Ongoing Trials Compare Anorexia Therapies

BY SUSAN LONDON
Contributing Writer

Seattle — The relative efficacy of three therapies for anorexia nervosa appears to shift with long-term follow-up according to the results of an ongoing analysis of data from a randomized, controlled trial. The treatment that was the most efficacious at the end of therapy appeared to be the least so at 5 years. But differences among the therapies were much less significant at that point, Virginia V.W. McIntosh, Ph.D., reported at an international conference sponsored by the Academy for Eating Disorders.

Dr. McIntosh, a senior clinical psychologist at the University of Otago, Christchurch, New Zealand, described ongoing analyses of data from a randomized, controlled trial that compared three treatments—cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), and specialist supportive clinical management (SSCM)—among 56 patients with anorexia nervosa.

End-of-treatment results showed that among the 53 patients who completed all sessions, CBT was superior to both CBT and IPT in terms of global anorexia nervosa status (Am. J. Psychiatry 2005; 162:741-7).

The new analyses focused on therapist adherence to the protocol for a specific treatment. Dr. McIntosh and her colleagues measured adherence with a modified version of the Collaborative Study Psychotherapy Rating Scale, which had 28 items unique to CBT, 27 unique to IPT, and 1 unique to SSCM. “I think [adherence] speaks to the distinctiveness of CBT and SSCM, which is important here,” Dr. McIntosh said at the meeting. She said the protocol was cosponsored by the University of New Mexico.

An additional 14 items overlapped both CBT and SSCM. Those overlap items were those covered the important elements of weight gain, psychosocial education, and the normalization of eating, she said. An additional 18 items were not specific to any of the therapies and reflected aspects such as alliance and therapy process.

Independent raters listened to the recorded psychotherapy sessions from the trial and rated them for adherence on various subscales: CBT (unique plus overlapping items), IPT (unique items), and a therapy-nonspecific subscale. Results showed that ratings for the therapy-specific subscales did indeed differ significantly, depending on which therapy the patient had received. As a result, the proportion of patients with a good outcome at the 5-year time point was highest for IPT, intermediate for CBT, and lowest for SSCM.

Use of Zolpidem Appears Safe During Pregnancy

BY KERRI WACHTER
Senior Writer

WASHINGTON — Even though the sleeping aid zolpidem does cross the placenta, use of the drug during pregnancy does not appear to significantly affect outcomes, a study of 45 women shows.

The study, presented as a poster at the annual meeting of the American Psychiatric Association, included pregnant women who were enrolled in a prospec tive study of the pharmacokinetics of psychotropic drugs during pregnancy and who were treated with zolpidem (Ambien) during pregnancy. Maternal and cord blood were obtained at delivery when possible.

The placental passage rate was calculated as the ratio of medication concentrations in the umbilical cord plasma to that in maternal plasma. When umbilical cord concentrations were below the limit of detection (less than 4.6 ng/mL), this value was used for data analysis. This approach was thought to be conservative, given the potential toward overestimation of fetal exposure to zolpidem. When both maternal and umbilical plasma concentrations were less than the detection limit, the pair was excluded from the analysis.

Obstetrical and neonatal outcomes among women who had given birth to a live infant after taking zolpidem during pregnancy were compared with outcomes among a group of 45 women who were matched for age, race, level of education, SCID diagnosis, and pregnancy exposure to the same classes of psychotropics. For women who took zolpidem during pregnancy, exposure by trimester included 38% in the first trimester, 56% in the second trimester, and 38% in the third trimester. The average zolpidem exposure during pregnancy was 14 weeks, and the average dose was 9 mg.

No statistically significant differences were found between the two groups in terms of obstetrical and neonatal outcomes. However, a trend toward pretterm delivery and low-birth-weight infants was seen among women on zolpidem during pregnancy. "It is unclear whether these differences were driven by zolpidem exposure and/or sleep disturbance or other pharmacological intervention in pregnancy," wrote Sandra Juric, M.D., assistant professor of psychiatry at the University of Washington’s Mental Health Program in Atlanta. Ms. Juric reported no conflicts of interest.