



# SALUT GUIDED SELF-HELP PROGRAM FOR BULIMIA (SALUT BN)

Salut BN is an online therapeutic support tool for people suffering from Bulimia Nervosa. It is the first program of its kind available online in eight languages (French, German, Italian, Spanish, Swedish, English, Dutch and Norwegian). Clinical evaluations conducted between 2002 and 2004 in Spain, Sweden, Germany, and Switzerland indicated that patients using the program benefited from a significant reduction in bulimic behaviour, and related co-morbidities. These improvements were superior to patients on wait lists and comparable to patients participating in psycho-educational treatment groups.

The program has a flexible design and can be easily integrated into different parts of the treatment cycle (early intervention, relapse prevention, etc.). It could also be adapted for binge eating disorder or as a psycho-educational support module for obesity treatment or other behavioural disorders.

## SALUT BN

The program contains evaluation and treatment modules designed to help users progressively change their lifestyle and regain control of their eating behaviour. The program developed by the University Hospitals of Geneva (HUG) and NetUnion, is composed of seven sequential steps (cf. figure 1):

1) Motivation, 2) Self-observation, 3) Behaviour modification, 4) Problem solving, 5) Cognitive restructuring, 6) Assertiveness, 7) Relapse prevention.

The steps contain cognitive behavioural therapy lessons, exercises and examples that are illustrated by a virtual character called Sarah. Overall, the program has 29 examples, 10 different exercises and 10 analytical summaries.

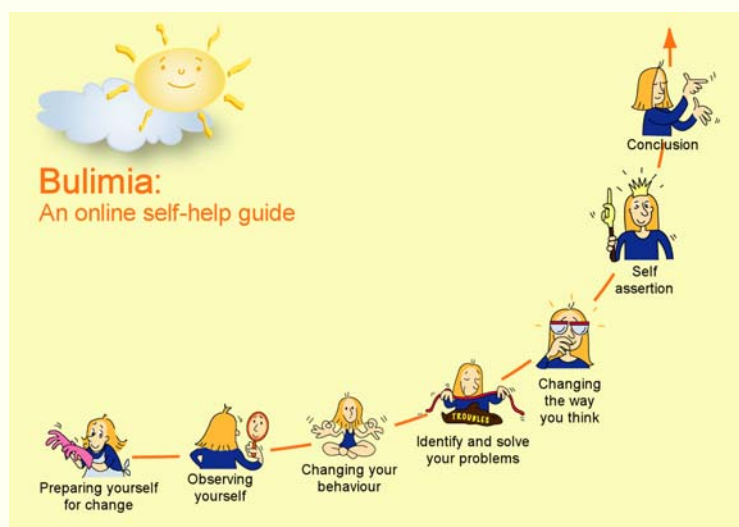


Figure 1: Steps

One of the most important exercises is the food diary and its weekly summaries. Users are asked to record their meals, bingeing or compensatory behaviours (e.g. vomiting), and the emotions or situations that triggered these behaviours. Users can follow their own progress at any time by consulting a series of reports and analytical summaries generated from their food diary (cf. figure 2).

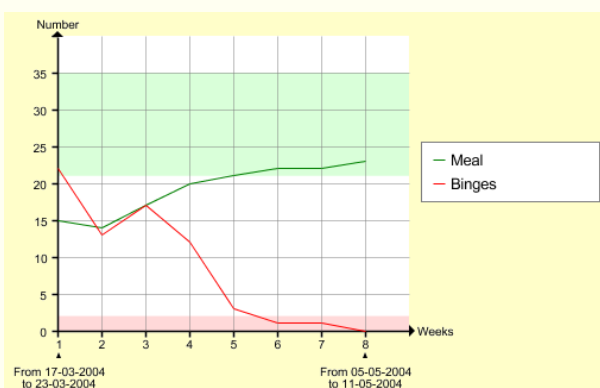


Figure 2: Evolution of meals and binges

## CLINICAL USE

This program is designed to support the therapeutic process and should always be used under the supervision of a healthcare professional.

A typical treatment cycle lasts six months, and requires a minimum of 3 face to face meetings with the Coach: after a first interview with the therapist, the patient works through the program, and maintains a short weekly e-mail contact with the therapist. The e-mails are used to encourage progress, acknowledge achievements and respond to short questions, not to provide e-mail therapy.

The second meeting is scheduled after 3 to 4 months and the third meeting is eventually scheduled at the end of the six-month period.

The 3 meetings and the weekly e-mail contact represent the minimal contact intensity for bulimia sufferers matching the study population described below. Beyond this, the therapist should increase the length and intensity of the treatment in accordance to their own professional judgement and in agreement with the patient.

This model was used in the pilot studies for adult women diagnosed with bulimia nervosa, purging type or "eating disorders not otherwise specified" (EDNOS) type 3 and 4 (e.g. people having binges less than twice a week or bingeing behaviour with small amounts of food) and has been shown to provide quality support to patients while reducing the therapist's workload.

## EFFICIENCY AND INTEREST FOR THE SHG

Results from the pilot study on the French version in Switzerland indicate that a significant number of participants improved their eating behaviours. For instance, 68.9% of patients showed a reduction of their bingeing behaviour after four months, 58.6% had less purges and 17.2% completely stopped bingeing and vomiting. The German pilot study also confirmed this finding. Results from Swedish and Spanish samples were compared to control groups: waiting list and sequence therapy in Sweden; waiting list and psycho-educational group therapy in Spain, and the program showed a similar efficacy as psycho-educational groups.

Both therapists and patients found the program useful and easy to use. Therapists showed great interest in the program and think that *"the program helps save time and lets [them] monitor the progress of [their] patients easily"*. Patients were also enthusiastic and *"like[d] the idea to treat [themselves]"*. Among other advantages, the program also helps overcome the problem of travel distance, time constraints of both patients and therapists, *"[Patients] did not have time to come to therapy each week"*. Access logs confirm that many patients use the program outside normal hours of consultation (evenings or week-ends).

The Salut BN has gained wide interest in the European research and clinical community. The following hospitals and organisations have either participated in the evaluation study or are currently running the program for outpatient treatment support:

- Germany : Klinik Roseneck, Prien am Chiemsee  
Cinderella Beratungsstelle für Essstörungen e.V., München
- Austria : Universitätsklinik für Neuropsychiatrie des Kindes - und Jugendalters, Vienna
- Spain : Ciutat Sanitària i Universitària de Bellvitge, Barcelona
- Holland: PsyQ Eetstoornissen & Obesitas, The Hague  
Novarum Gespecialiseerd Centrum voor Eetstoornissen, Amsterdam
- Sweden: Queen Silvia Children's Hospital, Göteborg  
Capio Anorexi Center, Varberg and Stockholm
- Switzerland : Hôpitaux Universitaires de Genève, Geneva  
Hôpital de Malévoz (IPVR), Monthey

## MAIN ADVANTAGES

One of the biggest problems with eating disorder treatment is the lack of therapists specially trained for handling eating disorders. The program can significantly reduce the time devoted to information management and patient monitoring, thereby giving therapists more time to handle more severe cases or take on additional patients. The program can be a cost effective means to offer additional treatment opportunities. The data collected can be used to support further research or as part of a quality management program.

### General:

- Available 24/7
- Easy to use
- Security and privacy

### For patients:

- Instant access, without waiting lists
- Direct access from home
- Cheaper than a complete therapy
- Individualised feedback (charts)

### For therapists:

- Better use of time
- Easy monitoring of patients' progress

### For healthcare institutions:

- Reduced training costs
- Enhanced flexibility for setting up multidisciplinary therapeutic strategies
- Potential lower hospitalisation time
- Reduced waiting lists
- Cost-effective first-line treatment, potential use for relapse prevention or as complement to other treatments
- Basis for a strategy to deliver improved health care quality with reduced cost

## CONTACT INFORMATION

For more information, please visit the demonstration site at: <http://www2.salut-ed.org/demo>.

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