Adding Nutrition to Family Based Treatment:

A New Intervention to Help Teens & Young Adults Fight Anorexia Nervosa

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Overview

- Background
- Specific Aims
- Study Design
- Data Analysis
- Limitations
- Implications
- Future Steps
Setting

- R21 (Developmental Research Grant Proposal)
- National Institutes of Health (NIH)
- Dr. Andrea Garber & Dr. Daniel Le Grange
- UCSF Division of Adolescent & Young Adult Medicine
- Anorexia Nervosa (AN)
Background

- Family Based Treatment (FBT): Current standard of care
  I. Restoring weight
  II. Returning control of eating
  III. Patient development and terminating treatment

“Let thy food be thy medicine.”
- Hippocrates
Refeeding

- Parents in complete control of refeeding
- Underlying assumptions
Innovation

FBT + NUTRITION
Specific Aims
Study Population

**Inclusion Criteria**
- Diagnosis of AN
- Not assigned to the hospital
- Assigned and committed to FBT
- Ages 12-24 years

**Exclusion Criteria**
- Diagnosis of bulimia nervosa
- Currently in remission
- Currently pregnant
- Chronic disease
- Current suicidality or psychosis
Study Design

- Evaluation
- FBT
- FBT + Nutrition

4-week review:
- ≥ 5lbs in 4 wks: FBT 17 sessions
- < 5lbs in 4 wks: FBT + Booster 20 sessions

3, 6, 12 month review:
- ≥ 5lbs in 4 wks: FBT + Nutrition 17 sessions
- < 5lbs in 4 wks: FBT + Nutrition + Booster 20 sessions
Data Analysis: Comparing FBT and FBT-N

- Weight gain ≥ 5 lbs
- EDE-Q
- Pre- & Post- FBT-N Exam
Limitations and Challenges

Sample size

Underestimation

Female: Male
Public Health Implications

- New standard of care
- ↓ time of treatment & recovery
- ↓ burden felt by caregivers
- ↓ $$$
Future Steps

Phase I:
- Secure Funding from NIH
- Build Education Materials

Phase II:
- Run Trial
- Analyze Data

Phase III:
- R21 → R01
Special Thanks

- Dr. Andrea Garber
- UCSF Adolescent and Pediatric Unit
- Dr. Daniel Le Grange
- Dr. Lia Fernald
- Dr. Barbara Laraia
- Carly Isman
- PHN 2017
References


Appendixes

Materials we will build from scratch:

- Nutrition Education Modules for Therapists
- Teaching Preparedness Exam for Therapists
- 4 Nutrition Modules for FBT-N counseling sessions
- Pre- & Post- Nutrition Competency Exams for Parents