

## INTRODUCTION

♦ Eating disorders (ED) are serious disorders that affect mainly adolescents and young women. Frequently, ED continues throughout life and they can have an overwhelming impact on patients and their family. ED often co-occurs with other mental disorders and medical morbidities associated with the development of an ED can be expected.

♦ In a up to date review article from Wonderlich and colleagues (2012), the authors highlight the fact that: 1) Anorexia (AN) and Bulimia (BN) nervosas do not fully recover during short-term psychotherapy or pharmacotherapy trials; 2) long term follow-up studies suggest that a substantial number of AN and BN patients continue to display significant levels of ED symptoms; and 3) a significant number of ED subjects will continue to display ED symptomatology for a protracted periods of time with some ultimately recovering and others experiencing chronic, lifelong ED .

♦ Possible indicators of chronicity may include: 1) entrenched patterns of behavior; 2) ED identity; 3) BMI under 17.5; 4) ED duration greater than 10 years; 5) extremely limited social life and vocational impairments; 6) poor quality of life; 7) and repeated treatment failures (cf., Wonderlich et al., 2012).

## AIMS

♦ 1) To evaluate the prevalence of recovery in ED; 2) To analyze the course of symptoms during treatment; 3) To evaluate the predictors of recovery and treatment outcomes; 4) To characterize psychosocial environment and family arrangements of ED patients'; 5) To look for particular life events and treatment outcomes; and 6) To evaluate comorbidity and self injurious behavior and ED recovery .

## METHOD

### Participants:

♦ 90 female subjects aged between 18 to 53 years old (30.06, ± 6.75) participated in the current study.

The participants had the following diagnosis at intake in ED treatment units:

- ♦ 49 were diagnosed with Anorexia Nervosa
- ♦ 30 were diagnosed with Bulimia Nervosa
- ♦ 11 were diagnosed with Eating Disorder Not Other Wise Specified

### Instruments and procedures:

All patients that attained to ED treatment units between 2001 and 2009 are being contacted and evaluated.

In the first stage participants were evaluated with a **Socio-Demographic and Clinical Interview (SDCI)**, the **Eating Disorders Examination - Questionnaire (EDE-Q; Fairburn & Beglin, 1994)**, the **Symptom Checklist 90-R (SCL 90-R, Derogatis, 1977)** and the **Self-Injury Questionnaire (SIQ-TR, Claes & Vandereycken, 2007)**.

In order to analyze the recovery process and the presence/absence of ED symptoms two groups of subjects were generated: Recovered (R) and Not Recovered (NR). We based on the following criteria: (1) body mass index ( $\leq 17.5$ ), (2) still in treatment (3) subjects perception of their clinical state as not recovered, and (4) subjects perception of needing help for ED symptoms.

## RESULTS

### Presence/absence of ED symptoms :

Table 1: Recovered vs not recovered criteria

	Body mass index ( $\leq 17.5$ )	Still in treatment	Subjects perception of their clinical state as ill	Subjects perception of needing help for ED symptoms
	n (%)	n (%)	n (%)	n (%)
<b>Absent</b>	73 (81.1)	36 (40)	47 (52.2)	61 (67.8)
<b>Present</b>	13 (14.4)	54 (60)	43 (47.8)	29 (32.2)
<b>Total</b>	86*	90	90	90
	<b>Recovered (R)</b>	<b>Not Recovered (NR)</b>		
	n (%)	n (%)		
	23 (25.6)	67 (74.4)		

\*4 participants refused to answered

### Recovered vs Not Recovered participants:

Table 2: Clinical course of the Recovered vs Not Recovered subjects

	Recovered (R)		Not Recovered (NR)		U
	min.-max.	M (DP)	min.-max.	M (DP)	
<b>Age</b>	18-41	28.13 (1.99)	19-53	30.72 (7.19)	629.50
<b>Weight</b>	46.40-80	58.15 (7.57)	32-86	53.83 (9.55)	485.50*
<b>BMI</b>	18.35-25.24	21.44 (1.93)	14.15-33.52	20.51 (3.48)	537.50†
<b>Lowest weight since end of treatment</b>	39-68	51.55 (7.42)	26-76	44.55 (9.71)	254.50**
<b>Highest weight since end of treatment</b>	47-83	61.91 (9.65)	36-89	57.83 (10.65)	406†
<b>Hospitalization (n° of times )</b>	0-1	0.22 (0.42)	0-10	1.16 (2.22)	576*
<b>Urgency intake (n° of times)</b>	0-15	1 (3.30)	0-20	1.87 (3.81)	603.50†
<b>ED treatment duration (in years)</b>	0.1-8	1.99 (1.63)	0.1-13	4.58 (3.08)	322***

†p<.10; \*p<.05; \*\*p<.01; \*\*\*p<.001

Table 3: Association between diagnose, medication and health problems and Recovered vs Not Recovered subjects

	Recovered (R)	Not Recovered (NR)	$\chi^2$
	(n=23)	(n=67)	
	N (%)	N (%)	
<b>Diagnose</b>			
Anorexia/Bulimia Nervosa	18 (78.3)	61 (91)	0.125
EDNOS	5 (21.7)	6 (9)	
<b>Psychotropics (current)</b>			
Present	1 (4.3)	28 (41.8)	10.99**
Absent	22 (95.7)	39 (58.2)	
<b>Health problems resulting from ED</b>			
Present	7 (30.4)	22 (32.8)	0.833
Absent	16 (69.6)	45 (67.2)	

†p<.10; \*p<.05; \*\*p<.01; \*\*\*p<.001

Table 4: Association between self-injurious behavior (SIQ-TR) and Recovered vs Not Recovered subjects

	Recovered (R)	Not Recovered (NR)	$\chi^2$
	(n=12)	(n=33)	
	N (%)	N (%)	
<b>Self-injurious behavior (ever)</b>			
Present	5 (41.7)	13 (41.9)	0.987
Absent	7 (58.3)	18 (58.1)	
<b>Self-injurious behavior (period)</b>			
Last year	1 (20)	6 (46.2)	0.596
For over a year	4 (80)	7 (53.8)	

†p<.10; \*p<.05; \*\*p<.01; \*\*\*p<.001

Table 5: EDE-Q diagnostic items and subscales from Recovered vs Not Recovered subjects

	Recovered (R)	Not Recovered (NR)	U
	(n=12)	(n=33)	
	M (DP)	M (DP)	
<b>Binge eating (n° of episodes)</b>	2.50 (8.05)	7.16 (11.06)	126†
<b>Self-induced vomiting (n° of episodes)</b>	0.25 (0.87)	6.19 (9.75)	119.50*
<b>Laxative misuse (n° of episodes)</b>	0	2.59 (5.42)	144†
<b>Hard exercise for weight or shape reasons (n° of episodes)</b>	0.17 (0.58)	4.44 (7.71)	143.50†
<b>Restraint</b>	1.43 (1.46)	2.43 (2.01)	148.50
<b>Eating concern</b>	0.88 (1.35)	1.95 (1.74)	129†
<b>Weight concern</b>	1.94 (1.47)	3.27 (2.11)	129.50†
<b>Shape concern</b>	1.57 (1.32)	3.35 (2.13)	104.50*
<b>Global score</b>	1.46 (1.23)	2.75 (1.84)	119*

†p<.10; \*p<.05; \*\*p<.01; \*\*\*p<.001

Table 6: SCL-90 subscales from Recovered vs Not Recovered subjects

	Recovered (R)	Not Recovered (NR)	U
	(n=12)	(n=33)	
	M (DP)	M (DP)	
<b>Somatization</b>	1.01 (0.49)	1.37 (0.82)	144.50
<b>Obsessive-compulsive</b>	1.03 (0.41)	1.74 (0.96)	102*
<b>Interpersonal sensitivity</b>	1.08 (0.64)	2.08 (1.06)	80.50**
<b>Depression</b>	1.01 (0.43)	2.01 (0.99)	74**
<b>Anxiety</b>	0.83 (0.36)	1.52 (0.89)	101.50*
<b>Hostility</b>	0.79 (0.56)	1.44 (1.02)	117*
<b>Phobic anxiety</b>	0.29 (0.22)	0.80 (0.79)	112†
<b>Paranoid ideation</b>	0.96 (0.78)	1.67 (1.04)	112*
<b>Psychoticism</b>	0.54 (0.45)	1.16 (0.87)	115*
<b>Global severity index</b>	0.88 (0.35)	1.59 (0.84)	85.50**
<b>Total sum</b>	77.33 (32.78)	141.45 (74.94)	84.50**

†p<.10; \*p<.05; \*\*p<.01; \*\*\*p<.001

## DISCUSSION:

Compared to R subjects, NR subjects present significant results in some clinical predictors for recovery like weight and lowest weight ever since the end of treatment, number of hospitalizations in inpatient units for ED, treatment duration and psychotropics use. NR subjects also present higher results on EDE-Q diagnostic items and subscales and in all (except one) SCL-90 subscales. Considering that the criteria adopted to organize the ED subjects in R vs. NR groups also considered participants subjective perception of their actual state, their owns perception seems to correspond to ED clinical presentation. The need to confirm the actual clinical presentation by a semi-structured interview (EDE; Fairburn & Cooper, 2000) arises and will be developed at the second stage of the current investigation.