



## NewsLetter 1/022

August 12th 2022

There is an absolute need to strengthen social Europe, its roots, its competences, its perspectives.

The period we live in is full of pitfalls and challenges; we seek opportunities to improve the knowledge and care for people with eating disorders.

Those who are member of AED have chosen to be part of the leading international professional community in developing knowledge and practices for the best interest of people affected, their partners, family members, throughout society.

Nobody signs up directly for the European Chapter, **but if you are European, you are directly part of the Chapter.**

**The European Chapter is your Chapter.**

**The European Chapter needs you.**

**Get involved Share Share, we are trying to build a better world together.**

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## **The European Chapter plans to hold a series of online events.**

The First webinar is scheduled for **Thursday 13 October 5.30 to 7,15pm CET.**

**Riccardo Dalle Grave** on:

Enhanced Cognitive Behavior Therapy (CBT-E) for adolescents with eating disorders

Subsequently there will be webinars on:

Cost- Effectiveness treatment for ED

Ed and Obesity

LGBT and ED

**Stay connected to the Chapter's social networks to get immediately info**

<https://www.facebook.com/groups/1287367268342140>

[https://twitter.com/AED\\_Europe](https://twitter.com/AED_Europe)

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The European Chapter was formed in 2017 and organized its first European Conference on 10 March 2018 in Rome. Since then, at least one European Conference has taken place in the days leading up to the ICEDs. These were joined by the Conference organized in December 2019 at the Royal College of Psychiatrist in London just before the outbreak of the pandemic and the fifth virtual European Conference organized by Sisdca and SIPA on the topic: NEW FRONTIERS AND FUTURE CHALLENGES IN EATING DISORDERS

(on-demand <https://www.sisdca.masteralimentazione.eu/eventi-bitmeeting/catalogo/item/aed-2021>)

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The sixth European Conference on DA organized by the European Chapter took place on 7th June just before ICED

**"Moving to a better world for patients and carers with eating disorders".**

**Plenary Session- 1** Welcome & Introduction: Umberto Nizzoli,  
President of the European Chapter of Academy for Eating Disorders

Ex-President, SISDCA (Italian Society for Food Behavior Disorders)

**Key Note** "Rebooting Eating Disorder Services" Janet Treasure  
Director of the Eating Disorder Unit and Professor of Psychiatry at the Institute of Psychiatry, King's College, London

Negative and positive affect as mediators between early childhood parent's empathy & intrusiveness and the addiction in Women, Orly Drori & Yael Latzer  
Head, School of Social Work, Faculty of Social Welfare and Health Sciences, University of Haifa, Mount Carmel, Haifa, Israel  
Research Director, Eating Disorders Institution, Psychiatric Division, Rambam Medical Center, Haifa, Israel.

Parent's experience of caring for their children with Anorexia Nervosa: What can help the family? Dr Ashish Kumar  
Consultant Psychiatrist, Vice Chair, Faculty of Eating Disorders, Royal College of Psychiatrists, & Associate Medical Director & Clinical Lead for Eating Disorder Services for Children and Young People, Mersey Care NHS Foundation Trust, UK  
Ex-President, European Chapter of the Academy for Eating Disorders

**Plenary Session- 2** New Research In Eating Disorders : Presentations from Young Researchers Chair: Dr Ashish Kumar

Shared Decision Making and Autonomic Motivation in The Treatment for Anorexia Nervosa: A Pilot RCT, Alberte Jansingh, Clinical psychologist, Behaviour therapist

Altrecht Eating Disorders, Rintveld, Zeist, Utrecht, The Netherlands

A transdiagnostic approach to interpersonal functioning and eating disorder symptoms in individuals with Anorexia Nervosa and Obesity: A comparison of two studies  
Katie Rowlands & Robyn Yellowlees, Research Assistant & PhD Student  
Eating Disorders Research Group, IoPPN, Department of Psychological Medicine, Kings College London

Eating behaviours of Women with Autism Spectrum Disorder - A Review  
Sabrina Schröder, Lecturer at department of Clinical Psychology, Utrecht University, The Netherlands

- The Social Costs of Eating Disorders in the UK, Hope Virgo

Author and Multi Award Winning Mental Health Campaigner / Public Speaker

Dr Agnes Ayton, Consultant psychiatrist, Honorary Senior Lecturer at University of Oxford

Clinical Director HOPE PC TV, Chair of Faculty of Eating Disorders RCPsych

**Key Note:** Advances in Eating Disorder Treatment

"Hot off the Press! Eating Disorders, Genes and Environment"

Cynthia Bulik  
Distinguished Professor of Eating Disorders  
Department of Psychiatry, School of Medicine  
Professor of Nutrition, Gillings School of Global Public Health  
Founding Director, UNC Center of Excellence for Eating Disorders  
Co-Director, UNC Center for Psychiatric Genomics  
University of North Carolina at Chapel Hill

### Discussion, Q&A and Closure

The Conference turned out very well. It can be requested on-demand

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## **Professional and caregiver: why they need to be allied**

### **Virtual Assembly**

May 31th

Many reasons of a clinical methodological nature and more generally of a social and epidemiological nature lead to value the contribution of caregivers in the treatment of people affected by eating disorders.

In the vision of the Academy for Eating Disorders, AED, the alliance between professionals and caregivers becomes crucial as a node that manages to implement the effectiveness and efficiency of care in the territories, in the places of real life, offering the most qualified services as long as they are always evidence-based.

For these reasons, the European Chapter of the Academy has promoted together with Il Bucaneve, a formidable caregiver NGO chaired by Maria Grazia Giannini that operates around Lake Trasimeno in the heart of Italy, a virtual national assembly that involved many professionals among the most professionals in the sector together with a large part of the representatives of the caregiver associations.

Umberto Nizzoli, European president of AED explained that the alliance between professionals and caregiver associations arises from the acquisition of the awareness by services and professionals that the role of the caregiver is crucial in the various phases of presentation of the disorders, that is to prevent, to intercept early, to accompany and to treat people in all stages of the disease until their recovery.

The territories in turn are a basin of culture; within them it is possible to use the experiences that the people who have been touched by the stories of illness and to which they have reacted with the application, with the study and with the transformation of suffering into wisdom, enhancing their paths that form them as experts by experience .

In a climate of strong adhesion and participation, the many participants in the virtual assembly shared the idea of creating a Federation that combines clinical and professional knowledge and know-how in a shared capacity to know how to be able to welcome, evaluate, treat, , treating eating disorders in their various phases and in the contexts of their manifestation.

The system of mental health services in general and those for eating disorders in particular due to their unjust fragility, crushed in the grip made by the reduction of human and financial resources and by the increase in demand caused by social crisis, pandemic, inequalities and now, war, it needs a profound rethinking. The model of care that emerges from the initiative of the European Chapter of the Academy and Bucaneve serves to give concrete answers to this profound crisis. Training, recognizing and supporting the world of experts through experience is a strategic asset for the quality and dissemination of care.

We work to develop the alliance between professionals and their services with caregivers in each country

Umberto Nizzoli

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## **The next European Conference, Alpbach**

the seventh, will take place in conjunction with the Austrian Society on Eating Disorders at their 27th congress which takes place in the wonderful Alpbach **21 October 2022**

<https://www.netzwerk-essstoerungen.at/current-congress/?lang=en>

Netzwerk Essstörungen in collaboration with Austrian Society for Eating Disorders (ASED) (report in the next NL) organize the Hybrid Congress

**Eating Disorders Alpbach 2022, the 29<sup>th</sup> International Conference**, taking place **October 21 – 22, 2022** in Alpbach Tyrol, Austria, as a combination of a “live” in-person event with a virtual component.

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The European Chapter, in the spirit of integrated collaboration and shared vision, participates in the XVII Conference organized by Capitulo Hispano Latinoamericano, HLA by title

“Dos años de retos y desafíos integrando experiencias entre profesionales y cuidadores”  
**With interventions by European members (news for the next NL).**

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## **Italy. recent national law on ED**

Umberto Nizzoli

Latest governmental budget law of 2021 introduced a great novelty regarding ED in Italy. ED are recognized among the LEAs, list of provisions that the universal NHS must guarantee to all. Until then what happened? Each Region had its own model from which ED could find space or not. So in many parts of the country there aren't organized NHS response. Even in those areas, interventions for EDs should now be guaranteed. This law is the effect of a long struggle carried out by associations and professionals. But all healthcare is in the power of the 21 Regions. So there are 21 Regional Health Systems, many similar and sometimes different with enormous disparity. To get a rough idea, an Italian suffering from any of the mental disorders receives an average of 15 interventions/ year provided by doctors, psychiatrists, psychologists, nurses or social workers. In one region, the average is well above: Friuli Venezia-Giulia: each of its citizens receives an average of 33 interventions/ year. The rear is Molise where its citizens with mental disorders has an average of 5 interventions/ year. Since power remains in the hands of the Regions, we will probably continue to witness the fact that in some there is a well-integrated system with also of great clinical excellence while in others there is a condition if not of abandonment of neglect. Critical problems not end there. Nobody knows how much ED currently cost the NHS. Approximate estimates speak of 600-800 million Euros a year. The law mentioned awards 25 million in 2 years. An ammount that is generous to define laughable. This means that the struggle by carer and professionals is not over. It will be necessary to defend the safeguards that have been created so far and use the additional resources to introduce innovations.

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## **ADVOCACY AND CARER REPORT**

Helen Missen

F.E.A.S.T

Over the past 9 months, following encouragement from the outgoing president (Ashish) and the incoming (Umberto), we have had an ever growing presence in Europe amongst the lived experience community.

Navigating the various language barriers, I am humbled by the passion and commitment to change across many of the European countries, whilst also encouraged that we have a solution focussed approach to collaboration where there may be cultural differences.

There is a similarity that spans all: to find parity of care and inclusion of evidence based treatment as a norm.

Whilst shockingly, many European countries still do not believe in using the wealth of evidence for treatment, this group consists of organisations begun by carers who share the same values for commitment to working with professionals and treatment providers within the field of Eating Disorders.

These organizations provide support for families, whilst also trying to encourage clinicians to become evidence based in the treatment of patients and families, utilising the worldwide research available.

We are represented by Switzerland, Italy, Germany, Norway, Israel, UK and Austria, with plans to find other organizations on the ground in more European countries.

Our aim is to include as many of the European Chapter AED board members to deliver talks to the group, at our monthly meetings, so as to encourage collaboration between clinicians and lived experience across Europe.

With Umberto's help the Italian contingency, led by Maria Grazia, is holding a half day conference on the 31st May, which you are all invited to attend.

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## **IS THERE AN OVERLAP BETWEEN EATING DISORDERS AND OBESITY?**

Emilia Manzato

Overweight and obesity are among the most significant health problems in the world.

Obesity is a complex disease of multifaceted origin.

Feeding and eating disorders (FED) are often associated with obesity and worsen the clinical picture.

From the end of last century many research studies have highlighted the importance to study and carry out research in the two fields at the same time.

### **It is mandatory to consider the overlap between Obesity and Feeding and Eating Disorders:**

#### **1) From diagnostic point of view:**

Many research studies support that the assessment of obesity-related problems should include FEDs.

FEDs are more prevalent among people with obesity but not all patients with obesity suffer from FEDs and not all patients with FEDs suffer from obesity.

So it is essential to make an accurate diagnosis for organizing adequate therapies.

#### **2) From therapeutic point of view**

Many studies showed that in treatment seeking overweight individuals weight gain and loss were often associated with FEDs.

The failure in obesity treatments highlights the need to find a multidimensional approach.

The experience of multidisciplinary team for FEDs could be very useful in reducing the large percentage of drop out and negative outcomes in the treatment of patients with obesity.

#### **3) For prevention programs:**

An effective behavior change program is the first line of prevention for obesity.

Obesity prevention programs that predominantly include dieting and physical activity are not effective over a long period of time and may lead to an increase in the risk for FEDs.

Evidence has shown that the majority of individuals with FEDs reported that they started to diet before they initiated their disordered eating behaviors.

**There is an urgent need for further research to explain the association between obesity and FEDs.**

**There is an urgent need for additional collaboration between the two fields which for too long have worked in parallel without direct contact between each other.**

## **Confronting unrealistic and unhealthy images in the media through legislation- The impact of Israeli 'Models' Law'**

Michal Cohen<sup>1</sup>, Rachel Adatto<sup>2</sup>, Dianne Neumark-Sztainer<sup>3</sup>, and Yael Latzer<sup>1,4</sup>

<sup>1</sup> School of Social Work, Faculty of Social Welfare and Health Science, University of Haifa, Haifa, Israel.

<sup>2</sup> Former member of the Israeli parliament (the 'Knesset'), Shaarei Zedek Medical Center, Jerusalem.

<sup>3</sup> Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, USA.

<sup>4</sup> Eating Disorders Institution, Psychiatric Division, Rambam, Health Care Campus, Haifa, Israel

Israel was the first country to confront the problem of unrealistic and unhealthy images in the media through legislation by initiating and passing an innovative law. The Israeli Parliament, voted in 2012, to pass a new legislation that forbids the appearance of underweight models (BMI of 18.5 or less) in commercial advertising, and requires that if a graphic editing program has been used to reduce the dimensions of a model in advertising photographs, this fact must be clearly indicated.

The Models' Law of 2012 was the first formal recognition that EDs are not a private problem but rather a dangerous social and medical phenomenon, and has raised public awareness and open discussion nationally and internationally about EDs, DEP, and the negative effects of the media and the modeling industry on body dissatisfaction and dieting behaviours.

Therefore, a recent study assessed the impact of the law after 10 years on young women in Israel. The study included self-report questionnaires and a telephone interview among 203 women, divided into two age groups, 81 aged 18-24 and 122 aged 25-35.

Preliminary results showed that both age groups were highly supportive of the law, yet, most of them reported that the law had little impact on them. However, a partial impact of the law and a change in beliefs regarding the influence of images and public messages on body image were more common among the younger participants as compared to the older participants. About 26% of the younger participants reported that their thin ideal beliefs and its consequences for health had moderately changed, as compared to 21.31% of the older participants.

In addition, most participants reported that the Models' Law has a moderate to high potential in influencing people to resist extreme thinness and promote healthy body image and increase people's awareness of the negative health consequences of disordered eating and dieting behaviors.



Furthermore, most participants saw great importance in increasing the law's full enforcement and that additional legislation is necessary. Furthermore, participants who were highly supportive of the law had lower levels of DEP.

The main results of the study showed that the Models' Law had a significantly higher impact on the younger participants and that they had higher levels of DEP more than the older participants

**In conclusion**, most of the participants emphasized the great value of the Models' Law in preventing DEP and disturbed body image and, despite the challenges regarding the law's enforcement, stressed the importance of implementing and enforcing the law, even though most of them reported that the law had no direct impact on them.

The results highlight the importance of designing prevention programs for pre-adolescent girls who are at high risk for EDs and DEP, before they internalize the thin ideal and other disturbed weight/eating related sociocultural values, in addition to the urgency of implementing universal prevention programs that might also help populations with low risk. Moreover, the study reinforced the understanding of the importance of expanding the spectrum of prevention possibilities into the field of legislation

Based on 2 published papers:

Cohen M & Latzer Y. (2021). The Impact of Israel's "Models' Law" on Young Women, *International Journal of Psychological Studies, on line*

**Latzer Y.**, Adatto R., and Neumark-Steiner, D. (2022). Addressing Eating Disorders through Legislation: The Israeli 'Models' Law'- Process, Enactment, and Dilemmas. *Dialogs in health.on line*

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## **Eating disorders in Italy: It is necessary and urgent to invest more resources in research and improve the use of the resources currently available.**

Riccardo Dalle Grave, MD

Eating disorders cause significant morbidity and mortality in adolescents and young adults. Anorexia nervosa has the highest mortality rate of any mental disorder, including major depression: a claim confirmed by major systematic reviews. Furthermore, the available studies indicate that with the best available treatments, only 50% of treated patients with eating disorders achieve full and lasting remission.

In Italy, for the lack of an epidemiological observatory, we do not have reliable national data on the mortality rate and the outcomes of anorexia nervosa and other eating disorders. However, they likely reflect those reported by the international literature. In addition, the situation seems to have worsened markedly during the current covid-19 pandemic period.

In my opinion, three major problems afflict the field of eating disorders in Italy:

1. Due to the almost total lack of funds, basic research on eating disorders is practically nonexistent. Instead, clinical research is carried out by a few groups that, with considerable individual efforts, have helped improve knowledge of the results of treatments, so much as to receive some international recognition.
2. Clinical centres are distributed like wildfire. Some regions can provide patients with all levels of care (from outpatient therapy to residential and inpatient treatment), coordinated according to a network model of reference centres. Others lack the intensive levels of care.
3. Most Italian clinical centers do not apply evidence-based psychological treatments or eating disorders, such as enhanced behaviour cognitive therapy (CBT-E), family-based treatment (FBT), and the Maudsley model of anorexia nervosa treatment for adults. This causes patients to receive suboptimal treatments, with potentially unpredictable effects on their outcome.

There are no quick and easy solutions to address these problems. There is no doubt that more resources are needed in basic and clinical research. However, it is also urgent to develop strategies to improve the use of the few resources currently available to improve the clinical management of patients. This requires the creation of new clinical centers, especially in regions that lack of intensive level of care, and training of health personnel to implement the available evidence-based psychological treatments.

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### **Activities of the Austrian society for eating disorders.**

Prof. Andreas Karwautz, Prof. Karin Waldherr, Mag. Dr. Michael Zeiler

In Austria, the eating disorder research community is small; however, eating disorder research is vivid and diverse. Apart from national collaborations, board members of the Austrian society currently also maintain several international research collaborations with experts in the field of eating disorders (e.g., Janet Treasure, Ulrike Schmidt & team, London– Andreas Karwautz (AK) & Michael Zeiler (MZ); Beate Herpertz-Dahlmann & team, Aachen - AK & MZ; Fernando Fernandez-Aranda, Barcelona- AK & MZ; Cynthia Bulik, Sweden, AK & MZ; Corinna Jacobi, Dresden – Karin Waldherr (KW), AK, MZ; Barr Taylor, Megan Jones Bell, Stanford – KW, AK & MZ) to put forward cutting-edge research regarding therapeutic treatment in anorexia nervosa (e.g., MANTRA, caregiver interventions), the genetic basis of eating disorders, the gut-brain-axis in anorexia nervosa, reward processing in anorexia nervosa and Internet-based prevention in eating disorders). An overview of the research activities of the Austrian Society of Eating Disorders is provided here (<https://www.oeges.or.at/Essstoerungen/Forschung-zu-Essstoerungen/>) (an English version of the website is coming soon). There are currently two main conferences on eating disorders co-organized by the Austrian Society of Eating Disorders: The International Conference on Eating Disorders taking place in Alpbach (Tyrol) in October (<https://www.netzwerk-essstoerungen.at/current-congress/?lang=en>) and the Vienna Eating Disorder Conference usually taking place in March at the Vienna General Hospital (<https://essstoerungen2022.medacad.org/>). Furthermore, the Austrian society is a partner organization of the AED and actively contributes to AED activities, especially PCAC activities (represented by KW). Moreover, Ursula Bailer, one of the board members of the Austrian society, is past-president of the AED.

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## **Lockdown inside the Lockdown**

Todisco Patrizia, Villa Margherita, Vicenza

The SARS-CoV-2 (COVID-19) pandemic, started in February 2020, entailed slowdowns and interruptions in the emanation of the care services, for people with Eating Disorders (EDs) too. In this period of health emergency, EDs didn't slow down their diffusion and sometimes they intensified. The perception of losing control over their own existence took people at risk, or already suffering from these diseases, to attempt to control some aspects of their life, like food, weight and body, in a more strong and perfectionistic way. The Unity for Eating Disorders (U-EDs) at Villa Margherita, went on with the treatments at all levels (hospitalization and day-hospital) and represented a resource for different care Services for these diseases, both private and public. The U-EDs équipe decided to investigate patients' and therapists' experiences during COVID-19 pandemic inside the Unit. A set of 5 open questions designed ad hoc was prepared and administered to all the patients and the members of the multidisciplinary équipe during the second week of the lockdown Phase 1 established by the Italian Government. 16 patients and 15 members of the multidisciplinary équipe answered anonymously and voluntarily. The sample was divided into 3 groups (inpatients, day-hospital patients and multidisciplinary équipe) and each answer was analysed in terms of frequency.

The answers received seem to indicate that the condition of hospitalization made patients (both inpatients and day-hospital subjects) feel a sense of protection against pandemic events and life-events, so that they had a partial perception of the danger associated with the pandemic. The answers of the équipe reported the fear to be source of infection and the need to defend against overexposure to information on pandemic.

The answers were an opportunity to reflect on ED patients' functioning during COVID-19 emergency, in particular of patients treated in a rehabilitation Unit, but also on the resilience of the multidisciplinary équipe.

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We need a stronger European Chapter; for the AED and for Europe.

The European Chapter was born in 2018 because all we need to have at the same time a European horizon within a broader global horizon that AED guarantees us.

With us it is possible to know each other, meet, exchange experiences, ideas, build network.

We need to develop research and above all to implement the Quality practice in order to provide more effectiveness and competent services for the people who suffer from ED and still do not receive the most appropriate treatment.

We want to focus on organizing European-level initiatives hoping to involve the European Institutions and Governments.

But we also hope that in every country ED acquire that priority in health plans that do not yet have.

We need to mark the field in order to facilitate interaction with professionals from other disciplines we need to work with.

We must make ED socially visible, to reflect on, to learn about eating disorders. Many clinical excellences are spread in Europe in an jeopardized way in the different countries.

Thanks to the AED we can recover an international relationship that takes us away from the modest of the single national dimensions too often closed on themselves and often also shattered within.

We need an optimistic, collaborative and open momentum; it is useful for young people who are approaching this profession, but above all for the patients who come to us and their families.

We offer this vision to Governments by proposing that the AED's European Chapter become their natural scientific interface.

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Contact: [unizzoli@hotmail.com](mailto:unizzoli@hotmail.com)