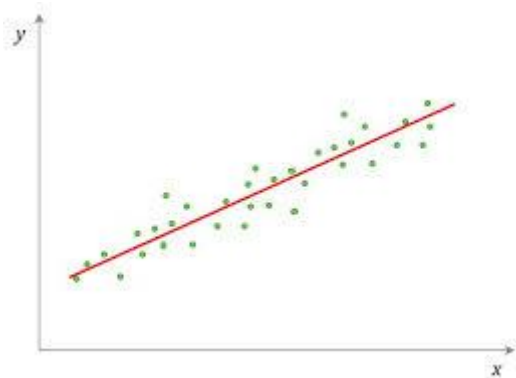
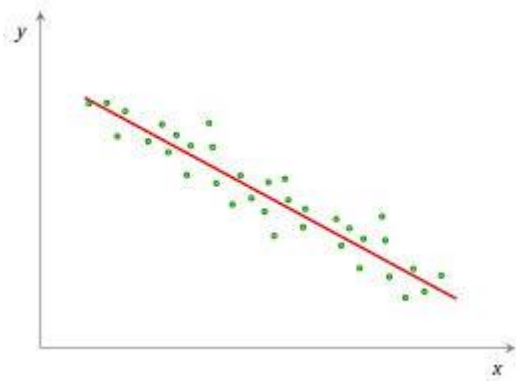


## **Qual a melhor evidência?**

1. Associação observada em inquérito entre práticas esportivas e integrativas e controle de sintomas de distúrbios alimentares
2. Forte correlação entre % de centros de Yoga e ocorrência de distúrbios alimentares
3. Caso(s) clínico(s) com melhoras dos sintomas ao realizar práticas de meditação.
4. Revisão de literatura
5. Estudo sobre controle de sintomas de distúrbios alimentares com pacientes alocados em dois grupos de pacientes: com e sem yoga
6. Acompanhamento de praticantes de yoga e observação da ocorrência de distúrbios alimentares
7. Estudo de pacientes internados com distúrbios alimentares e outras afecções e perguntas sobre a realização de práticas de yoga no passado

**1. Correlação (Estudo Ecológico)** positiva ou negativa entre % de centros de Yoga( $y$ ) e prevalência de Distúrbios alimentares( $x$ )?



**2. Caso clínico** (Estudo de caso) com melhoras dos sintomas ao realizar práticas de meditação. Um ou 20 casos faz diferença?

**3. Associação em survey** (Estudo Transversal ou de Prevalência) entre práticas esportivas e integrativas e controle de sintomas de Distúrbios alimentares

Razão de Prevalências=2,2 (*dados fictícios*)

Yoga	DA	Controles	Total(prev)
Sim	10	50	60 ( $P_e$ 20%)
Não	40	400	440 ( $P_{ne}$ 9%)
total	50	450	500 ( $P_t$ 22%)

**4. Caso controle** com Distúrbios alimentares e outras afecções (quais seriam? sem relação com questões psicológicas ou nutricionais) e perguntas sobre as práticas de yoga

OR=0,4 (*dados fictícios*)

Yoga	DA grave	Outros (pop)	total
Sim	30 (10%)	60 (20%)	90
Não	270	240	510
total	300	300	600

Razão de chances Exp=30/270 (1:9) em DA e nos outros 60/240 (1:4)

Yoga	DA grave	Outros	total
Sim	30 (10%)	60 (20%)	90
há <1 ano	2 (0,7%)	28 (10%)	30
há >1 ano	28 (9%)	32 (12%)	60
Não	270	240	510
total	300	300	600

**4. Coorte** (incidência) de acompanhamento com práticas de yoga e incidência de Distúrbios alimentares

Risco Relativo=0,6 (*dados fictícios*)

Yoga	Sintomas DA	Sem sintomas	Total (inc)
Sim	30	170	200 (I <sub>e</sub> 15%)
Não	100	300	400 (I <sub>ne</sub> 25%)
total	130	470	600 (I <sub>t</sub> 22%)

Yoga	Sintomas DA	Sem sintomas	total
Sim	30	170	200 (15%)
2x/semana	20	80	100 (20%)
3x/semana	8	52	60 (13%)
5x/semana	2	38	40 (5%)
Não	100	300	400 (25%)
total	130	470	600 (22%)

**6. Ensaio clínico** sobre a relação entre sintomas dos distúrbios alimentares com e sem yoga e controle dos sintomas.

## **Randomized Controlled Clinical Trial of Yoga in the Treatment of Eating Disorders**

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### **Abstract**

**Purpose**—This was a pilot project designed to assess the effect of individualized yoga treatment on eating disorder outcomes among adolescents receiving outpatient care for diagnosed eating disorders (Anorexia Nervosa, Bulimia Nervosa, Eating Disorder Not Otherwise Specified).

**Methods**—50 girls and 4 boys, aged 11–21 years were randomized to an 8 week trial of standard care versus individualized yoga plus standard care. 27 were randomized to standard care and 26 to yoga plus standard care (attrition: n = 4). Standard care (every other week physician/dietician appointments) was required to meet ethical guidelines. The control group was offered yoga after study completion as an incentive to maintain participation. Outcomes evaluated at baseline, end of trial, and one month follow-up included: Eating Disorder Examination (EDE), Body Mass Index (BMI), Beck Depression Inventory, State Trait Anxiety Inventory, and Food Preoccupation questionnaire.

**Results**—The yoga group demonstrated greater decreases in eating disordered symptoms. Specifically, the EDE scores decreased over time in the yoga group, while the control group showed some initial decline but then returned to baseline EDE levels at week 12. Food preoccupation was measured before and after each yoga session, and dropped significantly after all sessions. Both groups maintained current BMI levels and decreased in anxiety and depression over time.

## **7. Revisão sistemática e metanálise**

A systematic review of physical therapy interventions for patients with anorexia and bulimia nervosa

Davy Vancampfort, Johan Vanderlinden, Marc De Hert, Andrew Soundy, Milena Adámková, Liv Helvik Skjaerven, Daniel Catalán-Matamoros, Amanda Lundvik Gyllensten, Antonia Gómez-Conesa & Michel Probst

### **Abstract**

**Purpose:** The purpose of this systematic review was to summarise the evidence from randomised controlled trials examining the effectiveness of physical therapy compared with care as usual or a wait-list condition on eating pathology and on physiological and psychological parameters in patients with anorexia and bulimia nervosa. **Method:** EMBASE, PsycINFO, PubMed, Cumulative Index to Nursing and Allied Health Literature, Physiotherapy Evidence Database and The Cochrane Library were searched from their inception until February, 2013. Articles were eligible if they utilised a randomised controlled trial design, compared physical therapy with a placebo condition, control intervention, or standard care and included patients with anorexia and bulimia nervosa. The methodological quality was assessed with the Jadad scale. **Results:** Eight randomised controlled trials involving 213 patients (age range: 16–36 years) met all selection criteria. Three of the 8 included studies were of strong methodological quality (Jadad score 3). Major methodological weaknesses were attrition and selection bias. The main results demonstrate that aerobic and resistance training result in significantly increased muscle strength, body mass index and body fat percentage in

anorexia patients. In addition, aerobic exercise, yoga, massage and basic body awareness therapy significantly lowered scores of eating pathology and depressive symptoms in both anorexia and bulimia nervosa patients. No adverse effects were reported. **Conclusions: The paucity and heterogeneity of available studies limits overall conclusions and highlights the need for further research.**

Implications for Rehabilitation Supervised physical therapy might increase weight in anorexia nervosa patients. Aerobic exercise, massage, basic body awareness therapy and yoga might reduce eating pathology in patients with anorexia and bulimia nervosa. Aerobic exercise, yoga and basic body awareness therapy might improve mental and physical quality of life in patients with an eating disorder.

# Yoga and eating disorder prevention and treatment: A comprehensive review and meta-analysis

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## ABSTRACT

Yoga is frequently used in conjunction with standard treatment approaches for eating disorders. However, yoga's efficacy and effectiveness in preventing and treating eating disorders has remained unclear. The aim of this comprehensive review and meta-analysis is to review the extant literature and assess the effects of yoga in the prevention and intervention of eating disorder symptoms and correlates in both clinical and non-clinical populations. Studies assessing yoga and its effect on eating disorder symptoms and/or body image as related to disordered eating, were eligible for inclusion. The comprehensive review details correlational, non-controlled, non-randomized controlled, and yoga comparison studies. For the meta-analysis, only randomized controlled trials comparing a yoga-based intervention to a non-yoga control group were included. In total, 43 studies are included in this review, with 11 trials involving 754 participants included in the meta-analysis. Results of the comprehensive review and meta-analyses results indicated yoga interventions demonstrated a small, significant effect on global eating disorder psychopathology, a moderate-to-

large effect on binge eating and bulimia, and a small effect on body image concerns, as compared to the control conditions. There was no statistically significant effect on dietary restraint in either direction. Additionally, results indicated a small-to-moderate effect on a composite measure of eating disorder-related constructs. **These findings suggest that yoga-based interventions may be an effective approach supporting the prevention and treatment of eating disorders.**

### Clinical implications

- Yoga interventions reduce global eating disorder psychopathology, binge eating and bulimia, and eating disorder-related constructs.
- Yoga interventions have a positive effect on body image concerns.
- Yoga interventions have no significant effect on dietary restraint in either direction.
- Yoga-based interventions may be an effective approach supporting the prevention and treatment of eating disorders.