

# Cognitive Behavioural Treatment of Eating Disorders and Clinical Perfectionism

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## Description

The Cognitive Behavioral Treatment (CBT) of eating disorders is derived from both the cognitive and behavioral schools of psychology and focuses on altering thoughts and actions with the intention of treating various disorders. The cognitive behavioral treatment of eating disorders focuses on the minimization of negative thoughts about body image and the act of eating, as well as attempts to alter negative and harmful behaviors that are involved in and perpetuate eating disorders. It also encourages the ability to tolerate negative thoughts and feelings as well as the ability to think about food and body perception in CBT is a time-limited and focused approach, which means that it is important for patients to have specific issues they want to address when they start treatment. CBT is also one of the most effective treatments for eating disorders. Though many treatments can support people with eating disorders, CBT is proven to be a more effective treatment than medications and interpersonal psychotherapy alone.

## Effective Therapy for Several Mental Disorders

CBT aims to combat major causes of distress, such as negative thoughts about one's weight; Individuals are also helped by CBT therapists to control strong emotions and thoughts that cause dangerous compensatory behaviors. CBT-Enhanced (CBT-E) is a common form of CBT that is used to treat eating disorders and was developed by Christopher G. Fairburn in the 1970s and 1980s. While there is evidence to support the efficacy of CBT for bulimia nervosa and bingeing, the evidence is somewhat variable and limited by small study sizes. INSERM's 2004 review found that CBT is an effective therapy for several mental disorders, including bulimia and CBT-Ef, which is designed to deal specifically with eating habits, and CBT-Eb, which is designed to deal with other issues that do not directly involve eating, are included in Fairburn's enhanced CBT. A study that compared two distinct types of cognitive-behavioral treatments for patients with eating disorders was conducted. One of the two targeted treatment approaches only addressed the characteristics of eating disorders, while the other, a more complex form of treatment that also addressed mood intolerance, clinical perfectionism, low self-esteem, and interpersonal difficulties, was the more comprehensive approach. 154 DSM-IV eating disorder patients participated in this study. This involved 20

weeks of treatment and 60 weeks of closed follow-up. Independent assessors who had no knowledge of the treatment conditions measured the outcomes. Consequently, patients in two treatment conditions experienced substantial and comparable change, which was even maintained during the follow-up weeks, while patients in the control conditions experienced little change in symptom severity. The diagnosis of an eating disorder had no effect on the treatment. The more complex form of treatment seemed to work better for patients with severe mood intolerance, clinical perfectionism, low self-esteem, or interpersonal difficulties, while the remaining patients showed the opposite pattern. In conclusion, these two were thought to be the best options for treating people with eating disorders. Numerous studies have been conducted to compare the efficacy of cognitive-behavioral therapy and interpersonal psychotherapy. These studies come to the conclusion that cognitive-behavioral therapy is more effective in treating eating disorders than interpersonal psychotherapy. The first type of treatment is regarded as the most common type, while the second type is reserved for patients with marked additional psychopathology of the type targeted by the treatment. Interpersonal psychotherapy may be as effective as cognitive-behavioral therapy, according to one study, whereas interpersonal psychotherapy may take longer to show results. When compared to interpersonal psychotherapy, CBT significantly improves symptoms in patients with binge eating disorder, anorexia nervosa, and bulimia nervosa more quickly. As a result, rather than interpersonal psychotherapy, CBT should be considered for the treatment of eating disorders. It is clear from the study's findings that cognitive-behavioral therapy improves bulimia nervosa's primary symptoms significantly faster than Intermittent Positive Treatment (IPT).

## Frequency of Binge-Purge Behaviors

This study found that self-inflicted vomiting, extreme diet attempts and disturbed attitudes toward weight and shape can all be changed more effectively with cognitive-behavioral therapy than with interpersonal psychotherapy. In addition, cognitive-behavioral therapy is more effective than behavior therapy at modifying disturbed attitudes toward shape, weight, and extreme dieting. However, in other respects, the two treatments were comparable. Bulimia nervosa CBT is the best treatment, as indicated by a number of studies, including one from the UK National Institute for Health and Clinical Excellence.

Enhanced CBT is delivered on an individual basis and typically in an outpatient setting and is meant to help with the psychopathology of the eating disorder rather than the diagnosis itself. Research demonstrates that antidepressants may be an effective alternative to CBT for treatment of eating disorders. A small study on patients with bulimia combined CBT with text messaging a therapist about the frequency of binge-purge behaviors and the strength of the patient's desires to binge and purge. However, CBT continues to prove to be more effective than antidepressants specifically for the treatment of bulimia nervosa. Anorexia nervosa little research has been done on the effectiveness of CBT for those with anorexia nervosa, but a recent study demonstrated that CBT was effective for 60% of the subjects tested 60% of those for whom CBT was effective were improved upon receiving the treatment. In addition, the US national guideline clearinghouse reported that CBT can alleviate symptoms of depression and compulsivity that are associated

with anorexia nervosa. Over half of adults and approximately 80% of adolescents experience minimal remaining psychopathological symptoms. Compared to adults, adolescents can gain weight more quickly and effectively. As a result, they stand a better chance of receiving effective treatment from these short-term programs. Binge-eating disorder the same type of CBT that is used to treat bulimia nervosa has demonstrated that it can be helpful in the treatment of binge-eating disorder. As a result, the NHS England the access and waiting time standard for children and young people with an eating disorder recommends that adolescents with eating disorders take CBT-E as one of the evidence-based psychological interventions. However, the fact that CBT does not typically encourage weight loss is one of the drawbacks of giving it to people with this disorder. Because of issues like these, CBT has not yet been proven to be the most effective treatment for binge-eating disorder.