First Experiences with an Internet-based Program for Maintenance Treatment of Patients with Eating Disorders

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There is Need for Maintenance

- Provide support after patients leave treatment
- Consolidate gains achieved during treatment
- Enhance continuous improvement and recovery
- Prevent relapse
- Facilitate transition to everyday life

Technology-Enhanced Support

- Low-threshold, easy access and interactive
- Extend the reach of treatment providers
- Implementation in to routine care (cost and effort)
Intervention Strategy

• Online information and communication platform for peer support and professional consultation

• Not manual-based

• Address different/changing needs of the patients
  - support modules of different intensity
  - allows individuals tailor the intensity of the support
  - continuously monitors symptom status
  - referral to face-to-face facilities

some of the modules are offered continuously
the others can be used voluntarily
Continuous Support

Group Consultation Chat

• weekly 90-minute long sessions, open groups (5-8 participants)
• Fixed amount of synchronous communication
• Moderated by a clinician

Monitoring and Supportive Feedback

• Automatized supportive feedback based on online weekly monitoring of
  - body dissatisfaction
  - frequency of binge eating
  - frequency of compensatory behaviours
• Feedback based on improvement/deterioration from previous week
• Serves as an alarm system
Voluntary Components

Psycho-education
- Comprehensive online information material related to eating disorders and recovery from an eating disorder

Forum
- Intended to promote peer support and discussion
- Content of the messages monitored

Individual Consultation Chat
- Online appointment reservation, 30 minute long sessions
- Also invitation in case of symptom deterioration
Ongoing Study

Aim: • Test the efficacy of the internet-based program (Waiting List RCT)

Outcome: • Percentage of patients in status of remission at the end of four months intervention

Feasibility, acceptance, satisfaction, and adherence (Gulec et al, in press)
Participants

- N = 22 female who have completed 4-month intervention
- Treated for BN and related EDNOS
- Mean age = 27.0 (SD = 6.5 Mdn = 24)
- Mean BMI = 20.7 (SD = 2.8 Mdn = 20.9)
- More than half (56%) reported illness duration > 5 years
Adherence

- All the participants took up the intervention
- 95% (21/22) logged into the website at least once
- Mean login time: 15.27 days (SD = 12.8), range = 0-54
- 95% (21/22) utilized monitoring and feedback component via e-mail
- 77% (17/22) went on using the program after 4 months.
• Mean number of group chat sessions attended: 7.4 (SD = 5.1) range = 0-16
  – 86% (19/22) attended at least two group chat sessions

• Mean number of monitoring assessments completed: 9.95 (SD = 5.1) range = 0-17
  – 95% (21/22) completed at least two monitoring assessments
• Participants attended a total of 164 chat sessions

- The amount of open and honest talk: 63%
- Feeling of acceptance by the group: 66%
- Helpfulness of the advice and guidance received from the group members: 58%
- Helpfulness of the advice and guidance received from the therapist: 58%
- Satisfaction with the chat: 70%
- Support received from the group members: 67%
- Support received from the therapist: 80%
Voluntary Components

- **Psycho-education**: 19% (4/21) participants reported using somewhat
  19% (4/21) participants reported using a lot
  43% (9/21) participants reported using a little
  19% (4/21) participants reported not using

- **The forum**: 27% (6/21) posted at least one entry on the forum

- **Individual chats**: 32% (7/22) participants booked individual chats
  (1-4 sessions)
Acceptance and Satisfaction

- **Evaluation of the concept and helpfulness of program components**

- **Acceptance and satisfaction among those who utilized each component**
Satisfaction with the Program

- 82% (18/22) were satisfied with EDINA
- 86% (19/22) would come back to EDINA if they were to seek help again
- 95% (21/22) would recommend EDINA to a friend in similar need

What was particularly helpful within EDINA?

<table>
<thead>
<tr>
<th>% of participants</th>
<th>N</th>
</tr>
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<tbody>
<tr>
<td>Professional advice</td>
<td>47.6%</td>
</tr>
<tr>
<td>Somebody was looking after my health</td>
<td>42.9%</td>
</tr>
<tr>
<td>Doing something about my health</td>
<td>38.1%</td>
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Overall participants were satisfied with EDINA

- All of the participants took up the intervention
- Participants accepted the concept of the intervention
- No major technical problems, technically feasible
- Adherence to the various components was moderate to high
- Majority of the participants continues to use the program
Outlook

- Data collection for RCT continues
  - Efficacy

- Explore
  - Who benefits from the program?
    Who does not benefit?
  - Utilization rates and outcome
  - Which components are most relevant?
Thank You!

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