

Table 1. Summary of Individual Difference Variables in AN and Respective Targeted Treatments.

Variable	Relevant Research Findings	Targeted Treatments*
Perfectionism	<p>ANs have higher perfectionism than non-psychiatric and psychiatric controls</p> <ul style="list-style-type: none"> ○ Bastian, Rao, Weltzin, & Kaye, 1995 ○ Halmi et al., 2000 ○ Cockell et al., 2002 ○ Bulik et al., 2003 ○ Sutandar Pinnock, Blake Woodside, Carter, Olmsted, & Kaplan, 2003 ○ Castro-Fornieles et al., 2007 ○ Sassaroli et al., 2008 <p>ANs do not consistently have higher perfectionism than individuals with other EDs</p> <ul style="list-style-type: none"> ○ Davis, 1997 ○ Milos, Spindler, & Schnyder, 2004 ○ Moor, Vartanian, Touyz, & Beumont, 2011 <p>Associated with ED behaviors</p> <ul style="list-style-type: none"> ○ Pryor, Wiederman, & McGilley, 1996 ○ Davis, Kaptein, Kaplan, Olmstead, & Woodside, 1998 ○ Vohs, Bardone, Joiner, & Abramson, 1999 ○ Bardone, Vohs, Abramson, Heatherton, & Joiner, 2000 ○ Vohs et al., 2001 ○ Bardone-Cone, Abramson, Vohs, Heatherton, & Joiner, 2006 ○ Forbush, Heatherton, & Keel, 2006 ○ Bardone-Cone, 2007 ○ Steele, Corsini, & Wade, 2007 	<p>Enhanced Cognitive Behavior Therapy (CBT-E)</p> <ul style="list-style-type: none"> ○ Dalle Grave, Calugi, Doll, & Fairburn, 2013: in open trial, adolescents with AN treated with CBT-E showed significant weight gain and decreased in eating disorder pathology at end-of-treatment; gains were maintained during 60-week follow-up period ○ Fairburn et al., 2013: in open trial, adults with AN treated with CBT-E showed significant weight gain and decreased in eating disorder pathology at end-of-treatment; gains were maintained during 60-week follow-up period <p>Group interventions for AN</p> <ul style="list-style-type: none"> ○ Goldstein, Peters, Thornton, & Touyz, 2014: treatment as usual plus a seven-session perfectionism-focused group produced no added benefit in terms of eating pathology or perfection compared to treatment as usual alone ○ Lloyd, Fleming, Schmidt, & Tchanturia, 2014: individuals participating in 6-week group-based intervention targeting perfectionism in AN showed significant decreases in perfectionism and small but significant increases in weight

	<ul style="list-style-type: none"> ○ Anderluh, Tchanturia, Rabe-Hesketh, Collier, & Treasure, 2008 ○ H. J. Watson, Steele, Bergin, Fursland, & Wade, 2011 ○ Boone, Braet, Vandereycken, & Claes, 2012 <p>Associated with comorbid diagnoses and behaviors</p> <ul style="list-style-type: none"> ○ Minarik & Ahrens, 1996 ○ Kaye et al., 2004 ○ Halmi et al., 2005 ○ Steele, O'Shea, Murdock, & Wade, 2010 ○ Claes, Soenens, Vansteenkiste, & Vandereycken, 2011 <p>Prospectively predicts AN symptom onset</p> <ul style="list-style-type: none"> ○ Santonastaso, Friederici, & Favaro, 1999 ○ Tyrka, Waldron, Gruber, & Brooks-Gunn, 2002 <p>Prospectively predicts worse course of AN</p> <ul style="list-style-type: none"> ○ Nilsson, Sundbom, & Hägglöf, 2008 ○ Keski-Rahkonen et al., 2013 <p>Moderates treatment response</p> <ul style="list-style-type: none"> ○ Sutandar Pinnock et al., 2003 <p>Persists after resolution of AN symptoms</p> <ul style="list-style-type: none"> ○ Bastian et al., 1995 ○ Srinivasagam et al., 1995 ○ Bardone-Cone, Sturm, Lawson, Robinson, & Smith, 2009 	
Obsessionality	<p>Associated with compensatory behaviors</p> <ul style="list-style-type: none"> ○ Davis, Kaptein, Kaplan, Olmsted, & Woodside, 1998 ○ Halmi et al., 2003 ○ Davis & Kaptein, 2006 ○ Shroff et al., 2006 ○ Hoffman et al., 2012 	<p>Exposure with Response Prevention (ERP)</p> <ul style="list-style-type: none"> ○ Steinglass et al., 2013: increase in caloric intake between pre- to post-treatment laboratory meal in ERP group significantly greater than in control group <p>Mirror Exposure (ME)</p> <ul style="list-style-type: none"> ○ Key et al., 2002: significant decreases in

	<ul style="list-style-type: none"> ○ Young, Rhodes, Touyz, & Hay, 2013 <p>May also be elevated in individuals with other EDs</p> <ul style="list-style-type: none"> ○ Thornton & Russell, 1997 ○ Anderluh, Tchanturia, Rabe-Hesketh, & Treasure, 2003 ○ Halmi et al., 2005 <p>Predates diagnosis of AN</p> <ul style="list-style-type: none"> ○ Råstam, 1992 ○ I. C. Gillberg, Råstam, & Gillberg, 1995 ○ Bulik, Sullivan, Fear, & Joyce, 1997 ○ Thornton & Russell, 1997 ○ Nilsson, Gillberg, Gillberg, & Stam, 1999 ○ Anderluh et al., 2003 ○ Wentz, Gillberg, Anckarsater, Gillberg, & Råstam, 2009 ○ Micali et al., 2011 <p>Elevated in relatives of those with AN</p> <ul style="list-style-type: none"> ○ Lilenfeld et al., 1998 ○ Strober, Freeman, Lampert, & Diamond, 2007 ○ Degortes, Zanetti, Tenconi, Santonastaso, & Favaro, 2014 <p>May have share common genetic mechanisms</p> <ul style="list-style-type: none"> ○ Mas et al., 2013 <p>Prospectively predicts worse course of AN</p> <ul style="list-style-type: none"> ○ Crane, Roberts, & Treasure, 2007 ○ Wentz et al., 2009 <p>Moderates treatment response</p> <ul style="list-style-type: none"> ○ Lock, Agras, Bryson, & Kraemer, 2005 <p>Persists after resolution of AN symptoms</p> <ul style="list-style-type: none"> ○ Holtkamp, Müller, Heussen, Remschmidt, & Herpertz-Dahlmann, 2005 	<p>body dissatisfaction at end of treatment and 6-month follow-up in individuals receiving ME</p>
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Experiential avoidance	<p>Associated with ED behaviors</p> <ul style="list-style-type: none"> ○ Rawal, Park, & Williams, 2010 ○ Cowdrey & Park, 2012 <p>Elevated in ANs as compared to healthy and psychiatric controls</p> <ul style="list-style-type: none"> ○ Forbush & Watson, 2006 ○ Wildes, Ringham, & Marcus, 2010 ○ Hambrook et al., 2011 <p>Mediates the relationship between depressive/anxious symptoms and ED pathology</p> <ul style="list-style-type: none"> ○ Wildes et al., 2010 ○ Fulton et al., 2012 	<p>Emotion Acceptance Behavior Therapy (EABT)</p> <ul style="list-style-type: none"> ○ Wildes, Marcus, Cheng, McCabe, & Gaskill, 2014: in open trial, adults treated with EABT demonstrated significant increases in weight and reductions in eating pathology over the course of treatment; gains were maintained at 6-month follow-up
Impulsivity	<ul style="list-style-type: none"> ● ANs comparable or less than BNs <ul style="list-style-type: none"> ○ Claes, Vandereycken, & Vertommen, 2002 ○ Claes, Vandereycken, & Vertommen, 2005 ○ Claes, Nederkoorn, Vandereycken, Guerrieri, & Vertommen, 2006 ○ Rosval et al., 2006 ○ Waxman, 2009 ● May be difference between AN subtypes <ul style="list-style-type: none"> ○ Rossier, Bolognini, Plancherel, & Halfon, 2000 ○ Eddy et al., 2002 ○ Claes et al., 2006 ○ Rosval et al., 2006 ○ Claes, Mitchell, & Vandereycken, 2012 ● Associated with ED behaviors (e.g., purging) <ul style="list-style-type: none"> ○ Favaro et al., 2004 ○ Hoffman et al., 2012 ● Increases risk for the development of any ED (not specific to AN) <ul style="list-style-type: none"> ○ Tylka, 2004 ○ Juarascio, Perone, & Timko, 2011 	

	<ul style="list-style-type: none"> ○ Lilienthal & Weatherly, 2013 • Associated with more severe ED pathology <ul style="list-style-type: none"> ○ Favaro et al., 2004 • Associated with worse course of AN <ul style="list-style-type: none"> ○ Sohlberg, Norring, Holmgren, & Rosmark, 1989 ○ Fichter, Quadflieg, & Hedlund, 2006 	
Cognitive rigidity	<p>May persist after the resolution of AN symptoms</p> <ul style="list-style-type: none"> ○ Tchanturia, Morris, et al., 2004b ○ Danner et al., 2012 ○ Tchanturia et al., 2012 <p>Elevated/distinct pattern in ANs</p> <ul style="list-style-type: none"> ○ Tchanturia, Anderluh, et al., 2004a ○ Roberts, Tchanturia, Stahl, Southgate, & Treasure, 2007 ○ Zakzanis, Campbell, & Polsinelli, 2010 ○ Kanakam & Treasure, 2013 ○ Weider, Indredavik, Lydersen, & Hestad, 2014 <p>Moderates treatment response</p> <ul style="list-style-type: none"> ○ Dingemans et al., 2014 	<p>Cognitive Remediation Therapy (CRT)</p> <ul style="list-style-type: none"> ○ Wood, Al-Khairulla, & Lask, 2011: 10-session CRT group intervention for adolescents with AN was found to be acceptable to participants; anecdotal evidence of some improvement in cognitive abilities; no reported effect on weight ○ Pretorius et al., 2012: four-session CRT group for adolescents with AN associated with small and insignificant improvements in self-reported cognitive flexibility and motivation to change; no reported effect on weight ○ Brockmeyer et al., 2013: women with AN receiving 30 individual sessions of CRT demonstrated significant improvements in cognitive set-shifting at end of treatment as compared to women receiving non-specific neurocognitive therapy (control condition); no reported effect on weight ○ Lock et al., 2013: eight-session CRT associated with lower rates of attrition and greater improvements in cognitive inefficiencies than CBT; weight gain observed in both groups, no between-group differences in weight gain

	<p>Cognitive Remediation and Emotion Skills Training (CREST)</p> <ul style="list-style-type: none"> ○ Davies et al., 2012: individuals receiving treatment as usual plus CREST demonstrated significantly greater increases in central coherence than those individuals only receiving treatment as usual; both groups demonstrated significant weight gain, no between-group differences in weight gain <p>Radically-Open Dialectical Behavior Therapy (RO-DBT)</p> <ul style="list-style-type: none"> ○ Lynch et al., 2013: substantial and significant increases in BMI with large effect size among individuals receiving RO-DBT in inpatient setting
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*Only pilot studies or randomized controlled trials in AN are included here; case studies or studies examining the treatment in other ED populations are omitted.

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