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GENERAL PRACTITIONER'S ROLE IN PSYCHOTHERAPY OF PATIENTS WITH BINGE EATING DISORDER

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REVIEW **OPEN ACCESS**

ABSTRACT

Introduction – Binge Eating Disorder (BED) is a condition in which an individual has repeated episodes of binge eating or episode purging type (inducing vomiting by himself or by using laxatives, diuretics, or enemas). It has happened during at last 3 months. The prevalence of binge eating disorder peaks in female adolescents aged 19-22 years and male adolescents aged 24 years. Treatment that can be given for BED includes psychotherapy, pharmacotherapy, and weight loss therapy. Psychotherapy is the first-line treatment for BED. Types of psychotherapy used in BED are Cognitive behavior therapy (CBT), Interpersonal psychotherapy (IPT), and Dialectical behavior therapy (DBT).
Methods – The searching method in this article is based on several journals and textbook reviews including diagnosis of BED, and psychotherapy of BED such as Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), and Interpersonal Psychotherapy (IPT).
Results – A binge eating disorder (BED) is someone who experiences uncontrollable binge eating, and these episodes can be repeated. after that, someone is trying to get his food out or purging (inducing vomiting by himself or by using laxatives, diuretics, or enemas). This is happened during the last 3 months. Psychotherapy is a formal process that involves the interaction between 2 or more people. Several professionals in mental health use psychotherapy. Types of psychotherapy used in BED are CBT, IPT, and DBT.
Discuss – The role of GP in CBT is to help patients change their patterns of thinking and what they do. CBT also helps patients develop their skills to identify, and deal with problematic thoughts, and beliefs The role of a GP in IPT is to help people manage negative feelings so they don't vent those feelings by binge eating. IPT enhances the development of healthy interpersonal skills by replacing maladaptive behavior by promoting a positive self-image. DBT is a complete therapy. it consists of many different components, which include behavior therapy such as exposure therapy, skill in taking an action (contingency), stimulus control skills, problem-solving, cognitive restructuring, and other interventions.
Conclusion – The three psychotherapies are interrelated with each other, with the combination of the three therapies on BED the results will be better.

Keywords: BED, CBT IPT, DBT, general practitioner.

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INTRODUCTION

Problem from eating disorders experienced by teenagers and adults today is binge eating or BED. Code of BED in DSM V is (F50.02). The definition of BED is someone who experiences uncontrollable binge eating, and these episodes can be repeated. after that someone is trying to get his food out or purging (inducing vomiting by himself or by using laxatives, diuretics, or enemas). It is happened during the last 3 months.[1] BED is common in eating disorder. Several researches have evidenced that BED tends to increase over time. BED peaks in female adolescents aged 19-22 years and male adolescent aged 24 years.[2] Research in Indonesia, obtained results from 100 people who come to a health clinic, it is known that around 64% show signs of binge eating behavior disorder.[3] Treatment that can be given for BED include psychotherapy, pharmacotherapy, and weight loss therapy. Psychotherapy is the first-line non-pharmacological therapy used in cases of BED. According to several clinical trials, psychotherapy has more significant effect than pharmacotherapy. This article discusses about the role of general practitioner in psychotherapy. Types of psychotherapy used in BED are cognitive behavior therapy, interpersonal psychotherapy, and dialectical behavior therapy.[4] In this article, we will review the role of general practitioner in psychotherapy of patient BED, such as Cognitive behavior therapy (CBT), Dialectical behavior therapy (DBT), and Interpersonal psychotherapy (IPT).

METHOD

Author used 21 journals and literature including diagnosis BED, and psychotherapy of BED such as CBT, IPT, and DBT.

RESULT

The general practitioner uses a simple technique in psychological management such as listening, explanation of symptoms, discussion of problems, problem identification, counseling skills, problem-solving techniques, behavioral techniques, cognitive techniques, family, and systemic approaches. Several professionals in mental health use psychotherapy. Types of psychotherapy used in BED are CBT, IPT, and DBT.

DISCUSS

Diagnosis BED

BED can be enforced by a diagnostic approach based on the DSM-V with the following characteristics:

1) The episode of binge eating occurs at least once a week for three months.
2) An individual consumes a larger amount of food than other people, and these episodes can be repeated. or individuals tend to try to lose weight which is called a purging episode (inducing vomiting by themselves or by using laxatives, diuretics, or enemas)[1].

Psychotherapy of BED

Psychotherapy is a formal process that involves the interaction between 2 or more people. In this interaction, there is a helper (therapist) and individuals who need help (client).[5] The goal of psychotherapy is to help people with emotional control disorders and mental illnesses. Psychotherapy can also help people to decrease and control their symptoms, so they feel better. The role of the general practitioner is as a facilitator, who provides facilitation in overcoming problems with various techniques based on existing theories.[5] Psychotherapy is the collaborative treatment between an individual and a psychologist or other. It also needs a supportive environment where the patient can talk openly with someone objective, neutral, and nonjudgmental.[6,7]

Based on previous research using a randomized control trial method stated that, CBT is one of the psychotherapies that is usually used in cases of binge eating. Patients receiving CBT from a general practitioner or following a self-help program can reduce a rapid change in the symptoms of BED. Interpersonal therapy can be given together with cognitive behavior therapy if the person has interpersonal problems, low self-esteem, and perfectionism. Dialectical behavior therapy consists of educating patients about how to manage problem behaviors associated with emotional dysregulation.[4]

Cognitive Behavior Therapy (CBT)

CBT is a psychological intervention that aims to treat patients with various mental disorders such as BED. The goal of CBT is to help patients change their patterns of thinking and what they do. CBT also helps patients develop their skills to identify, and deal with problematic thoughts, beliefs, and interpretations. CBT focuses on current problems, not problems from the past.[8]

The role of the general practitioner (GP) in using CBT is to be able to:

- Engage patient: This means that GP involves patients to find out the problem, helps determine when patients go to a psychiatrist when to provide general support to the patient, when to assist the patient in solving other problems, and when to provide cognitive therapy.
- Identify unhelpful behavior patterns: in many cases of BED behavioral strategies can be used such as assisting people to manage stress by not venting binge eating.
- Identify negative thoughts: patients feel about their perceptions of weight and shape such as they feel obese but are not.
- Assist patient in challenging negative thinking to change their behavior.

In this situation GP needs the trust of the patient so that the patient can tell the problem, the GP listens to the patient's complaint and does not judge the patient's statement. The initial question that the patient can describe is the situation that caused the complaint and how the patient felt about it.[9]

CBT is designed to eliminate overeating, replace monotonous eating patterns by normalizing eating patterns, and modify the patient's thoughts and feelings about personal perceptions of body weight and body shape. GP helps patients to increase self-acceptance because the problems in society are related to feminism. Based on this case, using a cognitive and behavioral strategy approach is expected to help patients by changing their eating habits and behavior due to stress.[5]

BED can occur because severe dieting can inhibit eating cause compensatory overeating, and cause calorie restriction with chronic onset. So, that condition can increase the patient's symptoms such as irritability, anxiety, and depression. Another therapy that is still being developed is through a "non-dietary" approach. and focus on self-acceptance, better nutrition, improved body shape, and increased physical activity.[10] CBT helps to find out the relationship between binge eating and a patient's emotions, such as when someone has a bad day or is stressed because of a lot of work, then that person vents his emotions by eating a lot of food. CBT has been shown to have long-term effects on patient behavior and habits but did not have a significant effect on weight loss.[11]

CBT for adults with BED should:

- Adults can do psychotherapy, usually consisting of 16-20 sessions.
- Develop a diet such as regular eating, not excessive eating, and emotional factors such as stress, and depression that can increase appetite. this is useful for reducing BED.
- Giving tips to patients to avoid feeling hungry should eat food regularly.
- The emotional risk factors that can trigger their BED can be exposure therapy, cognitive restructuring, and behavioral experimentation.
- Monitoring BED is done every week, such as dietary intake and body mass index (BMI).
- Sharing the weight record with the other person.
- Explain to the person that stopping BED can have long-term effects.
- Advising to patient don't try to lose weight, because it can trigger BED.[12]

CBT focuses more on cognitive and behavioral problems in patients. GP can give tips or prescriptions such as patients eating food including snacks and meals regularly to change eating patterns to normal, decrease eating habits, conduct exposure to "feared" foods, and change the patient's thinking regarding body weight and body image.[13]

Interpersonal Psychotherapy (IPT)

Interpersonal psychotherapy (IPT) is one of the psychotherapies developed for the treatment of mental disorders such as major depression, bipolar disorder, dysthymic disorder, bulimia nervosa, BED, social disorder, panic disorder, and PTSD. IPT is a psychotherapy that has a limited time basis. It is depending on the type of mental disorder.[14] People who experience BED often exert affective suppression on themselves so, instead of expressing a negative influence on themselves, to overcome this they will eat a lot. IPT helps patients to control and reduce negative feelings that cause patients to vent by eating a lot. IPT enhances the development of healthy interpersonal skills by replacing maladaptive behavior by promoting a positive body -image.[15] The step of the therapeutic strategy of psychotherapy in BED is the first phase is composed of 4 sessions. GP can identify the problem of a person with BED, and analysis of the interpersonal context of how BED could have occurred and is still developing and being maintained by the patient. Then, the second phase of therapy is helping patients to change their interpersonal based on their problems. The next phase is reviewing the progress of patients and exploring the patient's ability to resolve interpersonal difficulties. The timing of doing this strategy depends on the patient.[16]

There are three questions that the GP needs to consider before starting therapy:

- What is the patient's problem, and can this problem be treated with psychotherapy?
- Does the patient benefit and be ready to do this psychotherapy?
- Is IPT the most suitable psychological approach for this patient?

The important factors that can influence the success of this IPT are self-motivation and patient expectations. The IPT approach depends on the principle that life events and social environments affect mood. Mood can affect social and interpersonal functioning and a person's response to the environment.[17] IPT can prevent BED and adult obesity. based on previous research there are components of intervention of the ITP program are used:

- Initial phase: in this phase, GP can give communication skills such as:
  a. Patients could inform others how they are feeling without imparting blame.
  b. Identify the aim for this conversation about present issues and avoid using a sentence like "you never", and "you always".
  c. Identify whether the patient is speaking a lot or not, if the patient does not talk much, you can identify whether the patient does non-verbal communication or not.
  d. Understand the other person's perspective and communicate with that person.
  e. Provide support to patients.
  f. GP should find the right time for a deep and thoughtful conversation.
  g. GP must think about the solution of the patient and remember to compromise: identify a solution and give a second solution
- Middle phase: GP monitors every week by conducting a complete assessment of the patients to find out whether there is a change or not. Individuals with BED practice via role play to reach the goal of this therapy.
- Termination phase: identify triggers of BED and give problem-solving.[18]

The role of a general practitioner of ITP in cases of binge eating is as follows:

A. Phase one

1. In this phase, the GP involves the patient for their therapeutic needs and explains the rationale of IPT. GP helps explain about BED. GP gives information to patients about interpersonal difficulties. Interpersonal difficulties are common in patients with eating disorders, even though people have limited awareness of the relationship between preoccupation with increasing weight, body shape, and binge eating. The goal of therapy is to help the patient with interpersonal difficulties rather than on their eating. In the experience of this research, focusing on the eating problem tends to distract both the patient and GP.
2. Identifying interpersonal problems in patients and choosing one of those problem should become the focus of this treatment. There are three pieces of information that GPs have to identify such as a history of the interpersonal problem that developed and has evolved, the GP conducts and identifies the patient's social network and current circumstance (interpersonal inventory), GP asking about significant interpersonal changes over the last few years. GP identifies changes in the patient's diet.

B. Phase two

In this phase, 14 weekly sessions. The goal of this phase is for the patient to understand the interpersonal problems identified and then resolve the problems.

C. Phase three

This phase aims to detect any changes after being given treatment and to maintain the treatment to minimize the risk of recurrence in the future.

GP can follow up with patients after treatment ends up to 20 weeks after that.[19]

Dialectical Behaviour Therapy

DBT is one of the psychotherapies that is utilized for mental health problems. DBT is a complete therapy. It consists of many different components, which include behavior DBT such as exposure therapy, skill in taking an action (contingency), stimulus control skills, problem-solving, cognitive restructuring, and other interventions. DBT is a treatment that includes (a) 5 capabilities of therapy, (b) biosocial concept and specializing emotion in therapy, (c) dialectical philosophy, and (d) acceptance and mindfulness.

DBT has an important role in cases of mental disorders. DBT has five functions:

1. Improving capabilities such as: regulating emotions. In the case of BED can consume a larger amount of food than other people, and it is a recurrent episode. It has a relation with emotion.
2. Generalizing capabilities such as GP can help patients to change their daily habits such as managing their diet and regulating emotions so that they don't turn to overeat, but to do something else.
3. Increase motivation and decrease dysfunctional behaviors such: as every week the patient will monitor with a therapist to find out the success of the psychotherapy given to the patient. If a failure occurs,

a GP or therapist can analyze the causes of failure, provide solutions, and increase motivation.
4. Increase and maintain motivation and therapist capabilities such as GP can give support and encouragement to still following this treatment.
5. Structuring environment.[20]

DBT in the case of BED can be done through group therapy by teaching mind fullness, distress tolerance, and emotion regulation skills. DBT that can be given by a general practitioner in cases of BED is as follows:

1. Tell the patient not to do habits that can interfere with DBT.
2. Reduce the behavior of binge eating in patients.
3. Eliminate the perception of uncontrolled eating (such as lack of control over consumption with minimal awareness ex: when we eat a lot of snacks while we watch a movie without paying attention to the food that we eat)
4. Reduce cravings, urges, and preoccupations with food
5. If we are in a problem that causes us to eat, then it should be reduced or replaced with something other than eating
6. Reduce behaviors that can lead us to binge eating, such as having a party with friends and buying a lot of snacks.[13]

The strategies that can be given to DBT procedure are such as:

- Accepting the primary dialectic of change within the context of the patient's reality.
- Provide strategies and education to solve problems.
- Strategies to resolve coping tendencies that are less useful and less effective in overcoming sources.
- Fulfilling the role of consultant exclusively to patients
- Actively validating through acceptance and empathic communication.
- Provide education related to how to improve coping skills.
- Maintain the relationship between the patient and the doctor.
- Reduce risk factors by teaching contingency strategies.[21]

CONCLUSION

BED is a condition in someone who experiences uncontrollable binge eating, and these episodes can be repeated. after that, someone is trying to get his food out or purging (inducing vomiting by himself or by using laxatives, diuretics, or enemas). This is happened for 3 months. Psychotherapy is a formal process that involves the interaction between 2 or more people. Several professionals of mental health use psychotherapy. Types of psychotherapy used in BED are CBT, IPT, and DBT. The role of the general practitioner is important in this treatment. The role of GP in CBT is to help patients change their patterns of thinking and what they do. CBT also helps patients develop their skills to identify, and deal with problematic thoughts, beliefs, and interpretations. The role of GP in IPT is to help people manage negative feelings so they do not vent those feelings by binge eating. IPT enhances the development of healthy interpersonal skills by replacing maladaptive behavior by promoting a positive self-image. DBT is a complete therapy. it consists of many different components, which include behavior therapy such as exposure therapy, skill in taking an action (contingency), stimulus control skills, and problem-solving, cognitive restructuring, and other interventions. The three psychotherapies are interrelated with each other, with the combination of the three therapies on BED the results will be better. The role of GP is important in this psychotherapy, with the help of psychiatrists and psychologists to provide therapy for patients BED.

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