

Brief Cognitive-Behavioral Therapy for Adults with Anorexia Nervosa: CBT-20-AN

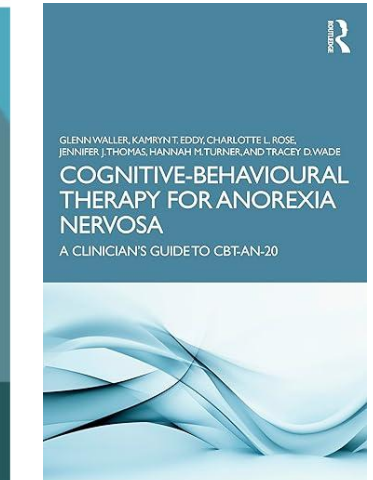
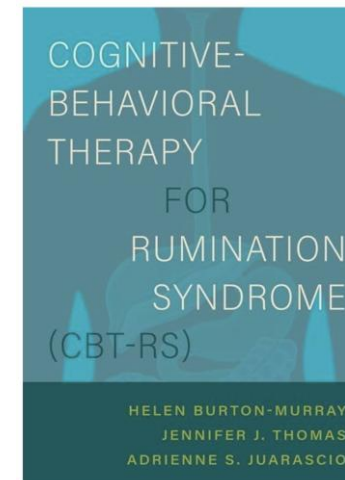
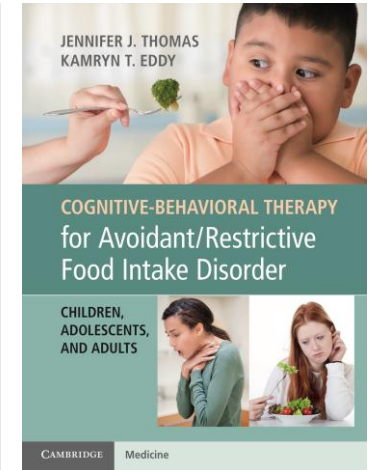
Jennifer J. Thomas, Ph.D.

Co-Director, Eating Disorders Clinical and Research Program,
Massachusetts General Hospital

Professor of Psychology, Department of Psychiatry, Harvard
Medical School

Disclosures

- I have the following relevant financial relationships with a commercial interest to disclose:
 - I receive consulting fees from Equip Health
 - I receive royalties for my books published by Cambridge University Press, Oxford University Press, and Routledge



Agenda

- Brief introduction to anorexia nervosa (AN)
- Rationale for development of brief interventions
- CBT-20-AN
 - Key components
 - Phase 1 – 5
- Preliminary outcomes
- Conclusions and future directions

DSM-5 Anorexia Nervosa

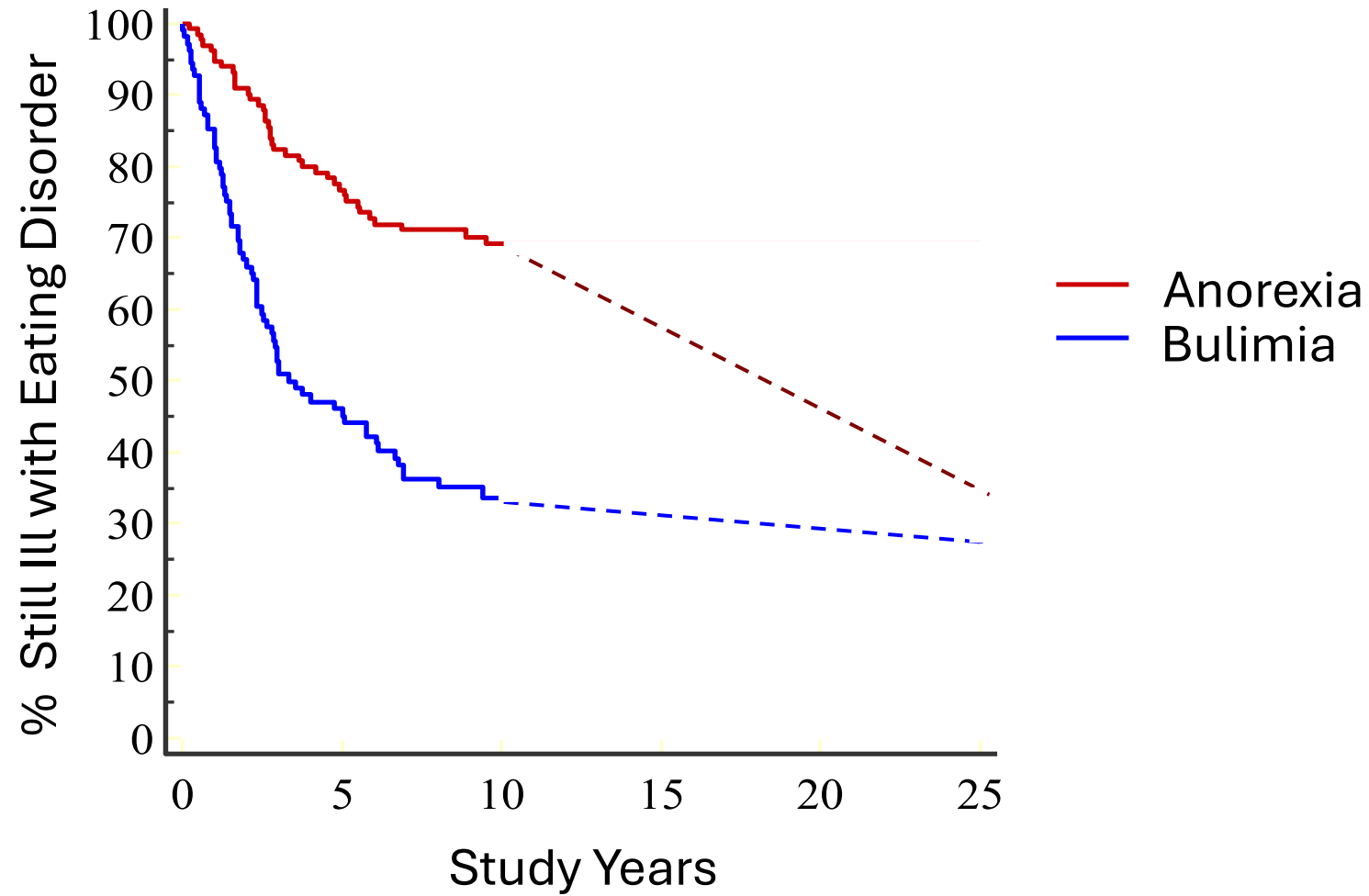


- Significant weight loss/low weight
- Unable to gain weight
- Lack of recognition

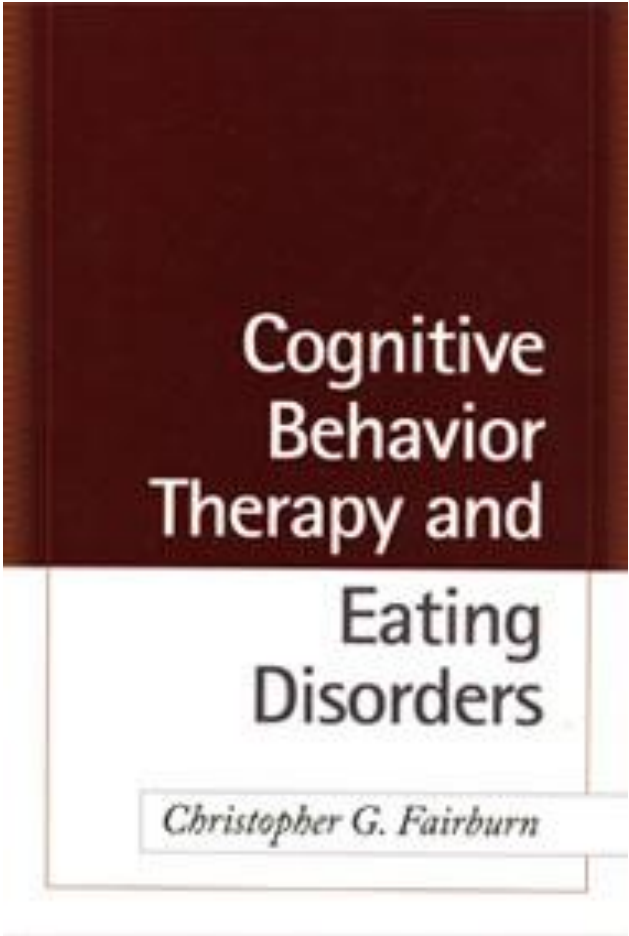
Premature Mortality Increases with Duration of Illness

- MGH 25-year Longitudinal Study
 - Standard mortality rate (SMR)= 4.37 [2.4-7.3]
 - SMR= 3.2 [0.9-8.3] for 0-15 yrs
 - SMR=6.6 [3.2-12.1] for >15-30 yrs

Recovery at 22-year follow-up



Prior Treatments Show Moderate Success

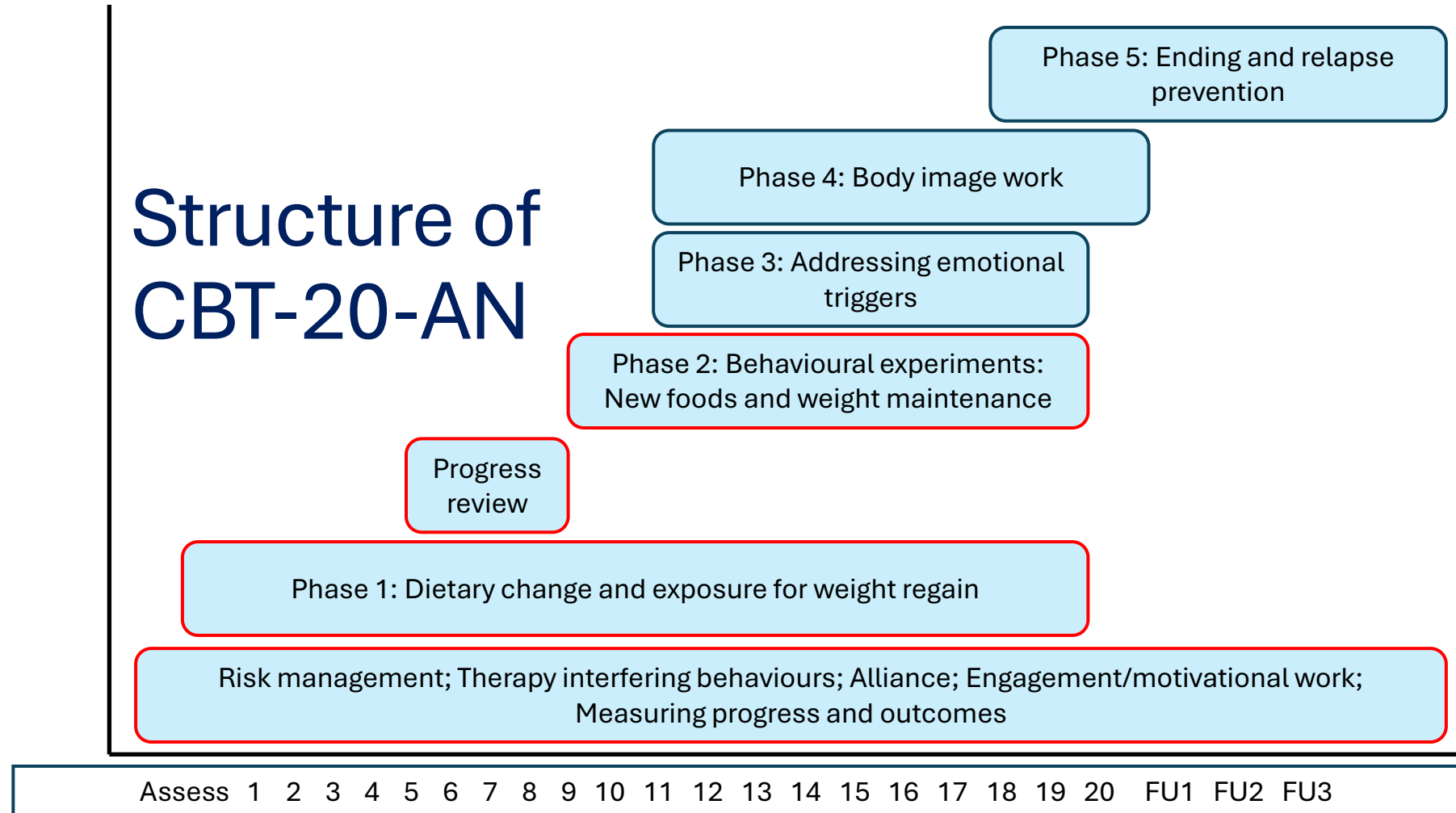


Day Date

Time	Food and drink consumed	Place	*	v/l	Context and comments

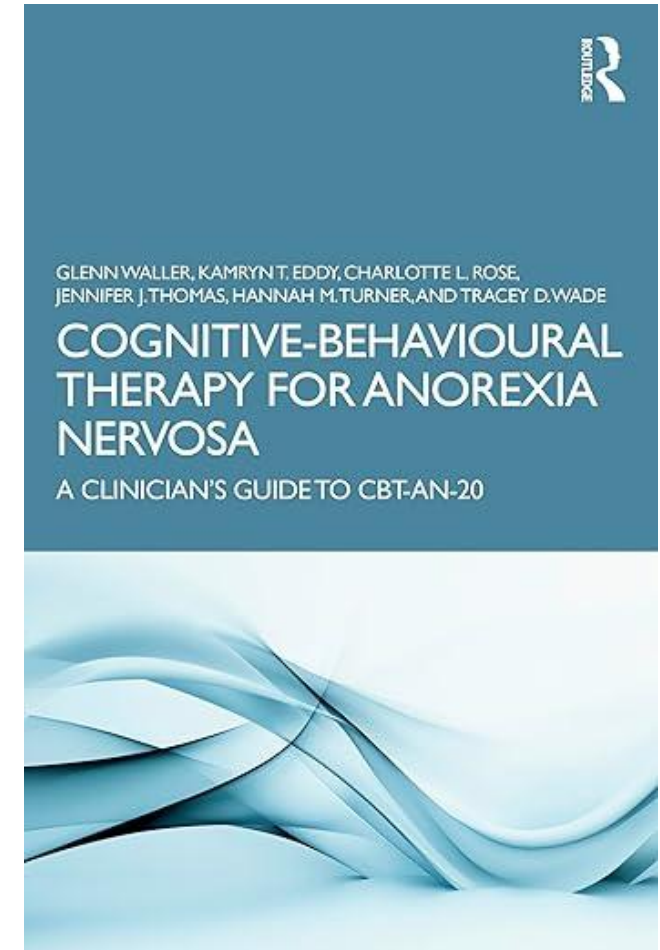


Research is Critical to Improving Outcomes



Phase 1: Motivation

- Considering the pros and cons of anorexia nervosa
 - Short- and long-term pros and cons of having anorexia nervosa
 - Short- and long-term pros and cons of change
- What does the patient get from the eating disorder?
 - What are the alternatives?
- Stress that sticking with the AN behaviours is a choice
 - Explain as avoidance/safety behaviour
 - But it is a choice that has serious costs
 - Physical, social, emotional, cognitive, quality of life, etc.



Phase 1: Weight Regain

- Eating more for weight regain – balanced diet, inc. carbs
 - Stressing the importance of *mechanical eating* at this point
- Aiming to get BMI up to 19.5 as a first step, then review
 - Not promising that that is enough – just a first step
 - Other targets matter (periods; cognitive; emotional; social)

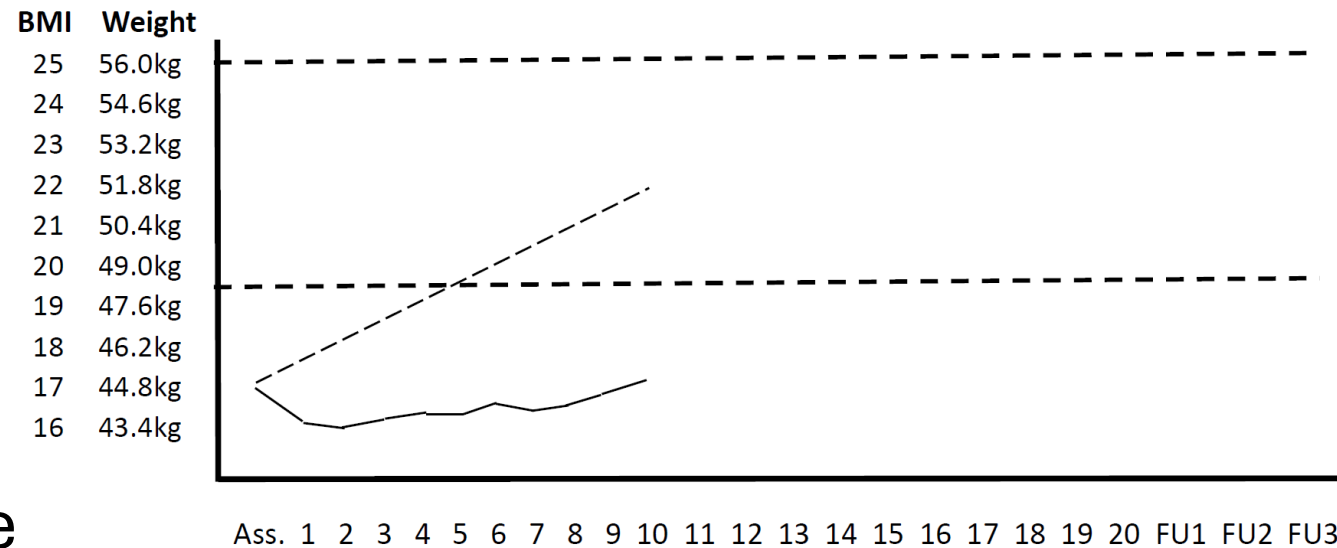
Phase 1: Exposure to Weight Gain

- Eating addresses the fear that weight will increase in an uncontrollable way
- Stress the importance of weight gain at speed
 - To face the fear and learn that weight gain is meaningful
 - Lots of positive reinforcement for weight gain

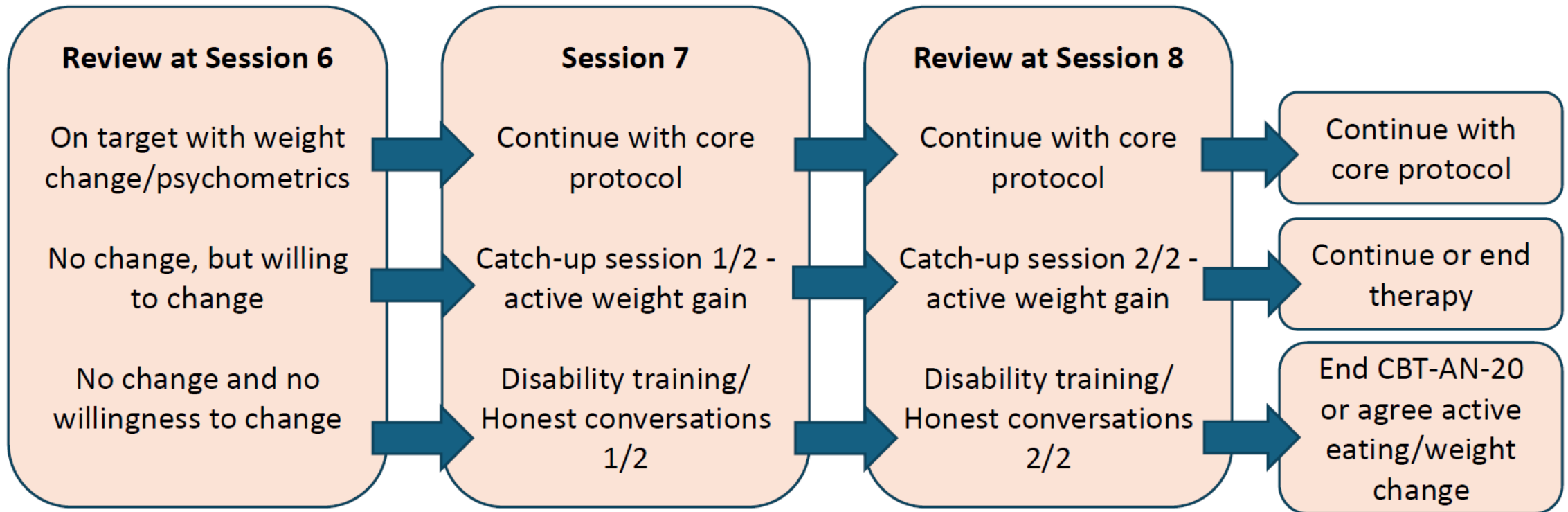


Phase 1: Collaborative Weighing

- Linking eating to weight
 - Repairing the “broken cognition”
- Weigh openly, so that the patient can learn
 - Blind weighing cannot work
- Demonstrate the difference between predicted weight change and actual weight change
 - Data vs schema

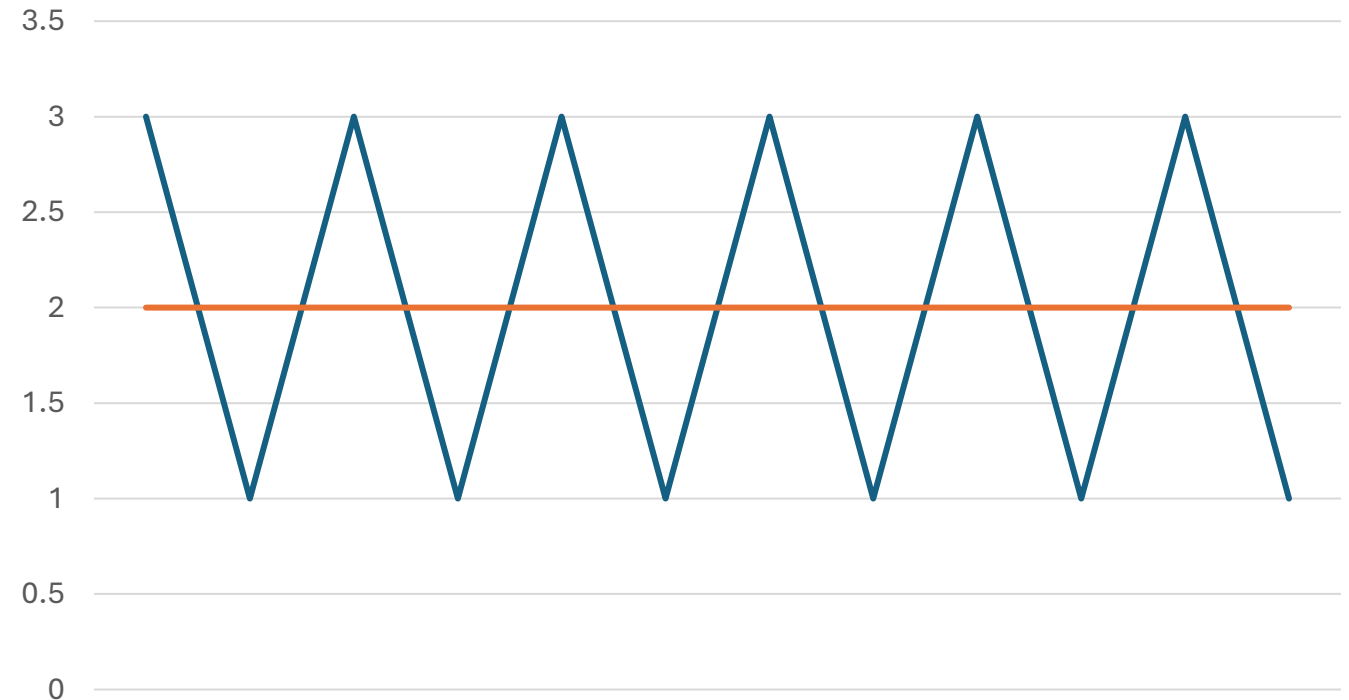


Progress Review (sessions 6-8)



Phase 2: Weight Maintenance

- Explain the need to stop weight gain at times
 - Dependent upon weight gain having happened
 - Proving that weight gain is not uncontrollable
 - During weight regain phase



Phase 2: Behavioral Experiments

- Addressing the introduction of specific feared foods
 - Testing out beliefs about their impact on weight and behaviours
- Addressing impact of other behavioural changes
 - e.g., Changes in exercise levels

Phase 2: Behavioral Experiment Example

Hypothesis:

“Eating pasta will make me gain weight out of control.”



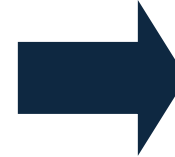
Day 1:

Predict 5 lb weight gain



Day 1-7:

Have a serving of pasta
every day for 1 week

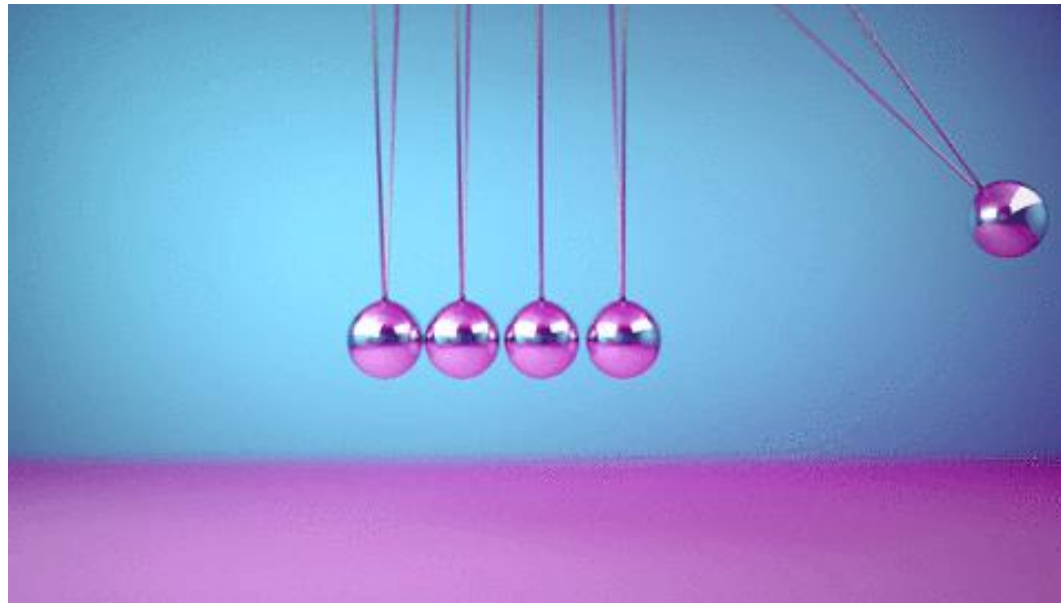


Day 7:

Has my weight really
increased by 5 lb?

Phase 3: Working with Emotional Triggers

- Newton's Cradle model
- Avoidance links to compulsive behaviours



Phase 4: Body image

- Body Perception Challenge – right at the start
- Surveys – to unstick progress, and when weight has been gained
- Mirror exposure – when the patient has reached normal weight



Phase 5: Ending Well

- Start the blueprint in session 18
 - Review at 19 and finalise at session 20
- Plan self-therapy sessions
 - Engage others if available and viable
- Plan for follow-ups
 - Pre-lapses; Lapses; Relapses
- Identify other work that needs doing
 - Self-help work
 - Therapy for other problems

Phase 5: Therapy Blueprint

- What were my problems when I was first started CBT-20-AN?
- What has become more possible, that seemed almost impossible before?
- What did I do to change, and what strengths did I harness to do so?
- What do I need to keep doing to stay well?
- What changes do I still want to make, and how will I achieve them?
- What might lead to a setback in the future?
- What would be the symptoms of a setback?
- How would I overcome the setback?
- What if that doesn't work?

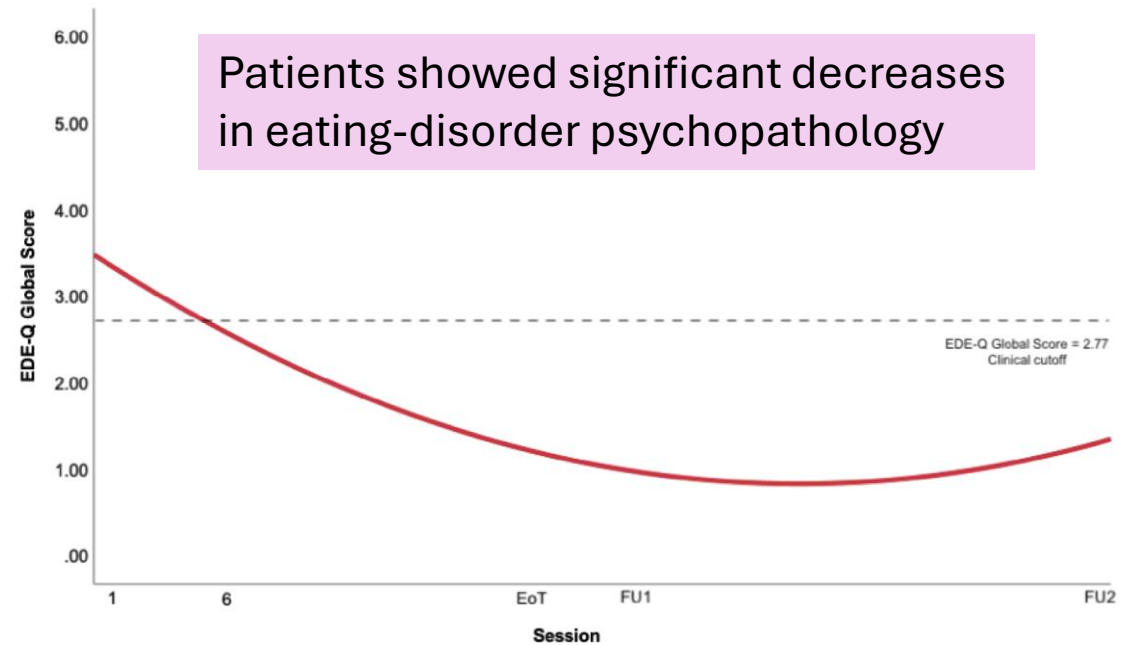
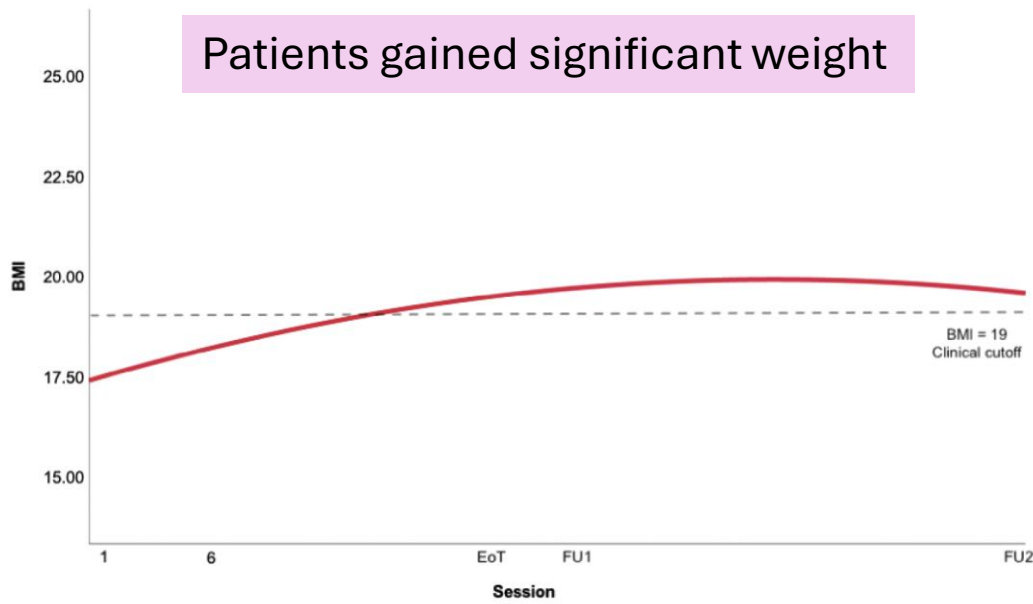
Phase 5: Enhancing Self-Efficacy



- Constant stress on the way that the patient made the change happen
- Not focused on the clinician's contribution
- Adds to the cognitive dissonance
 - “I worked so hard to recover”
=> “I must really have wanted to change like this”

Is CBT-20-AN Effective and Efficient?

- First case series published in 2026 by team in UK
- 61 adults with AN initiated treatment; 35 (57%) completed
- Findings from intent-to-treat analyses promising:



How do patients experience CBT-AN-20?

“It was very difficult to have to put on weight and give up control of my eating, weight and shape. They were what made me feel safe in the world, and giving them up was extremely traumatic and distressing. It caused me to have suicidal thoughts. It's the worst experience I've had in my life. I couldn't even have imagined anything so awful before. Now I'm out the other end, it was absolutely worth it”

Case series now underway at MGH Eating Disorders Clinical and Research Program

- Pilot study testing the feasibility and efficacy of CBT-20-AN
- Now enrolling adults (ages 18+) with AN or Atypical AN
- 15 patients enrolled (target = 40)
 - 4 treatment completers to date
 - 3 of 4 completers have fully weight-restored
- To refer a patient, please email Stefania Yee (syee5@mgh.harvard.edu)

Conclusions

- AN is a severe and impairing illness that can become chronic
- Novel treatments are urgently needed, especially for adults
- CBT-20-AN is being explored as a feasible option
 - Early findings are promising, and similar to those previously observed in much longer treatments