# Can emotion regulation-based intervention be applied to groups with comorbid symptoms of eating disorder and obsessive-compulsive disorder?

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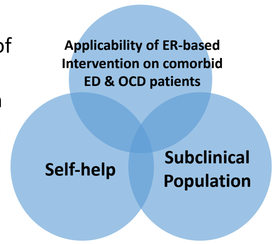
## Background

**Obsessive-compulsive disorder (OCD)** has been recognised as one of the most common comorbidities associated with **Eating Disorder (ED)**, with the current lifetime comorbidity of **18%**.[1] However, the recommended treatments for EDs often do not fully consider its comorbidities.[2]

### Existing Studies

- ☑ **Emotional Regulation (ER)** skills are identified as a transdiagnostic factor across ED and OCD[3]
  - Low use of **cognitive reappraisal** (adaptive)
  - Common use of **expressive suppression** (maladaptive)
- ☑ Limited research on ER-based interventions was focused on **inpatient and intensive outpatient populations**[4]
- ☑ The implementation of **self-help** ER-based intervention has been found **effective** in the two disorders respectively[5,6]




## Methods

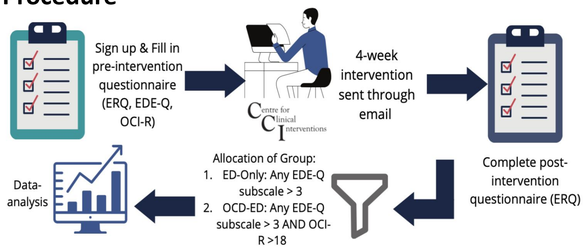
### Inclusion Criteria

- 16 years above with only symptoms of ED or comorbid symptoms of both ED and OCD, that is not actively participating in another therapy.
- Completion of pre- and post- intervention questionnaire

### Materials

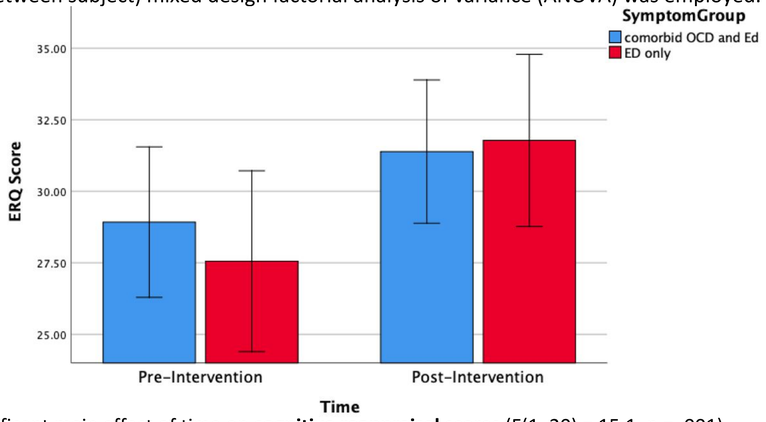
- Emotion Regulation Questionnaire (**ERQ**): cognitive reappraisal & expressive suppression subscale
- Eating Disorder Examination Questionnaire (**EDE-Q**)
- Obsessive-Compulsive Inventory – Revised (**OCI-R**)
- **Tolerating distress self-help resources** developed by Centre for Clinical Intervention (CCI)

### Procedure

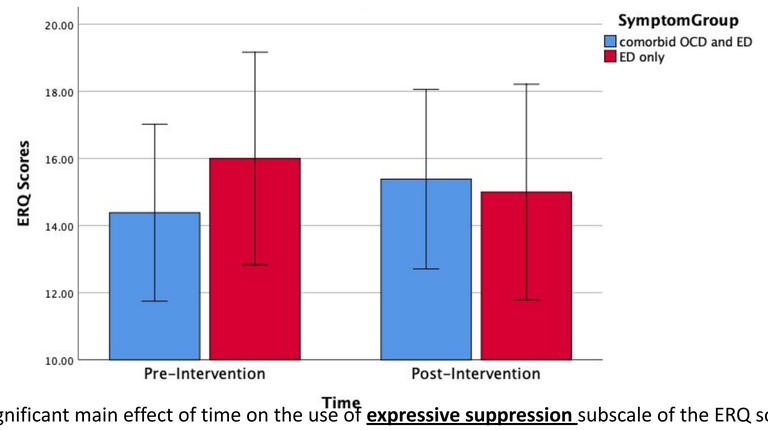



## Results

- 22 participants in total: 9 with ED symptoms only, 13 with comorbid ED and OCD symptoms
- the parametric test of a 2 (time of measurement; within subject) x 2 (symptoms group; between subject) mixed design factorial analysis of variance (ANOVA) was employed.




Significant main effect of time on **cognitive reappraisal** scores (F(1, 20) = 15.1, p = .001).
Participants scored higher in ERQ post-intervention (M = 31.4, SD = 4.68) than before receiving the ER-based intervention (M = 28.24, SD = .99).
No significant insignificant main effect of symptom group on cognitive reappraisal scores (F(1, 20) = .08, p = .780)

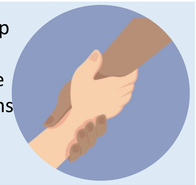



Insignificant main effect of time on the use of **expressive suppression** subscale of the ERQ scores (F(1, 20) = 0, p = 1.00) across the symptom groups.

## Discussion

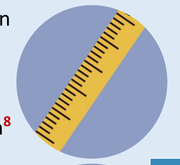
This study found a **significiant difference in the cognitive reappraisal score** before and after the ER-based intervention and found no significant in the treatment effect across group

highlights the potential of applying self-help ER-based intervention to comorbid symptoms of OCD and ED -> decreasing the burden of prevalent mental health problems that are unlikely to be addressed with typical clinician-guided treatments[7]

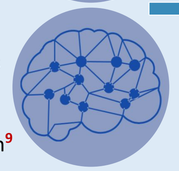


However, **no change in expressive suppression** was found before and after the intervention. This contradicts previous research[8] finding the effect of ER-based intervention on reducing expressive suppression.

Difference in baseline measure of expressive suppression[8]



Content design: less focus on emotional suppression[9]



Future studies: whether increased focus on expressive suppression can improve the ER-based intervention's potential success.

### Limitations

- Low sample size & Lack of control group
- High attrition rate (57%)
- No direct measure of whether ER-based intervention improves OCD or ED symptoms

## Conclusion & Future Direction

- This study can be seen as a first step toward integrating two lines of research: self-help ER-based intervention and subclinical comorbid OCD and ED symptoms
- Studies with a larger sample size, inclusion of a control group and direct measures of OCD and ED symptoms are needed to replicate the present encouraging preliminary findings.
- Further research is also recommended to investigate ways of reducing attrition and elevating the adherence rate of ER-based interventions.

## References

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