Fifty volumes of scholarship on eating disorders
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On the occasion of the 50th volume of the International Journal of Eating Disorder (IJED), it is my privilege to reflect on how far the journal and the field it serves have come in the span of 35 years. After a short description of the journal, I offer a few examples of scientific advances the journal has covered.

1 | IJED: THE LEADING JOURNAL IN EATING DISORDERS

The first specialty journal in the then nascent field of eating disorders, the inaugural issue of the IJED was published in 1981. Until the early 1980s, studies of eating disorders rarely appeared in medical or psychological journals. The Founding Editor, Craig Johnson (1981–1983), recognized the importance of a specialty journal as a means both to disseminate scientific advances to the target audience (researchers and clinicians in the field) and to encourage scholarship by providing opportunities for authors to get their work published. Moreover, a scholarly journal would help put eating disorders on the map as a serious topic worthy of rigorous theoretical and empirical study. The ingredients of a successful scientific journal were “baked into” the journal from the start: a clear vision, a stellar Editorial Board, a strong partnership with a leading publishing house, John Wiley & Sons, and high-quality articles to disseminate the latest in theory, research, and clinical practice.

1.1 | Vision

Johnson boldly envisioned the journal to be relevant globally and to cover the full spectrum (“bench to bedside”) of research. His successor, Michael Strober (Editor from 1984 to 2012), articulated IJED’s vision and scope as encompassing (1) innovative and creative theoretical papers; (2) case reports having significant implications for the practicing clinician; (3) experimental and clinical research in cognitive processes, psychopathology, personality, familial relationships, medical complications, pathophysiology, natural history, and outcome in eating disorder populations; (4) descriptive and epidemiological studies of normal and abnormal eating behaviors; (5) laboratory study of hormonal, electrophysiologic, neuropharmacologic, and neurochemical aspects of feeding behavior and their relevance to human clinical populations; and (6) studies of therapeutic processes and the efficacy of different treatment modalities.” (p. 1) (Strober, 1984). As was the case in the very first volume, where widely differing theoretical perspectives [witness the psychoanalytic case formulations (Sugarman & Kurash, 1982) versus the feminist conceptualization of eating disorders (Wooley & Wooley, 1982)] and a diversity of methods, the journal continues to feature a broad range of perspectives and methods and now offers a contribution type (“An Idea Worth Researching”) specifically intended to stimulate novel was of thinking about or studying eating disorders in efforts to achieve significant breakthroughs in the field. In current times, as reflected in the sample articles referenced here, we benefit, of course, from paradigm-shifting technological advances in numerous areas ranging from genetics (Brandys, de Kovel, Kas, van Elburg, & Adan, 2015) to imaging (Frank & Kaye, 2012) to computing (Bauer & Moessner, 2013; White et al., 2016), and from the allocation of substantial resources required to conduct studies of large and representative samples, and the application of costly state-of-the-art assessments. For example, while in the early days recruiting a sample numbering a few hundred individuals was an impressive achievement (Mitchell & Pyle, 1982), current epidemiological studies may involve thousands of participants (Munn-Chernoff et al., 2015; Peterson et al., 2016), and track incidence and prevalence across decades (Steinhausen & Jensen, 2015).

Strober transformed the fledgling journal into the field’s leading title, and our publisher consistently supported the journal’s growth, quality, and disciplinary and geographic reach. During its first three decades, IJED tripled the number of manuscripts it published. With over 900 articles published since 2001, and with the publisher’s commitment to yet further expand our annual article count, IJED is well on its way to exceed all prior publication records. As we celebrate our 50th issue (between 1992 and 2005, articles were grouped into two annual volumes, which explains why, after 35 years, we have reached the 50-volume mark), we affirm the vision of a globally relevant journal dedicated to advancing the scientific knowledge needed for understanding, treating, and preventing eating disorder syndromes and symptoms, and to reducing the burden of suffering associated with these conditions.
1.2 | Scientific leadership

From its inception, IUED’s Editorial Board has included internationally renowned experts of eating and weight disorders with expertise ranging from basic science to clinical research. Two luminaries served as “Senior Advisors”: Roy R. Grinker, Sr. and Hilde Bruch. Born in 1900, Grinker earned a medical doctorate, and specialized in neurology and psychiatry. He was one of Sigmund Freud’s last training patients and founded the internationally renowned Institute for Psychosomatic and Psychiatric Research and Training at Michael Reese Hospital in Chicago, Illinois (United States). Prolific throughout his long career, he published over 350 scholarly papers and some 25 books that covered, even by today’s standards, an unimaginable breath of topics (including a textbook on neurology, works on depression, the impact of trauma on mental health, borderline psychopathology, and, at age 87, a book on schizophrenia). “Toward a Unified Theory of Human Behavior” (Grinker, 1956) presented a biopsychosocial perspective on human behavior. As if his knowledge of a wide range of psychopathologies, commitment to a biopsychosocial framework, and clinical training weren’t qualifications enough, he also brought to his role as Senior Advisor almost twenty years (1959–1976) of experience as the Editor-in-Chief of the Archives of General Psychiatry.

Hilde Bruch, a contemporary of Grinker’s (Bruch was born in 1904) and a fellow physician, also studied psychiatry and underwent psychoanalytic training (with Frieda Fromm-Reichmann and Harry Stack Sullivan). She too pursued a wide range of topics in psychopathology and, of note, among her books was one entitled “Learning Psychotherapy” (Bruch, 1980), an early didactic tool on how to conduct psychotherapy. Yet, increasingly she turned her brilliant mind to the study and treatment of obesity and anorexia nervosa (AN). So foundational was Bruch’s work that her first IUED publication (Bruch, 1982), cited three references: all by Bruch. Using a Case Report format, she outlined her thinking about the causes, clinical presentation, and treatment of AN. Bruch acknowledged that “It is now accepted, …, that true anorexia nervosa is characterized by fear of fatness, with relentless pursuit of thinness, severe body image disturbance, with their insisting on being too fat at a time when severe emaciation is present, with endless preoccupation with food and eating” (p. 4). Importantly, however, Bruch considered this clinical description lacking in that it omitted “what I consider psychiatrically most important, namely the deficits in the concept of self and the conviction of all-pervasive ineffectiveness and powerlessness” (p. 4). Bruch considered psychoanalytic treatment inappropriate for eating disorders, a stance that went against much of the contemporary establishment. Although modern research has revised and greatly expanded her understanding of the etiology of AN and bulimia nervosa (BN), Bruch’s influence is felt to this day in instruments such as the Eating Disorder Inventory (Garner, Olmsted, & Polivy, 1983), which features subscales that reflect Bruch’s clinical descriptions of AN and which was introduced in the second volume of the IUED.

Some members of the original board have since passed away; for example, Arthur Crisp advocated early on the importance of applying the scientific method to understanding AN, testing treatment efficacy (Crisp, 2002), and examining long-term outcomes (Crisp, 2006); or Albert J. “Mickey” Stunkard, whose research (Stunkard et al., 1986) refuted psychodynamic models of eating behavior and who introduced into the field clinical presentations we now recognized as binge-eating disorder (BED) or night-eating syndrome (Stunkard & Allison, 2003; Stunkard, Grace, & Wolff, 1955). Four inaugural members still serve on our board, enriching the IUED by bringing to their reviewer role a valuable historical perspective and extensive knowledge of the field and, as IUED authors, by expanding our knowledge base (referenced in the following sentence are their most cited publication and their most recent IUED publication): W. Stewart Agras (Kraemer, Wilson, Fairburn, & Agras, 2002; Lock et al., 2016), Katherine Halni (Halni, Falk, & Schwartz, 1981; Mahar et al., 2015), Michael Strober (Khalsa et al., 2015; Strober, Freeman, & Morrell, 1997), and Joel Yager (Gwirtsman, Roybye, Yager, & Gerner, 1983; Lopez, Yager, & Feinstein, 2010).

Maintaining scientific rigor while steadily expanding the IUED’s content has been made possible by the introduction of Associate Editors during Strober’s editorship. We owe a debt of gratitude to the colleagues who helped Strober steer the journal during his last decade as Editor: Anne Becker, Cynthia Bulik, Manfred Fichter, Kelly Klump, Howard Steiger, Ruth Striegel-Moore, Glenn Waller, and B. Timothy Walsh. Since 2012, the Associate Editors each handle a distinct portfolio and have editorial control over manuscripts assigned to them. This empowerment has enabled us to expand certain content areas (especially neuroscience and medical issues; Guido Frank), to regularly offer clinical case reports (Glenn Waller), to enhance coverage of global issues (Jennifer Thomas), to substantially increase our capacity to publish integrative or meta-analytic review papers (Kelly Klump), and to strengthen the rigor of our review process. Effective 2017, a fifth Associate Editor (Tracy Wade) will oversee intervention studies (prevention and treatment) and the growing research literature on implementation science, i.e., the study of methods to enable the systematic application of research findings into clinical practice (Eccles & Mittman, 2006; Foy et al., 2015).

Keeping pace with the scientific advances and ensuring that the submissions to IUED receive careful and constructive evaluation would not be possible without the dedication of our international expert Editorial Board, and we are deeply thankful for the contributions of its members. Our Editorial Board both supports and reflects the journal’s global presence, and we greatly appreciate the contributions of a committee, led by Eva Trujillo, that translates into Spanish all abstracts of Review papers (IUED, 2016). I note with admiration and gratitude that the Associate Editors and the Editorial Board have helped shape IUED into the field’s leading journal with an impact factor of > 4.0 and very favorable rankings relative to other journals [ISI Journal Citation Reports © Ranking: 2015: 10/122 (Psychology Clinical); 11/80 (Nutrition & Dietetics); 12/76 (Psychology); 18/139 (Psychiatry (Social Science)); 31/142 (Psychiatry)].

2 | A SANPLER OF IUED PUBLICATIONS

It would be foolhardy to attempt a summary of the knowledge we have acquired over the past 35 years about eating disorders and
related conditions, yet a few (admittedly highly selective) examples demonstrate that we have come a long way as a field and as a journal. Reflecting the maturation of the field, along with original research reports, IJED now regularly publishes integrative or meta-analytic Review papers on the wide range of topics reflected in Strober’s aforementioned (and recently updated) scope statement. Highlighted here are a few examples of advances in classification, research of the impact of eating disorders on physical health, and progress in intervention research.

2.1 | Classification of eating disorders

The IJED published two special sections (Volume 42, Issues 7 and 8) of Review papers completed or invited by the Eating Disorders Work Group to inform its recommendations to the American Psychiatric Association about revisions of the eating disorder section (Walsh, 2009) in the Diagnostic and Statistical Manual for Mental Disorders, DSM (American Psychiatric Association, 2013). The Reviews supported changes in the specific criteria for AN [e.g., to drop amenorrhea as a required symptom (Attia & Roberto, 2009)] and BN [e.g., to reduce the binge-eating frequency criterion from two weekly episodes to one (Wilson & Sysko, 2009); the introduction of BED as a specific eating disorder (Wonderlich, Gordon, Mitchell, Crosby, & Engel, 2009)], and advised against the designation of obesity as a mental disorder (Marcus & Wildes, 2009). In subsequent publications (e.g., (Dahlgren & Wisting, 2016; Keel, Brown, Holm-Denoma, & Bodell, 2011), authors have demonstrated that application of the DSM-5 criteria increases the number of individuals who meet criteria for a “named” eating disorder (e.g., AN, BN, or BED) and reduces the number of individuals with a diagnosis of what prior to DSM-5 was called “Eating Disorders not Otherwise Specified” (EDNOS), a highly heterogeneous diagnostic group of limited clinical utility.

2.2 | Physical health consequences of eating disorders

Although the metabolic and other physical symptoms associated with AN have long been described in case studies or small groups of patients (Halmi & Falk, 1981), an entire recent IJED Special Issue (Volume 49, 3) was devoted to summarizing findings and their clinical implications concerning medical complications across the spectrum of eating disorders. The issue illustrated that adverse health consequences are not limited to individuals with AN and may affect numerous body systems. For example, far from being a benign behavioral problem, BED has been shown to increase the risk for weight gain, cardiovascular disease, diabetes, and metabolic syndrome, as well as certain forms of cancer (Mitchell, 2016; Thornton et al., in press). The symptom of purging, whether occurring in the context of a full syndrome eating disorder or as a clinical symptom, also was found to be associated with severe medical complications across a range of body systems (Forney, Buchman-Schnitt, Keel, & Frank, 2016). Reviewing studies from 1995 to 2015, Misra et al. concluded that AN results in low mineral bone density, impaired bone quality, and increased risk of bone fracture (Misra, Golden, & Katzman, 2016). Obstetric and gynecological complications were found to be more common not only in women with AN, but also in women with a diagnosis of BN or BED (Kimmel, Ferguson, Zerwas, Bulik, & Meltzer-Brody, 2016). No outcome more starkly illustrates the clinical significance of eating disorders than mortality: We now have rigorous studies that illustrate that mortality is elevated significantly in individuals with a diagnosis of AN, BN, or BED (Fichter & Quadflieg, 2016). The mortality statistics in part reflect the toll of eating disorders on physical health; they also reflect, and to a great extent, the associations between eating disorders and psychiatric comorbidity [especially depression and anxiety, e.g., (Puccio, Fuller-Tyszkiewicz, Ong, & Krug, 2016)] as well as the toll of eating disorders on mental health and overall well-being (Engel, Adair, Las Hayas, & Abraham, 2009). This literature attests to the urgent need to prevent or treat eating disorders.

2.3 | Prevention and treatment

Foundational studies for developing prevention interventions, including research of the etiology of eating disorders and studies of the development of instruments needed for measuring risk factors, comprise a large portion of the literature published in the IJED (Austin, 2012). Although this literature is being refined continuously and advances in technology make it possible to uncover additional risk factors [e.g., (Bailer et al., in press; Swami, 2016)] or improve our understanding of the mechanisms underlying exposure to risk and eating disorder as an outcome [e.g., (Clump, Racine, Hildebrandt, & Sik, 2013; Tiggemann & Slater, in press)], a number of modifiable (i.e., amenable to intervention) specific (to eating disorders) and general (to a broader spectrum of mental health concerns) risk factors have been identified (Pearson, Goldklang, & Striegel-Moore, 2002; Striegel-Moore & Bulik, 2007) that have been the focus of prevention intervention trials.

A recent meta-analysis of randomized clinical trials testing the efficacy of programs designed to prevent eating disorders (Watson et al., 2016) identified 13 studies that delivered universal programs (i.e., targeted populations not preselected for particular characteristics such as risk factors), 85 studies reflecting selective prevention (i.e., testing the program in at-risk samples), and 8 studies of “indicated prevention” programs targeting high-risk samples (i.e., inclusion in the study was based on presence of at least one eating disorder symptom). Only seven studies reported on the program’s impact on reducing the number of new onset eating disorder cases and in each of these studies, the sample was too small to be adequately powered for this outcome. Findings suggest that universal interventions produce small to moderate effects on outcomes such as body image and within this category, media literacy programs showed the most favorable results. Efficacy evidence was strongest for selective prevention programs and in this category, dissonance theory-based programs showed moderate effects. The relatively small number of indicated prevention studies and the small sample sizes make it difficult to draw firm conclusions regarding the results of the meta-analysis, although the evidence favored Cognitive-Behavioral Therapy (CBT) and dissonance-based programs. Efforts to take prevention programs to scale currently are underway: Wilfley and her colleagues have described a promising model for the broad
dissemination and implementation of an Interpersonal Psychotherapy (IPT)-based indicated prevention program on college campuses (Wilfley, Agras, & Taylor, 2013). Most eating disorder prevention studies have focused on the individual at risk for developing an eating disorder; far fewer efforts have been undertaken to achieve risk reduction by focusing on policy changes (e.g., changes of school health curricula, laws or regulations about media practices such as presenting electronically altered images conveying harmful beauty ideals, or policies aimed at reducing weight stigma).

Major progress has been made in developing evidence-based approaches to the treatment of eating disorders in adults and adolescents. Although far from perfect, outcomes support use of a range of psychological treatments as first-line interventions (Hay, 2013), including family therapy for adolescents (Couturier, Kimber, & Szatmari, 2013); CBT in various delivery formats such as in person (by highly trained clinicians or using self-help approaches) or online (Aardoom, Dingemans, Spinholven, & Van Furth, 2013; Fitzsimmons-Craft, Kazdin, & Wilfley, in press); and IPT (Tanofsky-Kraft & Wilfley, 2010). The journal continues to welcome studies of new treatments and encourages authors to consider the single case design (and the Clinical Case Report contribution format) for testing innovative ideas in treatment (Thomas & Murray, 2016).

The field has moved on from simply demonstrating that a given treatment is superior to wait-list control or to pit one form of treatment against another and now focuses on predictors, moderators, or mediators of outcome (for whom, under what conditions, and why does treatment X work?), and examines cost-effectiveness (is treatment Y a better bargain than treatment Z, all things considered?), barriers to accessing treatment (how can the treatment be designed so as to minimize or eliminate barriers to treatment access?), and scalability (can the treatment be delivered to large numbers of individuals?). For example, rapid response to treatment has been shown to predict better outcomes at end of treatment or follow-up (Vall & Wade, 2015), prompting calls for studies of how to improve early response for all patients (Linardon, Brennan, & de la Piedad Garcia, 2016). Common sense would suggest that a therapist’s competence in delivering a treatment according to protocol predicts treatment outcome, yet research suggests that therapists do not apply with fidelity key elements of evidence-based treatments (Kosmerly, Waller, & Lafrance Robinson, 2015). Often, barriers to accessing care have been conceptualized at the person level (e.g., fear of stigma; lack of financial resources; poor mental health literacy) (Ali et al., in press). Many of these barriers also are system-level factors, such as inadequate healthcare policies when it comes to the coverage of mental health conditions in insurance plans, the insufficient numbers of healthcare professionals with training in eating disorders, or the lack of a public health approach in the treatment and prevention of mental health conditions (Austin, 2012; Kazdin et al., in press). CBT-based online programs have been shown to reduce eating disorder symptoms (Melioli et al., 2016), suggesting delivery of interventions via the internet as one viable approach to scaling of treatments for eating disorders.

In prevention and treatment research, there is a need for taking what has been learned in controlled research studies and ensuring that it is integrate it into the day-to-day work of those entrusted with the health and well-being of the general public. Such dissemination and implementation work cannot succeed if we focus only on individuals (the client; the therapist; the student; the teacher). A forthcoming Special Issue on evidence-based advocacy and strategic science will take up the question of how researchers can design studies with policy impact as the goal.

3 | THE FUTURE AWAITS

My brief reflections in this Editorial illustrate that the International Journal of Eating Disorders was launched with great hope and an expansive vision, and that this tradition continues. Over the years, the journal has been nurtured by dedicated Editors and Board members, and supported by legions of authors, reviewers, and readers. It is with deep gratitude and great optimism about the journal’s future that I present to you this, the IJED’s 50th volume.

REFERENCES


