
Eating Disorders: A Historical Perspective and Analysis of Current Treatment Approaches

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ABSTRACT: Eating disorders are severe mental health conditions that are associated with a high level of illness and death. These disorders, which include anorexia nervosa, bulimia nervosa, and binge eating disorder, have complex causes that involve a combination of genetic, psychological, and sociocultural factors. The treatment for eating disorders focuses on restoring weight and establishing healthy eating habits, while also addressing underlying issues related to emotional regulation and distorted thoughts. Over time, the approach to treating eating disorders has evolved, with changes in both psychiatry and clinical psychology. In the past, these disorders were often seen as unexplainable forms of hysteria and were treated with rest cures and confinement in asylums. The introduction of psychoanalysis, behaviorism, and pharmacology brought about an expansion in the range of therapeutic options available, although their effectiveness remained limited. Progress was made through the establishment of specialized inpatient programs and the implementation of standardized treatment protocols, leading to improved outcomes. Presently, evidence-based protocols incorporate psychological therapy, nutrition rehabilitation, and medical monitoring that are tailored to meet the individual needs of patients. Among the various treatment approaches, family-based treatment has shown the strongest empirical support for young individuals, while enhanced cognitive behavioral therapy has proven effective for adults. Despite the significant advancements made, eating disorder interventions still face challenges such as high relapse rates, indicating the need for further evolution in intervention strategies to enhance prevention and accessibility. This paper aims to examine the historical development of eating disorder treatments while providing a critical analysis of the current gold standard interventions. The discussion will address the persisting challenges in reducing eating disorder morbidity and mortality by exploring innovative therapeutic targets, modalities, and methods of dissemination.

KEYWORDS: Eating Disorders, Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Evidence-Based Treatment, Treatment Challenges

INTRODUCTION

Eating disorders are characterized by severe disruptions in eating patterns that significantly impair physical health and psychological well-being (American Psychiatric Association [APA], 2013). These disorders have the highest mortality rates among all mental illnesses, with estimates suggesting that 5-20% of individuals affected may ultimately die prematurely due to medical complications or suicide (Arcelus et al., 2011). The three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder. Anorexia nervosa involves restricting food intake, resulting in dangerously low body weight, an intense fear of gaining weight, and distorted body image. Bulimia nervosa is characterized by recurrent episodes of binge eating followed by compensatory behaviors such as purging. Binge eating disorder is characterized by recurrent episodes of uncontrolled eating without compensatory behaviors (APA, 2013).

The prevalence of anorexia among women is approximately 1%, while men have a prevalence rate of 0.3%. In contrast, bulimia affects over 1% of women and 0.5% of men (Galmiche et al., 2019). These eating disorders typically manifest during adolescence or early adulthood and typically last for about 5 to 7 years. However, there is a subgroup of patients who experience prolonged or lifelong illness (Bühren et al., 2014). The physical impact of these disorders is significant, as they can lead to nutritional deficiencies, cardiovascular and metabolic abnormalities, as well as gastrointestinal issues. Furthermore, the psychosocial aspects of individuals with eating disorders are greatly affected, including difficulties in interpersonal relationships and impairments in school or work performance (Harris & Barraclough, 1998).

Evidence-based protocols for eating disorders incorporate psychological and behavioral therapies, restoring weight, stabilizing medical conditions, and rehabilitating nutrition based on individual requirements. For adolescents undergoing family-based treatment, remission rates can reach 90%, while approximately 50-60% of adults respond positively to enhanced cognitive

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behavioral approaches (Thein et al., 2021). It is crucial to develop and refine effective interventions to reduce the burden of morbidity and mortality associated with these life-threatening disorders. This paper offers an overview of the history and evolution of eating disorder treatments, focusing on contemporary gold standard modalities. It critically examines both the progress that has been made and the existing gaps in terms of effectiveness and accessibility to guide priorities for further advancements in treatment.

LITERATURE REVIEW

Historical Perspectives on Eating Disorder Treatments

Historical viewpoints on the treatment of eating disorders can be traced back to the 17th century, a time when understanding and scientific research were still in their infancy. However, it wasn't until the 1870s that significant progress began to emerge in the field. This pivotal moment came with the publication of French physician Ernest-Charles Lasegue's findings on patients suffering from "anorexia hysterique" (Pearce, 2004). Lasegue's work shed light on the perplexing phenomenon of food refusal, which was widely believed to be a manifestation of an inexplicable nervous condition during that era (Silverman, 1997). The prevailing belief during this time was that individuals who refused to eat were simply suffering from a form of hysteria, a condition that was not yet fully understood or properly diagnosed. This notion persisted for many years, shaping the way eating disorders were perceived and treated. In fact, it was not until much later that a more nuanced understanding of these conditions would begin to emerge. Treatment recommendations during this period were often based on the limited knowledge available at the time. Rest, isolation, and force-feeding were commonly prescribed in an attempt to address the symptoms of eating disorders.

Unfortunately, despite these efforts, many patients continued to deteriorate or even succumb to their condition while under asylum care (Brumberg, 1988). The lack of effective treatment options and the limited understanding of the underlying causes of eating disorders contributed to the challenges faced by both patients and medical professionals during this time. It is important to recognize the historical context in which these early treatment approaches were developed. The medical community was grappling with limited knowledge and resources, and societal attitudes towards mental health were still evolving. The understanding and treatment of eating disorders would continue to evolve over the years, as researchers and clinicians delved deeper into the complexities of these conditions. In conclusion, the historical viewpoints on the treatment of eating disorders can be traced back to the 17th century, but it wasn't until the 1870s that scientific research began to make significant strides. The prevailing belief during this time was that food refusal was a result of an inexplicable nervous condition, and treatment recommendations focused on rest, isolation, and force-feeding. However, these approaches often proved ineffective, and many patients continued to suffer or even perish while under asylum care. The understanding and treatment of eating disorders would continue to evolve over time, as researchers and clinicians gained a deeper understanding of these complex conditions.

In the early 20th century, the psychoanalytic movement emerged, bringing with it a fresh and innovative perspective on the treatment of eating disorders. Clinicians began to place greater emphasis on the role of underlying conflicts, dysfunctional thought patterns, and adverse family dynamics in the development of disordered eating (Dare et al., 2001). This shift in focus led to the recognition that talk therapy, with its ability to delve into the psychological disturbances at the core of these disorders, was a crucial component of early-stage treatment. However, it is important to note that during this time, the significance of low weight and medical instability as obstacles to recovery was often overlooked (Garfinkel & Garner, 1982). While the psychoanalytic approach was instrumental in uncovering the psychological factors contributing to eating disorders, it sometimes failed to fully acknowledge the physical manifestations and consequences of these disorders. This oversight hindered the development of comprehensive treatment plans that addressed both the psychological and physiological aspects of the condition. Despite this limitation, the emergence of the psychoanalytic movement marked a significant turning point in the understanding and treatment of eating disorders. By shining a light on the underlying conflicts and dysfunctional thought patterns that contribute to disordered eating, clinicians were able to provide a more holistic approach to treatment. Talk therapy, with its focus on exploring and resolving these psychological disturbances, became a cornerstone of early-stage treatment. As the field of eating disorder treatment continued to evolve, subsequent research and advancements would come to recognize the importance of addressing both the psychological and physical aspects of these disorders. However, the early contributions of the psychoanalytic movement cannot be understated. They laid the foundation for a more comprehensive understanding of eating disorders and paved the way for future developments in treatment approaches.

Rise of Behavioral and Pharmacological Interventions

The emergence of behavioral therapy in the 1950s can be traced back to animal learning experiments, which played a crucial role in shaping its development. These experiments utilized a technique called operant conditioning, which involved using rewards and punishments to address binge/purge symptoms in individuals with eating disorders. While this approach showed some degree of success, it was only moderate, indicating the need for further refinement and exploration (Strober, 2004). During this time, there was also a growing focus on testing psychotropic drugs as a potential treatment for eating disorders. Researchers were particularly interested in alleviating the mood disturbances that often co-occurred with these disorders. Antidepressant and antipsychotic medications were found to provide acute emotional stabilization, offering some relief to individuals struggling with

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their mental well-being. However, it became evident that these medications had limited impact on weight and eating normalization, highlighting the complexity of treating eating disorders (Vandereycken, 2002).

A significant development in the field of psychology, known as the cognitive revolution, brought about a new approach to therapy known as cognitive-behavioral therapy (CBT). This approach aimed to target the underlying cognitive factors that contribute to disordered eating patterns, such as dysfunctional body image attitudes, perfectionism, and rigidity. By addressing these cognitive distortions, CBT sought to promote healthier thoughts and behaviors surrounding food and body image (Vitousek et al., 1998). While it was recognized that a multidimensional approach, integrating medical, psychological, family-based, and nutritional interventions, was necessary for comprehensive treatment, the field of eating disorder therapy remained fragmented throughout the 1980s. Efforts were made to bridge the gaps between different treatment modalities and foster collaboration among professionals from various disciplines. However, challenges persisted in achieving a truly integrated approach to eating disorder treatment (Katz, 1985). Overall, the emergence of behavioral therapy, the exploration of psychotropic medications, and the development of cognitive-behavioral therapy have all played significant roles in advancing the field of eating disorder treatment. These approaches have shed light on the complex nature of eating disorders and have paved the way for more comprehensive and targeted interventions. However, the need for further research and collaboration remains crucial in order to continue improving the effectiveness of treatment options for individuals struggling with eating disorders.

Specialized Programs and Standardized Protocols

In response to the poor outcomes and high costs associated with long-term treatment for eating disorders, specialized programs have emerged that focus on stabilizing and rehabilitating individuals (Yager et al., 2014). These programs recognize the need for targeted interventions that address the complex nature of eating disorders, taking into account both the physical and psychological aspects of dysfunction. By offering individualized care, these programs aim to provide comprehensive treatment that addresses the unique needs of each person. One such program that has shown success is the approach developed at Maudsley Hospital. This facility has implemented standardized protocols that combine family therapy, weight restoration, and medical supervision (Eisler et al., 2000). By involving the family in the treatment process, Maudsley Hospital recognizes the importance of a support system in the recovery journey. This approach has proven particularly effective in treating young people, as it not only addresses the individual's needs but also provides a framework for family involvement and support. For adults, enhanced cognitive-behavioral therapy (CBT-E) has been developed as a personalized, transdiagnostic approach that builds upon traditional CBT (Byrne et al., 2017). This approach recognizes that eating disorders are not one-size-fits-all and tailors the treatment to the specific needs of each individual.

By incorporating elements of traditional CBT, CBT-E provides a comprehensive framework for addressing the cognitive and behavioral aspects of eating disorders. In addition to CBT-E, dialectical behavior therapy (DBT) has also been adapted to provide additional support for emotional coping and skills training (Bankoff et al., 2012). DBT recognizes the importance of addressing emotional dysregulation, which often accompanies eating disorders. By providing individuals with the tools and strategies to manage their emotions effectively, DBT aims to enhance overall well-being and reduce the risk of relapse. Despite the advancements in specialized programs and evidence-based treatments, there are still cases where interventions are not effective. This has led to a renewed interest in using psychopharmacology to target obsessive temperament traits (Steinglass et al., 2014). By exploring the potential of medication in conjunction with other treatment modalities, researchers and clinicians hope to improve outcomes for individuals who do not respond to traditional interventions. Overall, multidisciplinary protocols that offer individualized care and address both the physical and psychological aspects of dysfunction are considered the current standard of care. These protocols recognize the complexity of eating disorders and aim to provide comprehensive treatment that addresses the unique needs of each individual. Through a combination of specialized programs, evidence-based therapies, and potential pharmacological interventions, the field of eating disorder treatment continues to evolve and improve, offering hope for those affected by these challenging conditions.

Current Evidence-Based Treatment

Family-based treatment (FBT) has been extensively researched and proven to be highly effective in treating eating disorders in children and adolescents. Studies have shown that FBT has remission rates of approximately 90% in young individuals and 60% in adults, making it the most robustly supported treatment approach in this population (Couturier et al., 2020). FBT operates on the principle of empowering parents and families to take an active role in disrupting disordered eating patterns and promoting weight gain within the home setting. Another effective treatment method for adults with eating disorders is enhanced cognitive-behavioral therapy (CBT-E). CBT-E is a transdiagnostic approach that has shown promising results in targeting eating disorder psychopathology in adults. It utilizes a range of techniques, including motivational enhancement, problem-solving training, and distress tolerance skill development (Linardon & Wade, 2018). Current protocols for CBT-E offer the potential for complete recovery in a majority of patients.

Despite the effectiveness of these treatment approaches, eating disorder interventions still face challenges. High relapse rates and treatment-resistant illness trajectories are common, underscoring the need for preventive initiatives and increased treatment

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accessibility (Kwok et al., 2016). It is crucial to continue researching and developing new strategies to address these challenges and improve long-term outcomes for individuals with eating disorders. In conclusion, FBT and CBT-E are two evidence-based treatment approaches that have shown significant success in treating eating disorders in different age groups. FBT focuses on empowering families to disrupt disordered eating patterns, while CBT-E utilizes various techniques to target eating disorder psychopathology in adults. However, there is still a need for further research and interventions to address the challenges associated with relapse and treatment resistance in eating disorders.

METHODS

Literature Search Strategy

To gather published studies on treatments for eating disorders, a thorough literature review was conducted. The search was carried out using three major databases: PubMed, PsycINFO, and Cochrane Central Register of Controlled Trials. The objective was to identify relevant studies using specific key terms such as "eating disorder*", "anorexia nervosa", "bulimia nervosa", "binge eating disorder", "treatment*", "therapy", "intervention*", "family-based", "cognitive behavioral therapy", "dialectical behavior therapy", "hospitalization", "specialized", and "standardized". Furthermore, reference mining was performed on relevant eating disorder reviews in order to uncover additional studies.

Inclusion and Exclusion Criteria

The studies that were considered eligible had to include randomized controlled trials of eating disorder treatment methods or large case series (with more than 30 participants) conducted in specialized inpatient or hospital-based stabilization programs. The samples included in the studies needed to meet the formal criteria outlined in the DSM for anorexia nervosa, bulimia nervosa, or binge eating disorder, as determined through structured interviews. The studies varied in their requirements for the severity of illness, duration of illness, and age of the participants. Reviews, commentaries, and non-empirical reports were not included in the analysis. Additionally, studies that were not published in English were also excluded from consideration.

Analytic Approach

To analyze the information gathered, a qualitative synthesis method was employed due to the varied nature of study designs, interventions, and outcome measures, which made quantitative meta-analysis impractical. The data that was extracted focused on several key aspects, including rates of remission, achievement of weight restoration, normalization of behaviors, occurrences of relapse, mortality rates, duration of change, and the comparative effectiveness of different treatment approaches. Special attention was given to identifying interventions that are currently considered the gold standard, supported by multiple replications of randomized controlled trials (RCTs) that demonstrated strong efficacy. The limitations and gaps in access to and effectiveness of these interventions are discussed to shed light on the ongoing unmet needs in optimizing the care provided for individuals with eating disorders.

RESULTS

Historical Treatment Outcomes

The initial interventions to address emerging eating disorders were centered around rest, isolation, and force-feeding, but unfortunately, they did not yield significant improvement (Brumberg, 1988). In the early 20th century, psychoanalytic therapy, which focused on unconscious conflicts and familial issues, showed limited effectiveness. Attempts to modify behavior using rewards and punishments only normalized binge/purge symptoms in less than half of the cases (Strober, 2004). Although medication augmentation briefly improved mood, it had minimal long-term effects on eating patterns and weight (Vandereycken, 2002).

However, the introduction of cognitive-behavioral therapy (CBT) and specialized inpatient programs in the 1970s and 1980s significantly increased success rates. These approaches combined medical supervision, psychological therapy, and nutritional rehabilitation within dedicated treatment facilities, resulting in stabilization of over 65% of adult cases (Yager et al., 2014). For adolescents, standardized family-based protocols emerged as highly effective, with over 75% maintaining a normal weight one year after treatment (Eisler et al., 2000). The development of enhanced CBT techniques that can be applied across various types of eating disorders has provided a transdiagnostic approach for addressing the diverse populations affected by these conditions (Byrne et al., 2017).

Efficacy of Contemporary Gold Standard Interventions

Family-based treatment (FBT) is the most extensively researched approach for treating eating disorders in young individuals. A recent meta-analysis of more than 20 randomized controlled trials (RCTs) revealed the following findings:

- Immediately after treatment, remission rates were around 43%, and this increased to 49% at the 6- to 12-month follow-up.
- By the end of treatment, approximately 90% of patients achieved weight restoration.

These results, as reported by Thein et al. (2021), highlight the effectiveness of FBT in addressing eating disorders among youth. In contrast, when it comes to adults, enhanced cognitive-behavioral therapy (CBT-E) has shown significant improvements in

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eating disorder symptoms compared to waitlist controls. This conclusion is based on findings from 36 RCTs, as reported by Linardon and Wade (2018). The key findings of these studies include:

- Post-treatment remission rates ranging from 50% to 60%.
- Sustained improvement in eating behaviors over the long term, indicating a relapse prevention effect.

Although clinical outcomes have improved considerably compared to earlier interventions, challenges still persist. Even under gold standard protocols, sustained remission is achieved in less than 70% of cases. Some of the ongoing barriers to treatment success include high costs, limited accessibility, high dropout rates, and a lack of identification of truly novel treatment targets (Kwok et al., 2016). Despite these challenges, FBT and CBT-E offer promising avenues for effectively addressing eating disorders in both youth and adults. Continued research and efforts to overcome treatment barriers are crucial for further improving outcomes in this field.

DISCUSSION

The current analysis provides a comprehensive overview of the development of treatments for eating disorders and delves into the outcomes of modern, highly effective interventions. Initially, self-starvation was perceived as a perplexing manifestation of hysteria, but over time, it became evident that eating disorders are influenced by a multitude of factors, including genetics, biology, and sociocultural influences (Galmiche et al., 2019). In the early stages, interventions primarily focused on addressing psychological causes and lacked sufficient medical monitoring, which ultimately limited their success rates. However, as the field progressed, new approaches such as behavioral conditioning, pharmacotherapy, and enhanced psychosocial treatments emerged, accompanied by the establishment of specialized programs dedicated to addressing eating disorders. These advancements have played a pivotal role in increasing the rates of remission among individuals struggling with these conditions. Despite these significant improvements, challenges still persist, with less than two-thirds of cases achieving long-term wellness. It is crucial to continue exploring innovative strategies and refining existing interventions to further enhance the outcomes for individuals battling eating disorders.

Standardized treatment protocols that incorporate weight restoration, techniques to enhance motivation, training on distress tolerance, and medical supervision have now been proven to be the most effective based on empirical evidence. In cases involving youth, family-based treatment has shown great success in achieving complete nutrition rehabilitation in over 90% of cases. This approach involves leveraging parental oversight during meals and addressing family conflicts (Thein et al., 2021). Enhanced Cognitive Behavioral Therapy (CBT) focuses on developing personalized skills to disrupt negative automatic thoughts and unhealthy weight control behaviors. On average, 50-60% of adults who undergo CBT-E achieve long-term remission at the one-year follow-up mark (Linardon & Wade, 2018).

Despite the availability of highly effective treatments, a significant percentage of patients, ranging from 30% to 50%, still struggle to achieve positive outcomes. This highlights the pressing and immediate need for further advancements in the field of treatment. The challenges that persist lie in sustaining the initial response to treatment and preventing relapse, which underscores the crucial importance of supplementary interventions. These interventions should specifically target deep-rooted personality deficiencies such as perfectionism, inflexibility, and a lack of self-awareness, as identified by Park et al. in their study conducted in 2014. Moreover, recent developments in the field of neurobiology have shed light on dysregulated neural reward pathways, providing valuable insights into the underlying mechanisms of treatment resistance. This suggests that pharmacological enhancements aimed at regulating food motivation and impulsivity traits may hold promise in improving patient outcomes.

O'Hara et al., in their study published in 2015, further support this notion, emphasizing the potential benefits of such interventions. These findings not only highlight the need for innovative approaches to address treatment-resistant cases but also pave the way for a more comprehensive understanding of the complexities involved in achieving successful outcomes. By targeting deep-rooted personality deficiencies and dysregulated neural reward pathways, healthcare professionals can tailor interventions to meet the specific needs of patients who struggle to respond to conventional treatments. This holistic approach holds the potential to improve overall patient outcomes and provide hope for those who have not yet experienced the desired results. In conclusion, while highly effective treatments are available, a significant proportion of patients still face challenges in achieving positive outcomes. The urgent need for further advancements in the field is evident, as sustaining treatment response and preventing relapse remain significant obstacles. By addressing deep-rooted personality deficiencies and dysregulated neural reward pathways through supplementary interventions, healthcare professionals can enhance treatment efficacy and improve patient outcomes. These innovative approaches offer hope for treatment-resistant cases and pave the way for a more comprehensive understanding of the complexities involved in achieving successful outcomes.

Although there has been significant progress, interventions for eating disorders still have a long way to go in terms of effectively addressing the high morbidity and mortality rates associated with these dangerous illnesses. To improve the effectiveness of treatment, certain priorities need to be considered:

- Personalization algorithms should be enhanced to optimize care based on individual symptoms, underlying causes, and unique differences among patients.

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- Multi-modal interventions should be implemented, combining psychological, pharmacological, motivational, and family-based techniques.
- Accessibility to treatment should be improved through telehealth services, primary care screening, and universal prevention strategies that aim to reduce the long-term effects of the disorders.

In order to tackle the complex nature of eating disorder etiology, it is crucial to provide individually-tailored and multidisciplinary care. This approach should also focus on promoting help-seeking behaviors in individuals affected by these devastating conditions. By taking these necessary steps, we can mitigate the personal and societal costs associated with eating disorders.

CONCLUSION

In summary, the field of eating disorder treatment has undergone significant changes from its early understanding as a mysterious phenomenon to the current use of evidence-based methods developed through extensive interdisciplinary research. Initially, efforts focused on rest, confinement in asylums, and psychoanalysis, but these approaches proved to be ineffective. Over time, targeted behavioral and pharmacological therapies emerged as more promising options for stabilizing certain groups of patients. However, the introduction of standardized treatment protocols that incorporate psychological, medical, nutritional, and motivational elements, tailored to individual requirements, has opened up the possibility of long-term recovery for the majority of cases for the first time.

Family-focused therapy and enhanced cognitive behavioral therapy have gained significant empirical support for aiding in the restoration of proper nutrition, normalizing eating patterns, and addressing the emotional and cognitive dysregulation that underlie disordered eating behaviors. Specialized inpatient stabilization programs also play a vital role in providing acute intervention and serving as a crucial stepping stone towards recovery for individuals who have not responded well to other treatments. Despite these advancements, treating eating disorders still faces challenges such as high relapse rates and moderate long-term success rates, particularly among adults who have been dealing with the illness for an extended period of time. There is a pressing need for improved personalization algorithms to optimize available treatment combinations, greater accessibility to treatment through primary care and community settings, and the development of supplementary interventions that target enduring personality-level deficits associated with compulsivity and impaired reward processing.

Although standardized protocols and specialty programs have significantly improved clinical outcomes, there is still a need for further advancements to effectively address the impact of eating disorder pathology on both individuals and society. It is disheartening to note that approximately one-third of patients do not respond to existing treatment methods, highlighting the necessity for innovative approaches that consider the intricate nature of eating disorder causes and provide personalized care through a multidisciplinary approach.

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