



How Do Our Definitions Affect Our Data?: Associations Between Duration of Abstinence Requirements and Remission and Relapse Rates

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BACKGROUND

Bulimia nervosa is characterized by a fluctuating and often chronic course. Despite this pattern, there is no agreed upon duration for remission of the disorder, though some have been suggested. As a result, researchers have instituted their own standards for the duration of abstinence from behavioral symptoms required for remission which have ranged from one week to one year.

PURPOSE

This study sought to examine the relationship between duration of abstinence criteria and remission and relapse rates. Specifically, this study sought to determine whether an empirically-defined duration for remission could be found by examining remission and relapse rates as a function of the length of time individuals were required to be symptom-free. Defining such a duration would give the term “remission” predictive validity.

METHODS

Literature Search

PubMed and PsychInfo were searched using the terms “bulimia nervosa” “remission” “recovery” “relapse” and “follow-up” in various combinations for studies with samples fulfilling diagnostic criteria for bulimia nervosa (DSM-III, DMS-III-R, DSM-IV, ICD-10, & Russell’s criteria (1979)) and including a follow-up of any duration. Reference sections of several reviews on bulimia nervosa outcome were searched as well.

Data Coding

Criteria for remission/recovery were coded for whether abstinence from binge eating and purging were required as well as for the length of time (in weeks) participants were required to be abstinent. Lengths of follow-up (i.e., time between assessments) were coded in weeks. When information was unavailable or unclear, corresponding authors were contacted for additional information.

Data Analysis

Cases were weighted in order to account for differences in sample size. Remission and relapse rates were calculated by dividing the number of individuals in remission or relapse by the total number of individuals eligible for those designations. Duration of abstinence criteria were then correlated with remission and relapse rates to investigate their associations. Because length of follow-up was associated with remission and relapse rates, partial correlations were conducted which controlled for this variable.

RESULTS

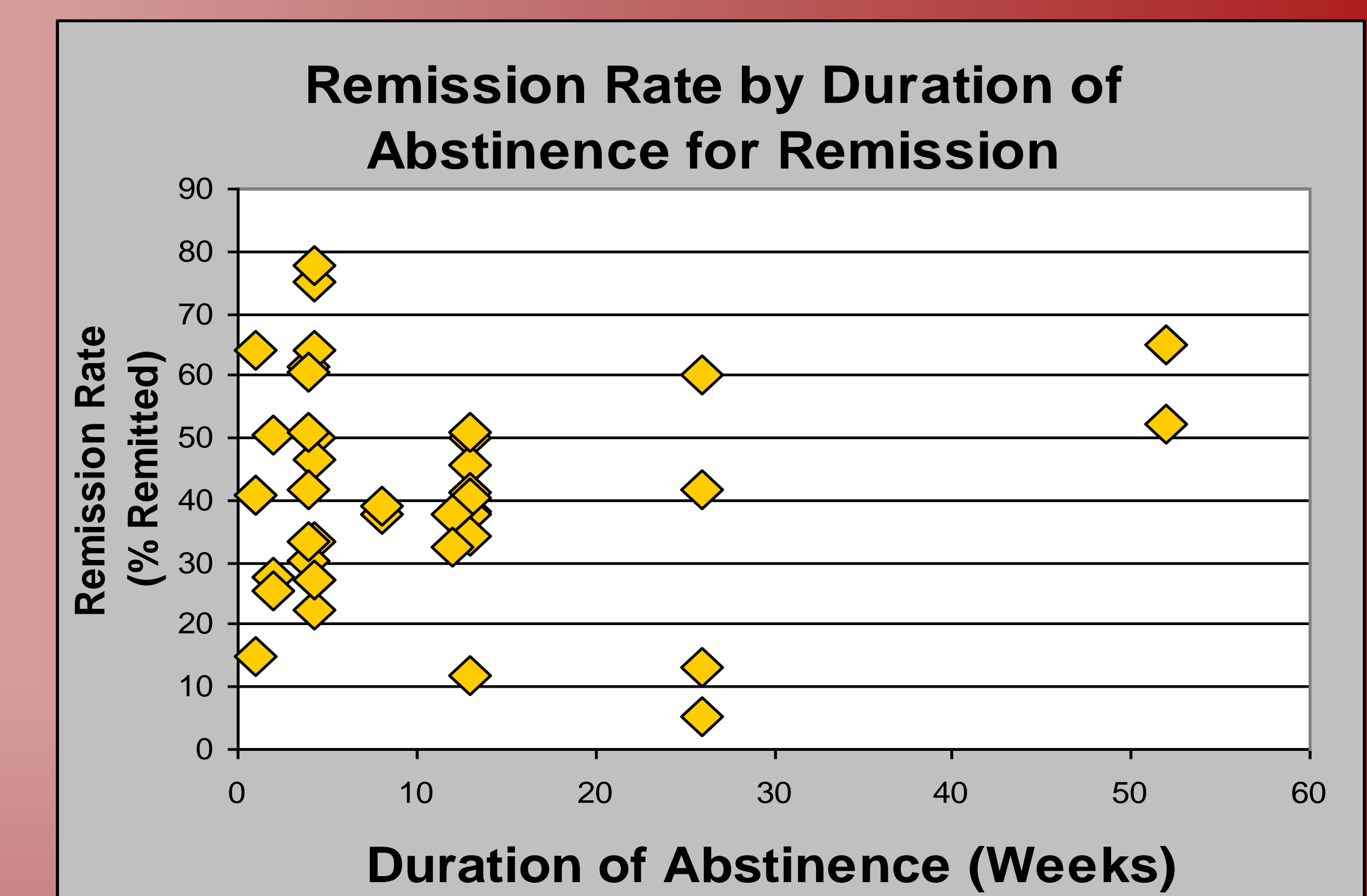
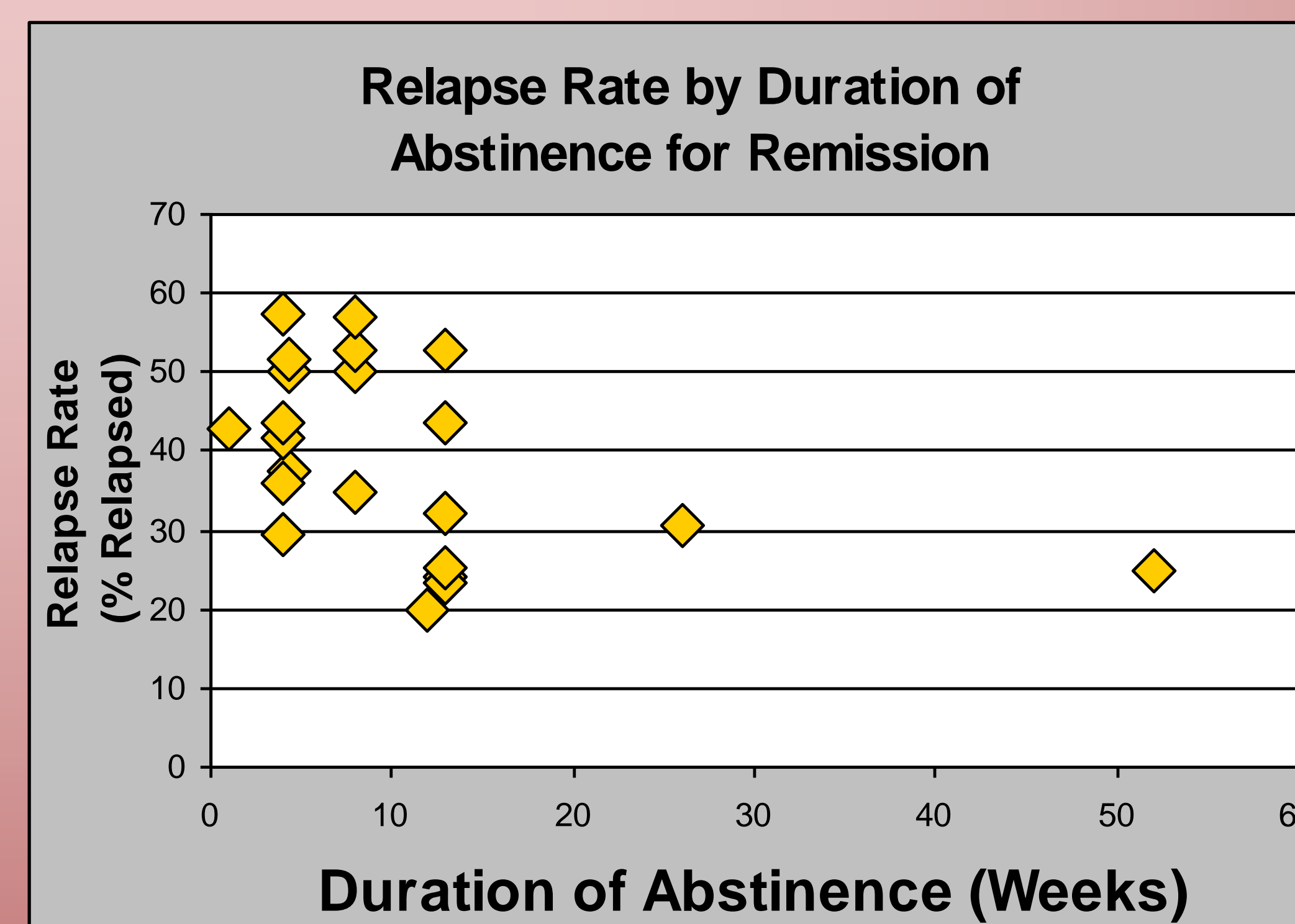
Relapse rate was significantly negatively associated with duration of abstinence ($r = -.515, p < .05$). After partialing out the effects of follow-up duration, the association remained largely unchanged ($r = -.507, p < .05$) meaning that about one-quarter of the variance in relapse rates can be explained by the length of time subjects were required to be free of bingeing/purging to be considered in remission. As the abstinence criterion increased in duration, relapse rates decreased.

Remission rate was not significantly associated with duration of abstinence after partialing out the effects of follow-up duration ($r = .032, p = .09$).

Study Characteristics*

Analysis	Duration of Abstinence for Remission (weeks)		Follow-up Duration (weeks)		Remission Rate	Relapse Rate
	M (SD)	Range	M (SD)	Range	M (SD)	M (SD)
Remission (n=41 studies, 2812 cases)	11.02 (10.65)	1 - 52	153.65 (156.80)	10 - 598	39.48 (13.22)	NA
Relapse (n=22 studies, 753 cases)	8.79 (5.87)	1 - 52	121.21 (73.44)	13 - 325	NA	37.70 (12.65)

*Weighted by sample size



CONCLUSIONS

The results of this study suggest that duration of abstinence criteria used to define remission can have a substantial impact on observed rates of relapse but not remission. Due to the paucity of studies using abstinence criteria for remission longer than 3 months duration, it is difficult to draw firm conclusions regarding the most predictively valid length of time. The results, however, do point to using durations of at least 3 months to define remission. Future research should experiment with longer durations. The role duration of abstinence plays in remission rates requires further examination.