

## The use of motivational interviewing in eating disorders: a systematic review

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### CRD summary

This review concluded that there was potential for using motivational interviewing in the field of eating disorders, particularly for 'readiness for change'. This cautious conclusion reflects the results reported, but should be interpreted cautiously due to the possibility of missed studies and the lack of information on the review process and methodological quality of the included studies.

### Authors' objectives

To assess the effectiveness of motivational interviewing and its adaptation motivational enhancement therapy in the treatment of eating disorders.

### Searching

PubMed, EMBASE and PsycINFO were searched up to April 2012 for articles published in English; search terms were reported. Bibliographies of retrieved articles were scanned for additional studies.

### Study selection

Quantitative studies that evaluated a form of guided behavioural intervention that with some aspects derived from motivational interviewing or motivational enhancement therapy were eligible for inclusion. Interventions could be stand-alone motivational interventions, motivational interventions combined with other interventions (such as cognitive behavioural therapy), or motivational interventions as one element of an intensive programme. Studies on the trans-theoretical model, the concept of 'readiness to change', and the readiness and motivation interview were excluded.

Included studies were conducted in patients with a variety of eating disorders (such as anorexia nervosa, bulimia nervosa, binge eating disorder) or their carers. The mean duration of illness ranged from three to 18 years. Studies targeted a range of behavioural change techniques; interventions varied in duration and intensity (details reported in the paper). In most studies, the intervention was delivered by a health professional or clinical psychologist.

The authors did not state how many reviewers assessed studies for inclusion.

### Assessment of study quality

The authors did not state that they assessed methodological quality.

### Data extraction

Data on the effectiveness of the intervention were extracted as reported in the included studies.

The authors did not state how many reviewers were involved in data extraction.

### Methods of synthesis

Studies were summarised in a narrative synthesis, grouped by recipient of the intervention (patient or carer) and outcome measure (psychological distress, self esteem and quality of life, eating behaviours/attitudes/symptoms, stage of change/readiness and motivation to change, carer burden, and expressed emotion).

### Results of the review

Thirteen studies (seven controlled and six non-controlled) with 849 participants were included in the review.

Ten studies, with 645 participants, were conducted in patients with eating disorders. One controlled comparison of motivational enhancement therapy versus usual treatment found no significant difference in psychological distress. One controlled study (motivational interviewing plus a self-help manual versus self-help manual alone) and four non-controlled studies reported small to moderate improvements in psychological distress associated with the intervention.

One controlled comparison of motivational interviewing plus a self-help manual versus self-help manual alone, and two case series reported moderate to large improvements in self-esteem and/or quality of life associated with the intervention.

For reducing bulimic symptoms, five studies (four randomised controlled trials/RCTs and one pre-post design) found no significant change in behavioural or attitudinal measures and one study found no significant difference between motivational enhancement therapy and cognitive behavioural therapy. One study reported a significantly greater reduction in "drive for thinness" in the treatment as usual group than in the motivational enhancement therapy group. One

case series reported improvements in Eating Disorder Inventory score and weight and another reported improvements in Body Mass Index.

Three out of five RCTs or controlled studies reported a higher readiness or motivation to change in the intervention group. Three un-controlled studies also reported increases in different measures of readiness to change.

Three studies (one RCT and two non-controlled studies with 204 participants) were conducted in carers of people with eating disorders. All three studies assessed psychological distress. One non-controlled study reported significant improvements in mood and distress. One non-controlled study reported significant improvements in measures of carer burden associated with the intervention. The RCT found no significant additional benefits of motivational interviewing over those observed in the self-help comparator group.

### **Authors' conclusions**

The studies included in this review indicate the potential for using motivational interviewing in the field of eating disorders, particularly for 'readiness for change'.

### **CRD commentary**

The review addressed a broad question on the effectiveness of motivational interviewing techniques for the treatment of eating disorders. Some inclusion criteria were defined; the review included both studies of patients and their carers. A range of literature sources were searched, but the restriction to English language articles may have resulted in the omission of relevant studies. The authors did not report any measures to reduce error and bias in the review process. No assessment of the methodological quality of the included studies was reported, so it was not possible to assess the potential effects upon the reported finding of methodological weaknesses, either in the review or the included primary studies. As a result, it is difficult to know whether possible error and/or bias (in the review process or in the studies themselves) might have influenced the results of the review. The use of a narrative synthesis was appropriate, given the heterogeneous nature of the included studies.

The authors' cautious conclusions broadly reflect the results reported, but should be interpreted cautiously due to the possibility of missed studies and the lack of information on the review process and methodological quality of the included studies.

### **Implications of the review for practice and research**

Practice: The authors did not specify any recommendations for clinical practice.

Research: The authors stated that defining the common effective elements between therapies that produce change may be more helpful than comparing different therapies where it may be difficult to ensure that the component ingredients have been successfully delivered. They further suggested that treatment studies should include some markers of treatment fidelity and include information on how adherence to, or receipt of, the intervention was assured.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.

