Knowledge of evidence for interventions for people with eating disorders

An ability to draw on knowledge of NICE and SIGN guidance on the efficacy of interventions for eating disorders, specifically that:

young people with AN should be offered family therapy as a first-line treatment (as a single family or multi-family format), with cognitive behavioural therapy for eating disorders (CBT-ED) or adolescent-focused therapy offered where family therapy is unacceptable to the patient or family, contraindicated or ineffective
because of equivalent evidence of efficacy, adults with AN should be offered a choice of individual CBT-ED, MANTRA or Specialist Supportive Clinical Management, with focal psychodynamic therapy offered if these approaches have proven ineffective, contraindicated or unacceptable
children and young people with BN should be offered family therapy, with individual CBT-ED considered where family therapy is unacceptable to the client or family, contraindicated or ineffective
adults with BN should be offered BN-focused guided self-help initially, with individual CBT-ED offered where this is unacceptable, contraindicated, or ineffective after 4 weeks of treatment
adults with binge-eating disorder should be offered BN-focused guided self-help; where this is unacceptable, contraindicated, or ineffective after 4 weeks of treatment, group or individual CBT-ED should be considered
adults with other specified feeding and eating disorder (OSFED) should be offered an intervention based on the eating disorder that their presentation most closely resembles

An ability to draw on knowledge that remission rates from evidence-based interventions may be relatively limited (e.g. 30–50% for BN and AN)
An ability to draw on knowledge that attrition rates from therapy can be relatively high, and represent a concern both in a research context and in routine practice