
Cognitive Behavior Therapy and Eating Disorders

by Christopher G. Fairburn, DM, FMedSci. Guilford, New York, NY, 2008, 342 pages, \$40.00.

Shortly after Gerald Russell first described bulimia nervosa as a distinct psychiatric disorder in 1979, Christopher G. Fairburn began to adapt cognitive-behavioral therapy to the treatment of these patients. He first published in the area in 1981 and since that time has pioneered research in the area. This book is his current take on the best way to apply cognitive-behavioral therapy, and it differs from earlier works in several important ways. Fairburn has adapted a “transdiagnostic view” of eating disorders, seeing more similarities than differences among them. Because of this view, the current book outlines a form of cognitive-behavioral therapy that Fairburn refers to as “enhanced” and offers this approach in 2 forms: a focused form, which he sees as suitable for most patients, and a “broad” form for patients in whom certain mechanisms external to the eating disorders psychopathology tend to maintain the disorder and obstruct change. This broader version includes modules designed to address these external mechanisms, with particular focus on clinical perfectionism, core low self-esteem, and interpersonal problems. This is by far the fullest explication of Fairburn’s approach to have been published. The treatment manual that appeared in 1993 was about 40 pages long, was included in a larger textbook, and lacked detail about the specifics of how to administer the therapy. This text, on the other hand, is much more detailed and can be seen as a “how-to” manual.

With regard to specific parts of the book, the transdiagnostic view of eating disorders that Fairburn has adopted is well described in the second chapter, and arguments for this approach are clearly strong, although many others in the field are less enthusiastic about this view. Chapter 4 is a detailed discussion of assessment and preparation for treatment, and chapters 5–12 present a core protocol for enhanced cognitive-behavioral therapy. These chapters provide considerable clinical detail and will be of particular utility to practicing clinicians. Later sections address special issues such as working with younger patients and with “complex cases” in which there is a great deal of comorbidity. The appendices include version 16.0D of the Eating Disorders Examination (the state-of-the-art interview measure that Fairburn developed with colleagues), the Eating Disorder Examination-Questionnaire

version 6.0 (the self-report version of the EDE), and a recently published Clinical Impairment Assessment Questionnaire by Bohn and Fairburn.

This volume is an important addition to the literature on the treatment of eating disorders. Fairburn is to be congratulated for constructing a detailed but user-friendly book that will be very informative for practicing clinicians. It remains a matter for future research to determine whether this enhanced version of cognitive-behavioral therapy performs better than earlier versions. The data thus far are limited, although studies are underway. Whether the transdiagnostic model will eventually win the general support of researchers in the area is also unclear, although this conceptualization has generated a great deal of interest and controversy. This book is highly recommended.

James E. Mitchell, MD
jmitchell@nrifargo.com

Author affiliation: University of North Dakota School of Medicine and Health Sciences, Fargo, North Dakota. **Financial disclosure:** None reported.

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