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Correspondence to "A Preliminary Study of Collaborative Group Intervention with Recovered Peer Supporters for Eating Disorders: Analyses Including Comparisons Between In-Person and Online Sessions"

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LETTER TO THE EDITOR

Correspondence to “A preliminary study of collaborative group intervention with recovered peer supporters for eating disorders: Analyses including comparisons between in-person and online sessions”

Dear Editors,

We read with pleasure the article by Mochizuki et al.,¹ titled “A preliminary study of collaborative group intervention with recovered peer supporters for eating disorders: Analyses including comparisons between in-person and online sessions.” We would like to offer additional commentary on the conclusions regarding group intervention and peer support and its heavy influence on combating eating disorders. We hope these perspectives may provide insight into areas that may require further research and improvement.

Mochizuki et al.¹ highlighted the complexity and severity of the implications for individuals with an eating disorder as well as for society. Van Hoeken et al.² studied the disease costs of eating disorders involving treatment costs, direct financial burden, and loss of earnings for both patients and caregivers in Wales. Their report calculated direct yearly costs of eating disorders in Wales at £1500 for patients and £2800 for caregivers, and the average costs for treatment per patient at £8850 per year. It calls for further exploration of collaborative treatment models and the influence of group support between peer supporters recovering from eating disorders and professionals. Also, individuals with eating disorders experience compromised quality of life (QOL) suffering from socioeconomic costs and significantly higher mortality rates. Perez et al.³ found that QOL is an important outcome in eating disorder treatment and relapse prevention, and is reported as personally important to patients.

The study was conducted through a community outreach initiative organized by the Department of Psychiatry, Hamamatsu University School of Medicine to standardize treatments for eating disorders and ensure timely and appropriate support for patients in Shizuoka Prefecture and the surrounding areas. The discovery that peer support groups are a treatment for eating disorders both in in-person and online settings underlines the importance of communal support for treatment.

While the study has its merits, it contains certain limitations and faults, for example, the six peer supporters who participated in this study were all women; three were in their 20s, and one each was in their 30s, 40s, and 50s. Research has proven that there are more cases of eating disorders in women compared to men, but eating

disorders still impact men and many of them go unnoticed or undocumented. This study may encourage future research on how men and women react to peer support treatment for eating disorders. Additionally, in in-person sessions, both the pre- and post-session questionnaires were administered immediately before and after the session, while for the online sessions, the pre-session questionnaires were administered at time points ranging from 72 days before the session to the session day and the post-session questionnaires were completed within 8 days after the session. There is a large disparity from 72 days to 8 days. A closer range of data for both in-person and online settings would further enhance the study's credibility. The most glaring limitation of this study, which it acknowledges, was that it lacked a control group needed to compare the effects of peer support as compared to non-peer support group treatments. The absence of a control group means that the study fails to capture conclusive evidence that the positive effects of peer support compared to one-on-one mentoring are significant.

In the end, the journal presents an insightful and relevant investigation into the psychological impact of a single-session group intervention for individuals with eating disorders that involved a collaboration between peer supporters who had received an eating disorder diagnosis and psychologists. The study carefully examined the effect of the intervention between in-person and online sessions and underscored the understanding of how a sense of being understood and belonging is vital for recovery and may be achieved more efficiently in a group setting than through one-on-one mentoring sessions. This study sheds light on how peer support can foster a sense of solidarity and community through listening to the experiences of recovered individuals. This research not only emphasizes the importance of hearing others' stories but also of instilling hope in one's self in overcoming an eating disorder.

AUTHOR CONTRIBUTIONS

Letter writing and editing: Nirjal Thapa, David F. Lo, and Don D. Shamilov. Approval of final letter: Nirjal Thapa, David F. Lo, and Don D. Shamilov.

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The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

None.

ETHICS APPROVAL STATEMENT

N/A.

PATIENT CONSENT STATEMENT

N/A.

CLINICAL TRIAL REGISTRATION

None.

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