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29 June 2011

Dear Professor Raboch

**Re: Doctoral thesis “Multifamily therapy for anorexia nervosa” by Jana Tomanová**

It has been a pleasure to be asked to review and comment on the above thesis. In general this is a mature, well presented work and, in my view, meets the requirements of a doctoral level thesis. The specific comments that I make should be read in the context of this overall assessments as the areas that I note that could have been developed further do not detract significantly from the overall quality of the work.

The topic addressed by this thesis is of considerable importance. Eating disorders in general and anorexia nervosa in particular pose a significant mental health problem, with high levels of morbidity, mortality rates higher than any other mental health disorder and levels of family burden comparable to those in other severe mental disorders such as schizophrenia. Although considerable progress has been made in recent years in identifying effective treatments, there is a significant gap between this empirical evidence and its application in clinical practice. One of the obvious barriers to wider dissemination of this knowledge is the lack of research addressing the service level context in which effective treatments need to be applied. The study described in this thesis provides an extremely valuable starting point for further research on the development of effective treatments for eating disorders in the health service context of the Czech Republic.

The first part of the thesis provides an overview of the literature and a theoretical account of the development of treatments for eating disorders with particular emphasis on family and multifamily therapy and their applications. This is clearly the strongest section of the thesis. The literature review is very comprehensive and provides a critical but balanced view of the “state of the art” knowledge in the field. The account of the historical as well as more recent conceptual and theoretical developments

informing the psychotherapeutic approaches in the field is excellent and demonstrates the author's grasp and ability to integrate a range of different theoretical points of view.

The second part of the thesis gives an account of the development and application of the treatment approach in the specific context of the Czech Republic. The description of the development of the treatment programme in the Czech health service context is of considerable interest and provides good information about constraints and the way in which these have been addressed as well as the specific strengths of the team that has enabled the development and modification of the treatment approach to fit the local context. Of necessity this account is largely descriptive and while by definition provides a subjective "insider" view, it is valuable for the reader in particular when evaluating the qualitative component of the research study.

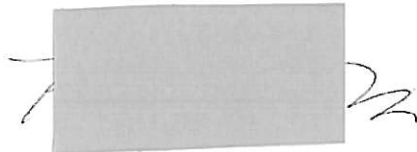
Part three describes the research study that is central to this thesis. This is an ambitious study to have been undertaken by an individual researcher and is appropriately described by the author as a pilot study to inform future research. There are inevitably limitations in a study of this nature. These have mostly been addressed by the author but there are some other areas which could have been considered which I will comment on. A major strength of this study is the careful combination of qualitative and quantitative methodology. This is appropriate for a pilot level research which can benefit from the hypothesis generating and more in-depth nature of qualitative methods but is strengthened by the use of quantitative data. I particularly liked the integration of the two methodologies which all too often is missing when quantitative and qualitative methods are combined. The combination of different types of data and data from different sources has enabled the study to give a more balanced picture about the individual and family changes and while such an approach has its limitations it is again appropriate for a pilot level study. The author is appropriately cautious in interpreting the findings from the study given the relatively small sample size.

There are a few areas that could have been addressed differently or a clearer discussion of why they were not would have been useful. The most obvious one concerns the evaluation of changes in symptoms. The quantitative measures used in this study were limited to non-eating disorder areas of function. Most studies of eating disorders would generally include physical and behavioural measures (weight, frequency of vomiting etc) as well as standardised self report measures of eating attitudes and/or eating disorder psychopathology. There are good counterarguments why these kinds of measures were either not used here (questionnaires as these may not be validated for this population) or used mainly as part of the integrated rating rather than reported separately. For instance while the author reports that changes in weight/BMI were used as part of the overall assessment and that there were statistically significant increases in BMI, the actual levels of BMI at different stages are not reported. There are reasons why reporting absolute levels of BMI could be misleading in this case. The age range of the patients was 14-23 years and in an adolescent the absolute level of BMI is misleading as it is age dependent. This can be addressed by using age adjusted centile or weight for height percentage data although this is dependent on the availability of appropriate normative data. The other problem with using specific weight data is that it can give a sense of spurious accuracy which does not take into account changes in weight due to e.g. hospitalization and in a study with a relatively small sample which was not designed specifically to evaluate the efficacy of the treatment could have been misleading. In other words it may have been entirely appropriate to use BMI data only as a measure of change or as part of the overall assessment of symptom change as these are probably more informative and less likely to be misleading. Some discussion of these issues, however, would have been helpful and would have further strengthened the presentation of the findings. The one other area to comment on is the qualitative interview data. These were collected as a written record during interviews. Qualitative studies typically use recordings of interviews which are

transcribed and then analysed in detail. This allows a more careful analysis of the material and additional ways of checking the integrity and reliability of the analysis. There are disadvantages, primarily because such an approach is labour intensive and with limited resources often means that it can only be applied with very small samples. The method used in this case was probably appropriate not only given the resource limitations but also that it was congruent with the aim of integrating the qualitative and quantitative materials. Again, my one criticism is that these issues were not addressed more explicitly in the discussion.

The final part of the thesis offers a discussion of the findings and suggestions of future research directions. This section is good and other than the comments above about areas that would have warranted further comment I have little to add.

In conclusion, some of the minor criticism notwithstanding, this is a thesis of high quality. The research study described in the thesis without a doubt has advanced the development of the field by providing strong piloting data for future research in an area that badly needs more research. The value of the research is significantly enhanced by the careful account of the health service context in which it was carried out. I have confidence that this thesis meets the requirements of doctoral level research and that the candidate should be awarded the degree of PhD.



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