

Anorexia nervosa treatments and Occam's razor

Emilio Gutiérrez^{1,2} and Olaia Carrera²

Correspondence

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Author for correspondence:
Emilio Gutierrez, E-mail:
emilio.gutierrez@usc.es

¹Departamento de Psicología Clínica y Psicobiología, Facultad de Psicología, Campus Vida, Universidad de Santiago, 15782 Santiago de Compostela, Spain and ²Unidad Venres Clínicos, Facultad de Psicología, Campus Vida, Universidad de Santiago, 15782 Santiago de Compostela, Spain

Recently, Specialist Supportive Clinical Management (SSCM) has once again been found to be equally efficacious in comparison to the Maudsley model of anorexia nervosa treatment for adults (MANTRA) and an enhanced version of cognitive behavior therapy treatment (CBT-E), even though: 'It was hypothesized that CBT-E and MANTRA would be superior to SSCM in terms of weight gain and eating disorder psychopathology as they both focus on specific maintaining processes' (Byrne *et al.* 2017, p. 2824). It is interesting to stress that in this study the developers of the specialized brand-name treatments were involved in the design and monitoring of the study, which guaranteed that the appropriate version of the treatment was used in this randomized clinical trial.

It should be noted that SSCM treatment, originally a control treatment referred to as Non-specific Supportive Clinical Management (NSCM), was conceived as a placebo treatment in a randomized clinical trial to control non-specific aspects of two true psychosocial specialized treatments, cognitive behavior therapy and interpersonal psychotherapy. Contrary to the primary hypothesis of this study, both of the specialized psychotherapies were no more effective than non-specific supportive clinical management (McIntosh *et al.* 2005).

It is difficult to justify that an originally non-specialized treatment works stubbornly as well as treatments that either target factors specific to the cognitive–interpersonal theory of the maintenance of AN (for example, in the MANTRA), or based on a broad transdiagnostic cognitive–behavioral theory of the processes maintaining eating disorder psychopathology (as in the case of the CBT-E).

As shown in Table 1, when specialized treatments, regardless of their specific components, are compared with the original NSSM, or the renamed SSCM, the pattern of equivalent outcomes is the norm. Furthermore, as it was acknowledged in the randomized clinical trial comparing the MANTRA with SSCM (Lose *et al.* 2014) the authors declare: 'The overlaps between MANTRA and SSCM remind us of the significance of the most basic features of any psychological treatment,

Table 1. Randomized clinical trials in anorexia nervosa in adults involving SSCM treatment

Study	Treatments contrasted	Main findings
McIntosh <i>et al.</i> (2005)	ITP, CBT v. control NSCM	'The finding that non-specific supportive clinical management was superior to more specialized psychotherapies was opposite to the primary hypothesis and challenges assumptions about the effective ingredients of successful treatments for anorexia nervosa' (p. 741).
Carter <i>et al.</i> (2011)	ITP, CBT v. Control NSCM	'No significant differences were found on any pre-selected primary, secondary or tertiary outcome measures among the three psychotherapies at long-term follow-up assessment' (p. 647).
Schmidt <i>et al.</i> (2015)	MANTRA, CBT v. SSCM	'Both treatments resulted in significant improvements in BMI and reductions in eating disorders symptomatology, distress levels, and clinical impairment over time, with no statistically significant difference between groups at either 6 or 12 months' (p. 796).
Touyz <i>et al.</i> (2013)	CBT v. SSCM	'Both treatment groups experienced significant improvements on all primary and secondary outcome measures at all assessment time points and in domains outside the traditional core psychopathology' (p. 8).
Byrne <i>et al.</i> (2017)	MANTRA, E-CBT v. SSCM	'There were no significant differences between treatments on continuous outcomes; all resulted in clinically significant improvements in BMI, eating disorder psychopathology, general psychopathology and psychosocial impairment that were maintained over follow-up' (p. 2823).

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CBT, cognitive behavior therapy; E-CBT, enhanced cognitive behavior therapy; ITP, interpersonal psychotherapy; MANTRA, Maudsley model of anorexia nervosa treatment for adults; NSCM, Non-specific Supportive Clinical Management; SSCM, Specialist Supportive Clinical Management.

such as regularity and predictability of appointments, being given time to talk, and above all the importance of a solid therapeutic relationship' (p. 137). Thus, it appears we have been unable to develop a treatment capable of outperforming non-specific treatments for AN (Brockmeyer *et al.* 2017).

A critical appraisal with Occam's razor of this pattern of equivalences resulting from successive randomized clinical trials comparing specific against non-specific treatments leaves little doubt that the purported specific components of specialized treatments are largely superfluous once the effects of non-specific components common to any treatment are ruled out. Thus, if something helping is non-specific to the disorder, it would imply it is helping patients independently of the specific components of specialized treatments. In other words, brand-name specialized treatments probably do no more than provide a helping format stimulating the self-healing placebo response in humans (Gutiérrez & Carrera, 2014).

Two conclusions may be drawn from the above reasoning that: (a) the current theoretical convictions of researchers concerning the nature of the disturbed psychological processes in patients diagnosed with AN have missed the target, and more importantly; (b) we should critically revise core theoretical assumptions of AN as our current theoretical conception about its nature may be misguided (Gutiérrez & Carrera, 2016).

The future development of a treatment for AN should explore new routes as the current conceptualization of AN seem to be on the wrong track. Perhaps it would be wiser to refrain from refining current treatments, and contrary to common wisdom maybe the time has come to throw the baby out with the bathwater! To continue investing funds and time ignoring the message of past randomized controlled trials runs the risk of becoming a fruitless endeavor tantamount to flogging a dead horse.

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References

- Brockmeyer T, Friederich HC and Schmidt U (2017) Advances in the treatment of anorexia nervosa: a review of established and emerging interventions. *Psychological Medicine*. Cambridge University Press, 1–37. doi: 10.1017/S0033291717002604.
- Byrne S, Wade T, Hay P, Touyz S, Fairburn CG, Treasure J *et al.* (2017) A randomised controlled trial of three psychological treatments for anorexia nervosa. *Psychological Medicine* 47, 2823–2833.
- Carter FA, Jordan J, McIntosh VV, Luty SE, McKenzie JM, Frampton CM *et al.* (2011) The long-term efficacy of three psychotherapies for anorexia nervosa: a randomized, controlled trial. *The International Journal of Eating Disorders* 44, 647–654.
- Gutiérrez E and Carrera O (2014) Psychotherapy in anorexia nervosa: what does the absence of evidence mean? *World Journal of Translational Medicine* 3, 150–157.
- Gutiérrez E and Carrera O (2016) Anorexia nervosa and body-image disturbance. *The Lancet Psychiatry* 3, e9–10.
- Lose A, Davies C, Renwick B, Kenyon M, Treasure J and Schmidt U; MOSAIC trial group (2014) Process evaluation of the Maudsley model for treatment of adults with anorexia nervosa trial. Part II: patient experiences of two psychological therapies for treatment of anorexia nervosa. *European Eating Disorders Review* 22, 131–139.
- McIntosh VV, Jordan J, Carter FA, Luty SE, McKenzie JM, Bulik CM *et al.* (2005) Three psychotherapies for anorexia nervosa: a randomized, controlled trial. *American Journal of Psychiatry* 162, 741–747.
- Schmidt U, Magill N, Renwick B, Keyes A, Kenyon M, Dejong H *et al.* (2015) The Maudsley Outpatient Study of Treatments for Anorexia Nervosa and Related Conditions (MOSAIC): Comparison of the Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) with specialist supportive clinical management (SSCM) in outpatients with broadly defined anorexia nervosa: A randomized controlled trial. *Journal of Consulting and Clinical Psychology* 83, 796–807.
- Touyz S, Le Grange D, Lacey H, Hay P, Smith R, Maguire S *et al.* (2013) Treating severe and enduring anorexia nervosa: a randomized controlled trial. *Psychological Medicine* 43, 2501–2511.