



# Comparing enhanced cognitive-behavior therapy and family-based treatment for adolescents with an eating disorder: a non-inferiority randomized controlled trial. A study protocol

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## Abstract

**OBJECTIVE:** The rate of remission of current treatment of choice for adolescent eating disorders (ED) is about 50%. Emerging evidence suggests similar outcomes for cognitive behavioral therapy (CBT-E). The efficacy of FBT and CBT-E has not been compared in a randomized controlled trial (RCT). The objective of the current study is to compare the efficacy of outpatient FBT versus CBT-E for adolescents. The main hypothesis is that CBT-E will be non-inferior when compared to FBT.

**METHOD:** The planned RCT has a non-inferiority design. Data gathering began in March 2024. Adolescents referred to outpatient clinics for ED treatment (both genders, 12-18 years) will be invited to participate together with their parents. Outpatient clinics covering all health regions in Norway will be delivering the treatment. 100 patients will be included in each treatment arm. Therapists will be trained and supervised. The primary outcome will be ED psychopathology at end-of-treatment. In addition, other variables, including weight and family function will be explored at end-of-treatment and at follow-ups (6 and 12 months). Qualitative interviews will be conducted to explore participants and clinicians' experiences.

**RESULTS:** Expected results from this study include an improved knowledge of outcome of FBT and CBT-E for adolescents with ED and of characteristics of responders and non-responders.

**DISCUSSION:** This RCT on the efficacy of FBT versus CBT-E has the potential to change treatment recommendations for adolescent ED. If CBT-E works as well as FBT, an alternative treatment could be offered to adolescents with EDs.

**Topics:** Treatment

**For workshops only**

No Answer Given

**Submission Format:** Scientific Paper

**Is It a Student Paper?** No