



# Eating Disorders Research in Asia: Introducing a Special Issue of *The International Journal of Eating Disorders*



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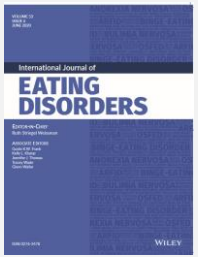
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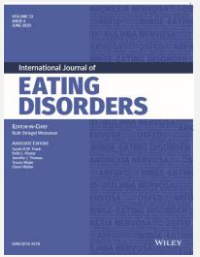


# Eating Disorders Research in Asia: Introducing a Special Issue of *The International Journal of Eating Disorders*



**Jennifer J. Thomas, PhD**

Co-director, Eating Disorders Clinical and Research Program at Massachusetts General Hospital; Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School, Boston, MA, USA; Secretary, Academy for Eating Disorders.



## Special issue on Asia

January & February 2021

### Key Findings

- Eating disorders are highly prevalent in Asia and their prevalence is increasing.
- Validated assessment tools are available in many Asian languages.
- Eating disorders often go undetected in clinical settings. The majority of individuals do not receive treatment.
- Psychosocial treatments that are evidence-based outside of Asia may require cultural adaptations for widespread implementation.

Featuring >25 scientific papers with new data and rich perspectives from >30 locations in Asia

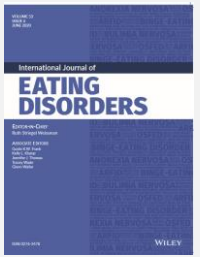


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**Sook Ning Chua, PhD**

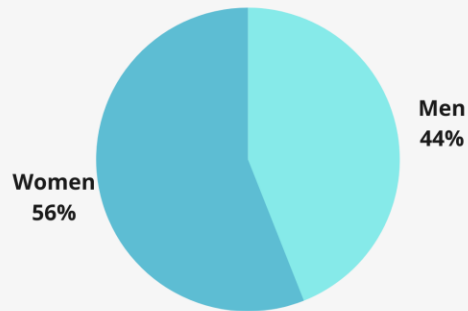
Clinical Psychologist and Senior Research Fellow at Nanyang Technological University, Singapore. Founder of *Relate Malaysia*, a nonprofit mental health organization in Malaysia.



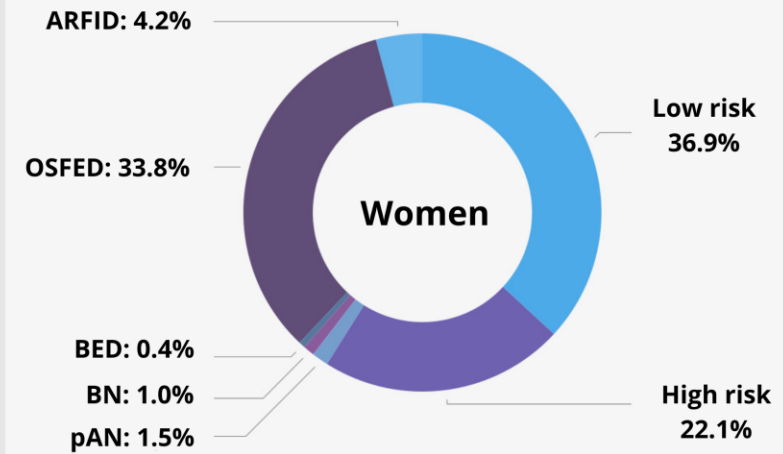
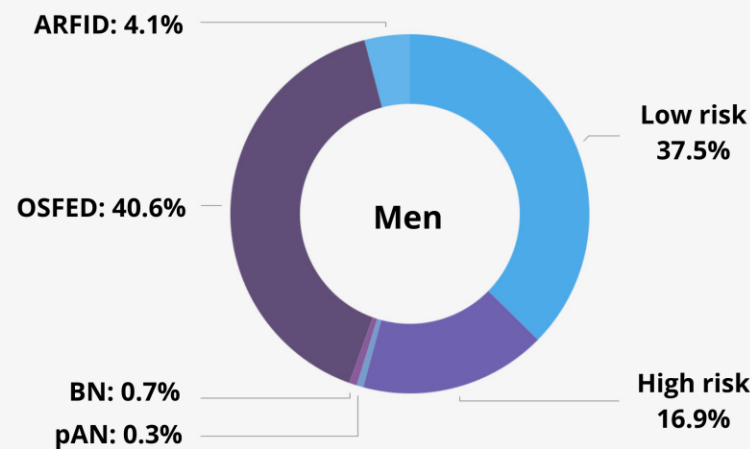
# NEARLY HALF OF ADULTS IN SINGAPORE ARE SYMPTOMATIC FOR AN EATING DISORDER, YET FEW ARE TREATED.

A community sample of 797 adults (ages 21–77 years) in Singapore were screened online for an eating disorder using the Stanford-Washington University Eating Disorder screen in June 2020.

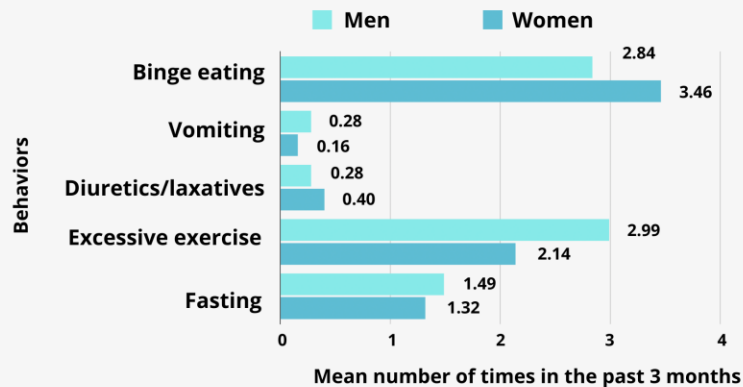
## POPULATION



## EATING DISORDER DIAGNOSTIC AND RISK CATEGORIES (%)



## DISORDERED EATING AND WEIGHT CONTROL BEHAVIORS



45.7% men and 41.2% women were symptomatic for an eating disorder.

Abbreviations: ARFID, avoidant/restrictive food intake disorder; BN, bulimia nervosa; BED, binge-eating disorder; OSFED: Other specified feeding or eating disorders; pAN, possible anorexia nervosa.

## TREATMENT STATUS OF ADULTS WHO SCREENED POSITIVE FOR AN EATING DISORDER

1.6% are currently in treatment.

95.1% have never received treatment.

Men and women reported a range of disordered eating and weight control behaviors in the past 3 months.

Chua, S. N., Fitzsimmons-Craft, E. E., Austin, S. B., Wilfley, D. E., & Taylor, C. B. (2021). Estimated prevalence of eating disorders in Singapore. *International Journal of Eating Disorders*.

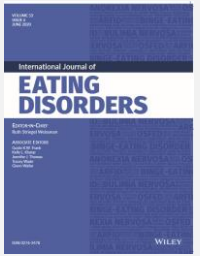


# Eating Disorders Research in Asia: Introducing a Special Issue of *The International Journal of Eating Disorders*



**Youl-Ri Kim, MD, PhD**

Professor, Department of Neuroscience; Lab Lead,  
Institute of Eating Disorders and Mental Health,  
Inje University, Kimhae, South Korea.



## A school-based eating disorder prevention program (Me, You & Us) for young adolescents in Korea: A 3-year follow-up study\*

### Objective

- The study aimed to examine the feasibility and long-term effects of a school-based eating disorder prevention program for young adolescents in Korea.



Sharpe et al., 2013

### School-based body image prevention program

#### : Me, You & Us

- Universal intervention for students in Y8 & Y9
- 6 lessons delivered by school teachers
- Focusing on:
  - Media Literacy
  - Fat Talking
  - Personal Strengths
- 3 year follow-up of 12 year olds after intervention (n=133) then, compared to control students (n=180) in Korea

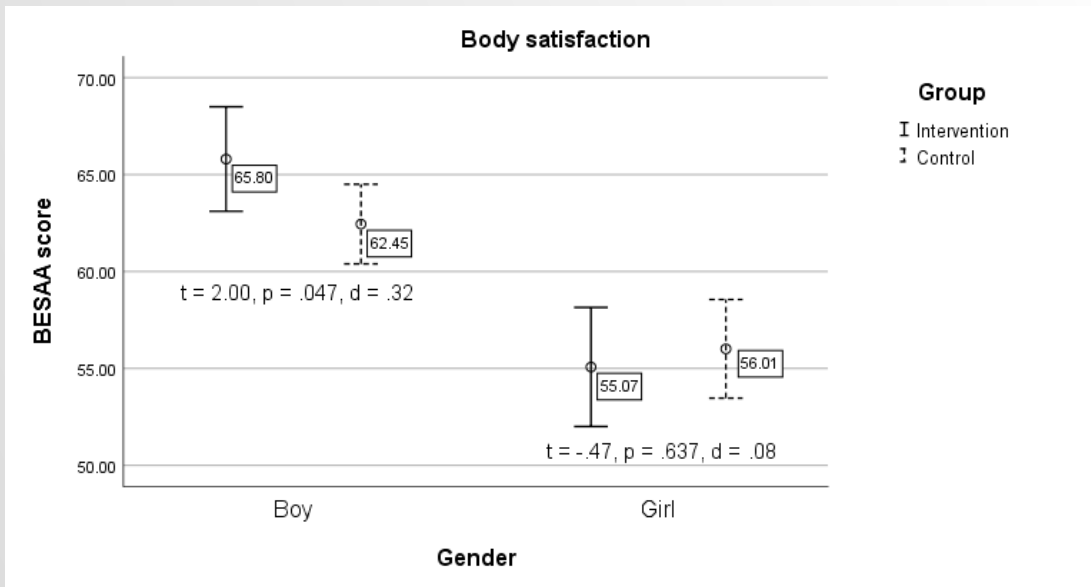
\*Kwag, KH, Han SW, Cho J-Y, Ko M, Park EJ, & Kim Y-R (2021). *International Journal of Eating Disorders*



# A school-based eating disorder prevention program (Me, You & Us) for young adolescents in Korea: A 3-year follow-up study\*

## Results

- At 3 year follow-up, higher body satisfaction in the intervention group than in the control group in boys, but no difference between groups in girls.



## Conclusions

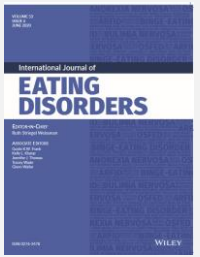
- Environmental factors are important risk factors for BN and prevention can target risk factors (fat talk, media literacy, low esteem).
- The cultural adaptation, feasibility, and long-term effects of a school-based ED prevention program for young adolescents in South Korea were examined.
- While low-intensity interventions may be useful for boys, girls may require a higher-intensity approach.

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**Mei-Chi Tseng, MD, PhD**

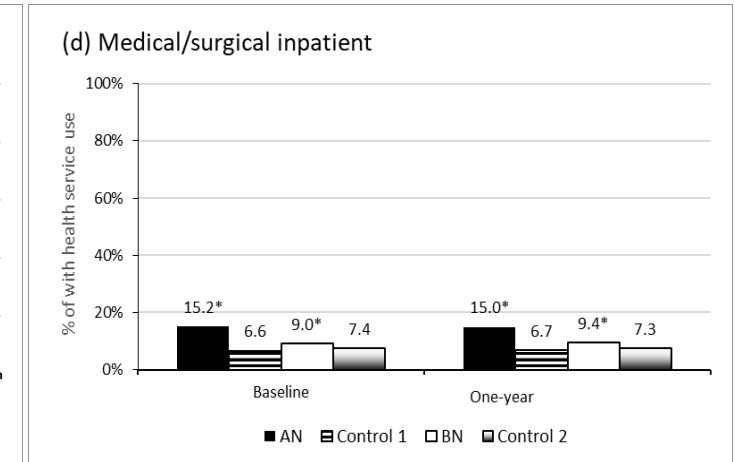
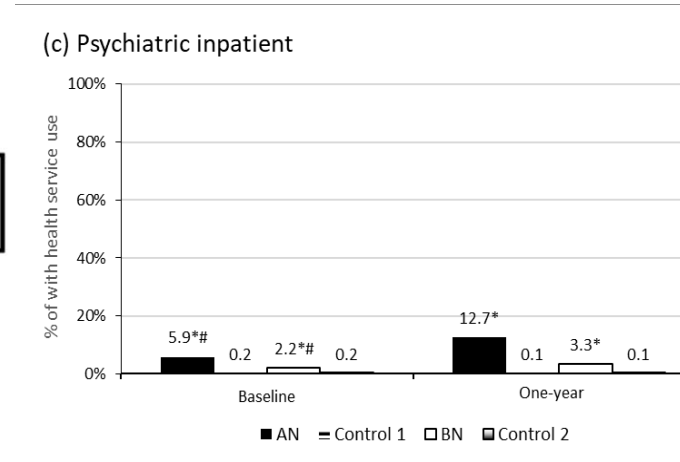
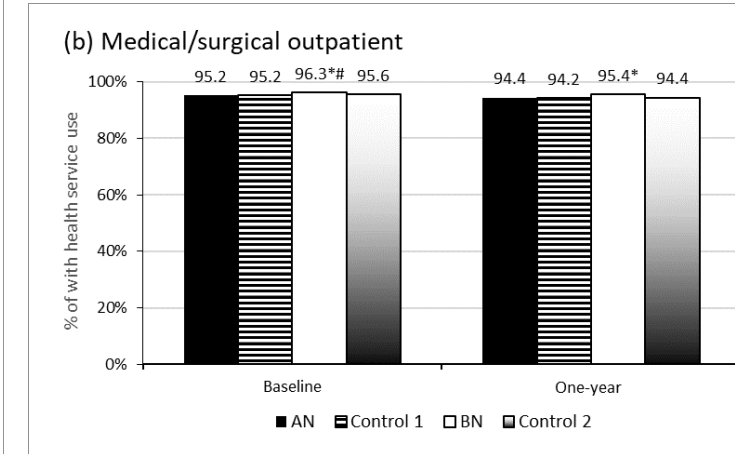
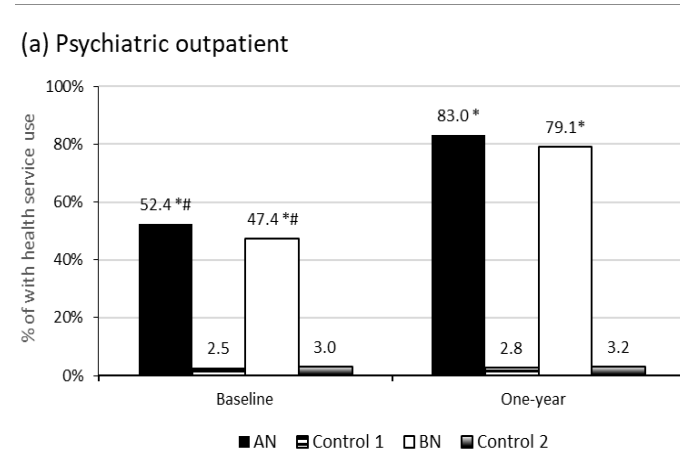
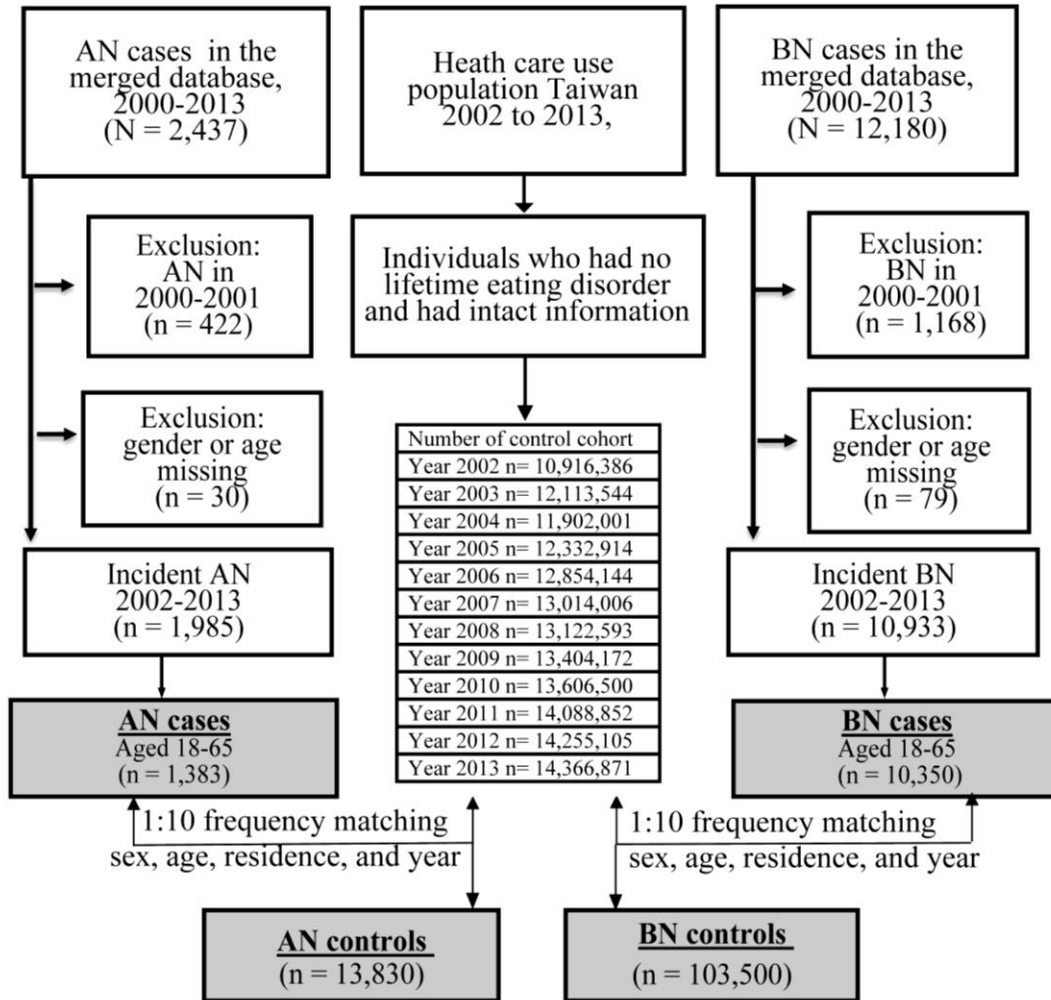
Director, Department of Psychiatry at Shuang Ho Hospital, New Taipei City, Taiwan; Adjunct Associate Professor of Psychiatry in the Medical College, National Taiwan University.



# Healthcare use and costs of adults with AN and BN in Taiwan\*

International Journal of

**EATING  
DISORDERS**



Flow diagram of selection of the study population.

Figures: Percentage of patients with utilization, by different medical services. \* $p < .001$  versus control; # $p < .001$  versus 1-year follow-up

\*Tseng, Tu, & Chang (2021), *International Journal of Eating Disorders*



- Both individuals with AN and BN had significantly elevated healthcare utilization and costs compared to controls during the baseline and one-year period after diagnosis.
- Comorbidity of depressive disorder (DD) and older age significantly increased healthcare costs among both individuals with AN and BN.
- Men with BN had significantly elevated costs compared to women.

## Effects of sex, age, and DD comorbidity on mean total cost at 1-year

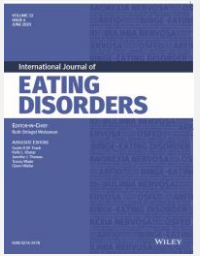
	N	Total cost		Univariate		Multivariate <sup>1</sup>		Multivariate <sup>2</sup>	
		Mean	SD	Coefficient	95% CI	Coefficient	95% CI	Coefficient	95% CI
<b>AN</b> 1383									
<b>Sex</b>									
Men	145	1902	(2749)	1.07	(0.86-1.35)	1.04	(0.83-1.29)	0.97	(0.78-1.20)
Women	1238	1770	(3806)	1.00		1.00		1.00	
<b>Age (years)</b>									
18–29	966	1465	(3633)	1.00		1.00		1.00	
30–39	280	2524	(3723)	1.72	(1.45-2.04)	1.50	(1.26-1.78)	1.33	(1.12-1.58)
40–65	137	2516	(3910)	1.72	(1.36-2.16)	1.46	(1.15-1.84)	1.20	(0.95-1.51)
<b>Comorbidity</b>									
No DD	539	1319	(3551)	1.00		1.00		1.00	
DD	844	2512	(3735)	1.90	(1.66-2.19)	1.72	(1.49-1.99)	1.75	(1.52-2.02)
<b>BN</b> 10350									
<b>Sex</b>									
Men	661	1592	(6606)	1.74	(1.58-1.91)	1.73	(1.58-1.90)	1.66	(1.51-1.81)
Women	9689	917	(1797)	1.00		1.00		1.00	
<b>Age (years)</b>									
18–29	6041	768	(1641)	1.00		1.00		1.00	
30–39	2769	1042	(1800)	1.36	(1.29-1.43)	1.24	(1.18-1.31)	1.22	(1.16-1.28)
40–65	1540	1567	(4722)	2.04	(1.91-2.18)	1.81	(1.70-1.94)	1.57	(1.47-1.68)
<b>Comorbidity</b>									
No DD	6600	714	(2455)	1.00		1.00		1.00	
DD	3750	1394	(2279)	1.95	(1.86-2.05)	1.90	(1.82-2.00)	1.85	(1.76-1.93)

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**Jue Chen, MD, PhD**

Director, Eating Disorder Center; Director, Department of Clinical Psychology at Shanghai Mental Health Center of Shanghai Jiao Tong University School of Medicine, People's Republic of China. Leader, Eating Disorders Academic Group of the Psychosomatic Medicine Branch of the Chinese Medical Association.





# The introduction of treatment and the cultural adaptability of western psychotherapies for eating disorders in China

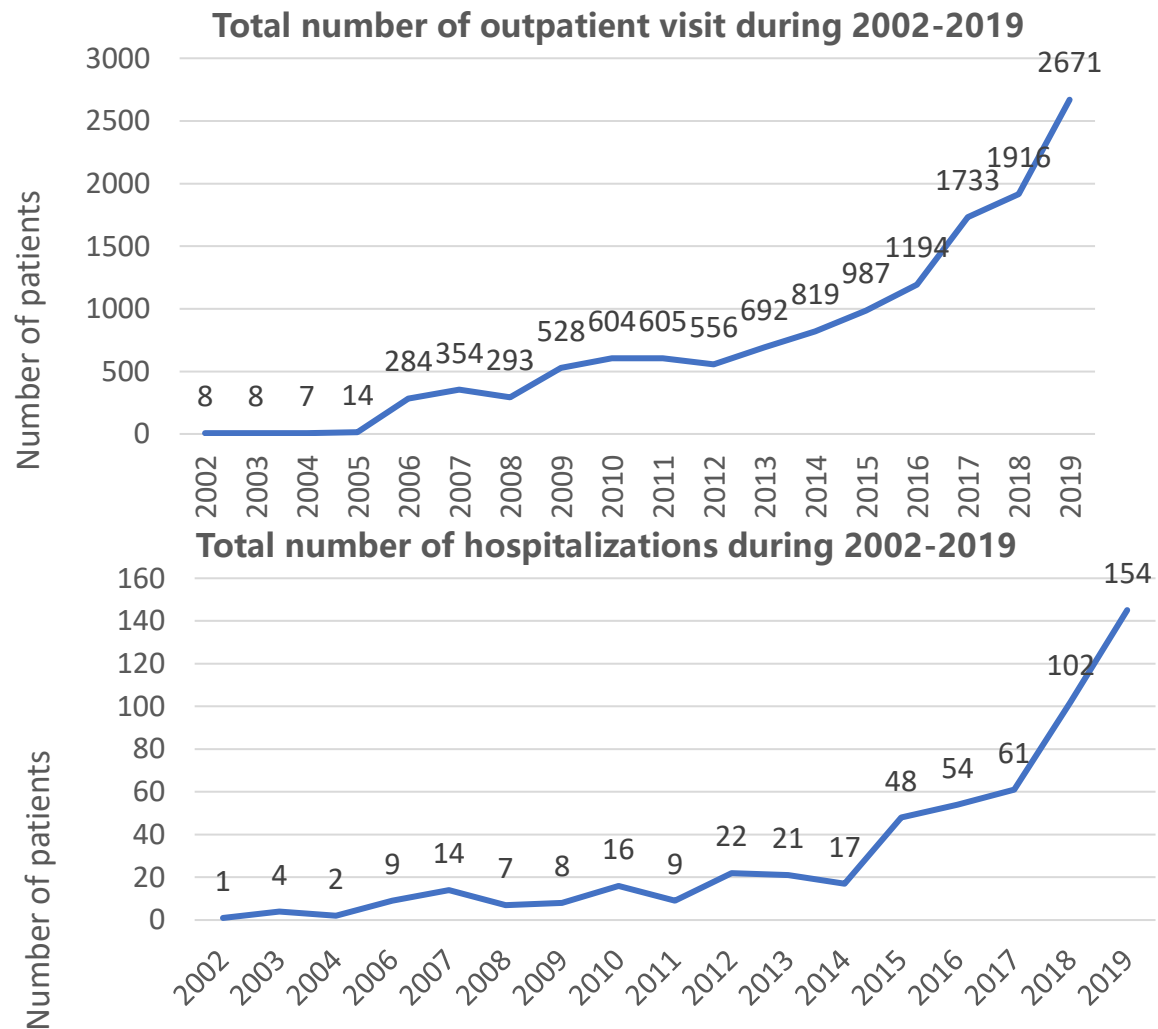
Jue Chen\* MD, PhD | Lei Guo MM | Lian Gu MPsy | Hui Han MPsy

## The history of eating disorders treatment in China

- The prevalence of ED in China has shown an increasing trend. The number of ED patients in mental health centers in China increased significantly.
- The treatment and research situation of ED in China has been gradually improved in the last 15 years.
- In 2015, the Chinese Medical Association promulgated the first edition of the “Chinese Guidelines for the Prevention and Treatment of Eating Disorders.”
- In 2018, the Chinese Medical Association established the first national ED academic organization, the “Eating Disorders Academic Group,” with 41 experts from different disciplines.



## The number of ED patients increasing in SMHC







# The introduction of treatment and the cultural adaptability of western psychotherapies for eating disorders in China

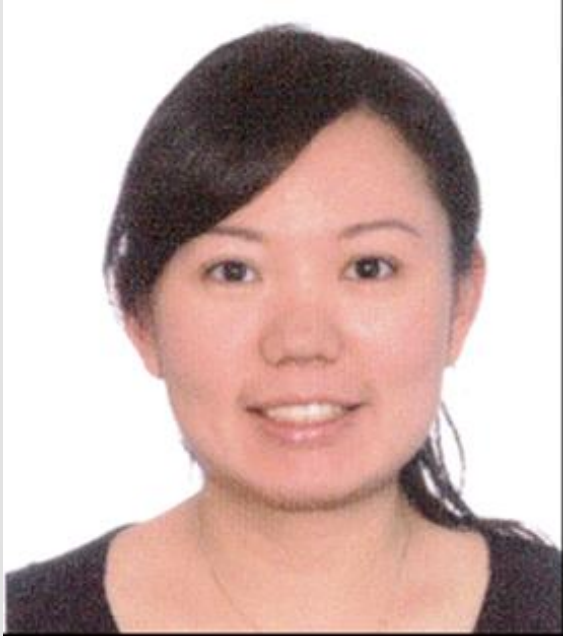
## Treatment Mode

- **Outpatient**
  - Most Chinese mental health centers can only provide follow-up visits by psychiatrists.
  - Most patients with ED cannot have access to psychotherapy in the outpatient clinic.
  - Insufficient clinical psychotherapists
- **Inpatient (recommended)**
  - Psychiatric hospitals
    - **Locked-door management mode (Beijing)**
      - Nutritional therapy (NT) and drug therapy (DT)
    - **Open-door management mode (Shanghai)**
      - Psychotherapy and caregiver support group, besides NT and DT
  - General hospitals
    - Patients with physical danger are recommended firstly

## Treatment Methods

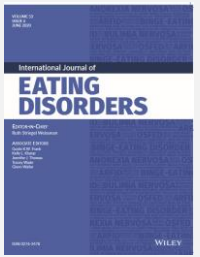
- **Nutrition treatment** is the basic treatment.
- **Medication** serves as symptomatic treatment firstly.
  - Antidepressants of SSRIs are commonly used
  - Atypical antipsychotics used when patients have severe body image disorder, fat phobia, etc.
- **Psychotherapy** (partially) suitable for Chinese culture, RCT needs to be developed.
  - **Family-based intervention model**
    - Cooperate with caregivers and the healthy part of patients to fight against “ED”
  - **Family-based treatment (FBT)**
    - Multi-family FBT support group could be developed as the basic treatment of ED patients
  - **Cognitive behavioral therapy (CBT)**
    - Group CBT (G-CBT) is now adopted in both outpatient clinic and inpatient unit
  - **Dialectical behavioral therapy (DBT)**
    - New, but a powerful tool
    - Group DBT (G-DBT) skill training is carried out

# Eating Disorders Research in Asia: Introducing a Special Issue of *The International Journal of Eating Disorders*



**Elaine Chew, MD, PhD**

Senior Consultant in Adolescent Medicine at KK Women's and Children's Hospital (KKH), Singapore; Adjunct Assistant Professor at Duke-National University of Singapore.



# Implementation of family-based treatment for Asian adolescents with anorexia nervosa: A consecutive cohort examination of outcomes\*

## Objective

- Describes the implementation of family-based treatment (FBT) in a multidisciplinary eating disorder program within a tertiary pediatric hospital
- Clinical outcomes of adolescents with anorexia nervosa (AN) treated with FBT versus treatment as usual (TAU)

## Methods

- Retrospective consecutive cohort study of 147 adolescents with AN
- 82 adolescents in TAU from 2010 to 2013 compared to 65 adolescents in FBT from 2014-2017
- Variables associated with weight restoration were analysed between the two groups at 6-, 12- and 24-month timepoints

\*Chew, Kelly, Tay, Baeg, Khaider, Oh, Rajasegaran, Saffari, & Davis (2021). *International Journal of Eating Disorders*



## Implementation of family-based treatment for Asian adolescents with anorexia nervosa: A consecutive cohort examination of outcomes

### Key findings

- Mean age was 14.2 (SD=1.5) years and 93% were female. Mean presenting percent median BMI was 74.0 (SD=7.8) and average illness duration was 7.7 (SD=6.1) months.
- Weight restoration rates and % median BMI in the FBT group were significantly higher than in the TAU group at 6-, 12-, and 24-month timepoints.
- Time to weight restoration was shorter for patients on FBT versus TAU.
- Within the FBT group, those that completed  $\geq 9$  FBT sessions had significantly higher rates of weight restoration at 12 months.

### Implications

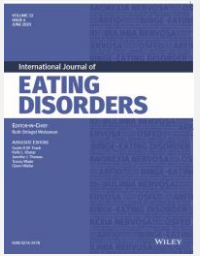
- FBT can be effectively implemented in a multidisciplinary eating disorder program managing Asian adolescents with AN.
- FBT achieved faster and improved rates of weight restoration than TAU.
- More research is needed to understand the predictors and moderators of remission using FBT in Asian adolescents with AN.

# Eating Disorders Research in Asia: Introducing a Special Issue of *The International Journal of Eating Disorders*



**Kazuhiro Yoshiuchi, MD, PhD**

Chair, Department of Psychosomatic Medicine at The University of Tokyo Hospital; Associate Professor, Department of Stress Sciences & Psychosomatic Medicine, Graduate School of Medicine University of Tokyo, Japan.



# EDE-Q-J: Factor structure

Original version (4 factors)

Shape Concern  
Weight Concern  
Eating Concern  
Restraint



Japanese version (3 factors)

Restraint and Eating Concern  
Dissatisfaction with shape and weight  
Self-esteem based on shape and weight

