diagnoses for the EDNOS group found that 78% of the EDNOS group had a past full ED diagnosis. Over the duration of the study 27% of this group developed either AN or BN, 14% continued as EDNOS, and 59% recovered without developing another ED diagnosis. Only 18% finished the study with no other ED diagnosis.

Mortality rates directly attributable to eating disorder diagnosis vary between diagnostic groups, and also appear to have been improving over time. Anorexia nervosa has been seen as having the highest mortality rate of all the psychiatric disorders, with 5–8% dying from conditions directly relating to their AN (Herzog *et al.*, 2000; Steinhausen, Seidel and Metzke, 2000). In a more recent literature review of 24 randomized controlled studies, Keel and Brown (2010) found crude mortality rates of 0–8%, and a cumulative mortality rate of 2.8% for AN, 0–2% and 0.4%

for BN, 0–3% and 0.5% for BED, with no deaths reported in the limited number of EDNOS clients without BED.

Keel and Brown (2010) also noted that there are relatively few reliable indicators of eating disorder outcome. In AN the longer the duration of illness prior to treatment or the need for inpatient admission predict relatively poor outcome; whilst relapse predictors include the client's desire for a lower body weight and treatment in general rather than specialist eating disorder services. Psychiatric co-morbidity and general psychiatric symptom severity, Avoidant Personality Disorder, and a family history of alcohol abuse appear to predict a poorer outcome in BN. Relapse predictors in BN are poor motivation to engage in treatment and inpatient admission.

A number of predictors of poor outcome have been reported in BED; however none have been replicated across studies. The main prognostic indicators in EDNOS have been low BMI, previous diagnosis of AN, and lack of close friends. Keel and Brown (2010) conclude that prognostic indicators for AN appear to be closely related to duration and severity of illness, in BN they are related to severity of co-morbid syndromes, and in BED and BN appear to be more related to greater interpersonal problems.

SUMMARY

Although there are debates about specific eating disorder diagnosis, the diagnosis of 'eating disorder' does appear to reflect the difficulties of a substantial minority of people in relation to issues of size, shape, weight, eating and 'eating-disordered' behaviours (such as purging). There appear to be significant similarities between diagnostic groups, and often people will cross over between diagnoses over time, either on their way to another eating-disordered presentation, or toward recovery. The good news is that mortality related to an eating-disordered diagnosis does appear to be falling. This is likely to be the result of better detection, assessment and treatment.

CLINICAL ASSESSMENT OF EATING DISORDERS

In the first section of this volume we have collected the perspectives of a number of authors outlining the components of a comprehensive assessment for a person with an ED. NICE (2005) recommends that clinical assessment of EDs should be multidisciplinary, and cover psychosocial and physiological assessment.

Chapter 3 by Goss *et al.* outlines the functions of psychological assessment in EDs, how the client's stance influences the assessment process, the use of clinical interview and self-report questionnaires and integrating psychological assessment with other assessments. Andrews (Chapter 2) notes that psychiatric co-morbidity is common and clinical risk relatively high in eating-disordered populations. She outlines how the mental state examination can be used during the assessment process and how this can help to identify these factors. In Chapter 4, Glover and Sharma focus on the assessment and management of physiological complications in the ED. They also address how these physiological complications can be managed, in 'routine' and 'high risk' eating disorder populations, including those with severely low weight, a diagnosis of diabetes, and in pregnant women.

Many clients with an eating disorder function with very little impact on their everyday lives. However, as Morris's chapter (Chapter 5) explores, difficulties in daily living can affect a significant minority of eating-disordered clients. She argues that a comprehensive assessment should also include the social and occupational aspects of the person's life. And identifies ways in which difficulties in these can be assessed and treated to improve the person's quality of life.

Perhaps the most challenging aspect of working with people with an ED is ambivalence or reluctance of many clients to engage in appropriate treatment. In Chapter 6, Kitson provides a helpful way of making sense of motivation to change, and how it may be enhanced when working with people with an ED.

The final two chapters of this section explore both the ethical and legal dilemmas faced by clinicians and the perspectives of the sufferer and the carer. Clinicians are often faced with a client who has high risk of medical or psychiatric complications of their ED, but remains unmotivated to address them. Giordano provides a very helpful introduction to these issues, and guides us through the complexities of the Mental Health Act, whilst exploring the ethical challenges that are likely to confront clinicians working in the area on a regular basis. Likewise, Tierney addresses the challenges of working with this client group from the perspective of the client and the carer. This is a very useful chapter for the clinician as it offers the all important insight into the world of the sufferer, whilst offering suggestions for overcoming these challenges.

References

- Agras, W.S., Crow, S., Mitchell, J.E. *et al.* (2009) A 4-year prospective study of Eating Disorder NOS compared with full eating disorder syndromes. *International Journal of Eating Disorders*, 42, 565–570.
- American Psychiatric Association (APA) (1994) *Diagnostic and Statistical Manual*, 4th edn (DSM-IV). Washington, DC: APA.
- Anderson, A.E., Bowers, W.A. and Watson, T. (2001) A slimming program for eating disorders not otherwise specified: Reconceptualizing a confusing, residual diagnostic category. *Psychiatric Clinics of North America*, 24, 271–280.
- Braun, D.L., Sunday, S.R. and Halami, K.A. (1994) Psychiatric comorbidity in patients with eating disorders. *Psychological Medicine*, 24, 859–867.
- Bulik, C.M, Sullivan, P.F., Fear, J.L. and Pickering, A. (1997) Predictors of the development of bulimia nervosa in women with anorexia nervosa. *Journal of Nervous and Mental Diseases*, 185, 886–895.
- Cachelin, F.M. and Maher, B.A. (1998) Is amenorrhea a critical criterion for anorexia nervosa? *Journal of Psychosomatic Research*, 44, 435–440.
- Collings, S. and King, M. (1994) 10-year follow-up of 50 patients with bulimia nervosa. *British Journal of Psychiatry*, 164, 80–87.
- Fairburn, C.G. and Harrison, P.J. (2003) Eating disorders. *Lancet*, 361, 407–416.
- Fairburn, C.G., Cooper, Z. and Cooper, P.J. (2000) The natural course of bulimia nervosa and binge eating disorder in young women. *Archives of General Psychiatry*, 41, 659–665.
- Fichter, M.M. and Quadflieg, N. (2007) Long-term stability of eating disorder diagnosis. *International Journal of Eating Disorders*, 40, 61–66.
- Franko, D.L, Wonderlich, S.A., Little, D. and Herzog, D.B. (2004) Diagnosis and classification of eating disorders. In J.K. Thompson (ed.) *Handbook of Eating Disorders and Obesity*. Hoboken, NJ: John Wiley & Sons, Inc., pp. 58–80.

- Hayaki, J., Friedman, M.A. and Brownell, K.D. (2002) Emotional expression and body dissatisfaction. *International Journal of Eating Disorders*, 31, 57–62.
- Herzog, D.B. and Delinsky, S.S. (2001) Classification of eating disorders. In R.H. Striegel-Moore and L. Smolak (eds) *Eating Disorders: Innovative Directions for Research and Practice*. Washington, DC: American Psychological Association, pp. 13–50.
- Herzog, D.B., Hopkins, J.D. and Burns, C.D. (1993) A follow-up study of 33 subdiagnostic eating disordered women. *International Journal of Eating Disorder*, 14, 261–267.
- Herzog, D.B., Greenwood, D.N., Dorer, D.J. *et al.* (2000) Mortality in eating disorders: A descriptive study. *International Journal of Eating Disorders*, 14, 261–267.
- Hoek, H.W. and van Hoeken, D. (2003) Review of the prevalence and incidents of eating disorders. *International Journal of Eating Disorders*, 34, 383–396.
- Hudson, J.I., Hiripi, E., Pope, H.G. and Kessler, R.C. (2007) The prevalence of and correlates of eating disorders in the national co-morbidity survey replication. *Biological Psychiatry*, 61, 348–358.
- Keel, P.K. and Brown, T.A. (2010) Update on course and outcome in eating disorders. *International Journal of Eating Disorders*, 43, 195–204.
- Keel, P.K., Mitchell, J.E., Miller, K.B. *et al.* (1999) Long-term outcome of bulimia nervosa. *Archives of General Psychiatry*, 56, 63–69.
- Lacey, H.J. and Mourelli, E. (1986) Bulimic alcoholics: some features of a clinical sub-group. *British Journal of Addiction*, 81, 389–393.
- Machado, P.P.P., Machado, B.C., Gonçalves, S. and Hoek, H.W. (2007) The prevalence of eating disorders not otherwise specified. *International Journal of Eating Disorders*, 40, 212–217.
- Milos, G., Spindler, A., Schnyder, U. and Fairburn, C.G. (2005) Instability of eating diagnosis: Prospective study. *British Journal of Psychiatry*, 187, 573–578.
- National Institute for Health and Clinical Excellence (NICE) (2005) *Eating Disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*. London: NICE.
- Norring, C. and Palmer, B. (2005) *EDNOS: Eating Disorders Not Otherwise Specified: Scientific and Clinical Perspectives on the Other Eating Disorders*. Hove: Routledge.
- Polivy, J. and Herman, C.P. (2002) Causes of eating disorders. *Annual Review of Psychology*, 53, 187–213.
- Russell, G.F.M. (1970) Anorexia nervosa: Its identity as an illness and its treatment. In J.H. Price (ed.) *Modern Trends in Psychological Medicine*. London: Butterworths, pp. 131–164.
- Russell, G.F.M. (1979) Bulimia nervosa: an ominous variant of anorexia nervosa. *Psychological Medicine*, 9, 429–448.
- Serpell, L., Treasure, J., Teasdale, J. and Sullivan, V. (1999) Anorexia nervosa: Friend or foe? *International Journal of Eating Disorders*, 25, 177–186.
- Steinhausen, H.C. (2002) The outcome of anorexia nervosa in the 20th century. *American Journal of Psychiatry*, 159, 1284–1293.
- Steinhausen, H.C., Seidel, R. and Metzke, C.W. (2000) Evaluation of treatment, intermediate and long-term outcome of adolescent eating disorders. *Psychological Medicine*, 30, 1089–1098.
- Sullivan, P.F., Bulik, C.M., Fear, J.L. and Pickering, A. (1998) The outcome of anorexia nervosa: a case controlled study. *American Journal of Psychiatry*, 159, 1284–1293.
- Turnbull, S., Ward, A., Treasure, J. *et al.* (1996) The demand for eating disorder care: An epidemiological study using the general practice research database. *British Journal of Psychiatry*, 169, 917–922.
- Turner, H. and Bryant-Waugh, R. (2004) Eating disorder not otherwise specified (EDNOS): Profiles of clients presenting at a community eating disorders service. *European Eating Disorders Review*, 1, 74–89.
- Van Hoeken, D. and Lucas, A.R. (1998) Epidemiology. In H.W. Hoek, J.L. Treasure and M.A. Katzman (eds) *Neurobiology in the Treatment of Eating Disorders*. Chichester: John Wiley & Sons, Ltd, pp. 97–126.