

Post-discharge clinical characteristics impact likelihood of relapse six months after intensive eating disorder treatment.

Characteristics of Participants Recently Discharged from Intensive Eating Disorder Treatment and Subsequent Relapse

Taylor E. Penwell¹, Emma Crumby¹, & Cheri A. Levinson¹
¹University of Louisville, Louisville, KY

INTRO

- Eating disorders (EDs) often require intensive treatment¹
 - inpatient, residential, partial hospital, intensive outpatient(IOP)
- Individuals recovering from EDs have a high rate of relapse²
- Reported treatment outcomes are commonly specific to a single treatment center or level of care (LOC)³
- Limited research examining characteristics that are associated with relapse after intensive ED treatment

AIM: Examine characteristics of individuals recently discharged from intensive ED treatment that predict relapse at one- (1MFU) and six-month follow up (6MFU)

PARTICIPANTS

- 124 individuals recently discharged from 46 different intensive ED treatment centers
- Average days to enrollment after discharge from intensive ED treatment 24 days (Min = 2 days, Max = 118 days)
- 65.2% completed the 1MFU; 62.4% completed the 6MFU

Race & Ethnicity	Gender	Sexual Orientation	ED Diagnosis	Discharge LOC
76.6% White, Not Hispanic	82.3% Cisgender Women	63.7% Heterosexual	63.7% Anorexia Nervosa	41.9% IOP

PROCEDURE

- Enrolled in a relapse prevention clinical trial up to 4-months after intensive ED treatment
- Baseline questionnaires assessed demographics, ED, depression⁴, anxiety⁵, and trauma⁶ symptoms, clinical impairment⁷, and anxiety about food and eating⁸.
- Diagnostic⁹ & treatment history phone assessments at baseline, 1MFU, & 6MFU
- Relapse was defined:
 - moving from a partial remission or remission to an active ED diagnosis
 - returning to intensive ED treatment.
- Independent Samples t-tests and Chi-Squared analyses were used

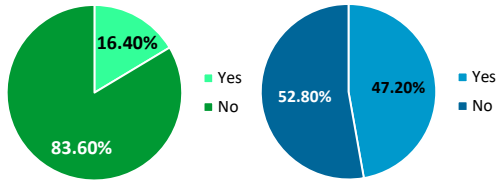
RESULTS

- Relapse rates were 16.4% at 1MFU (**Fig. 1a**) & 47.20% at 6MFU (**Fig. 1b**)
- No significant differences between those who did and did not relapse at 1MFU on all demographic and *baseline* clinical characteristics ($ps > .05$)
- Significant difference between those who did and did not relapse at 6MFU on *baseline* ED symptoms (**Fig. 2a**), depression symptoms (**Fig. 2b**), and clinical impairment (**Fig. 2c**; $ps < .05$)
- All other demographic and *baseline* clinical characteristic analyses at 6MFU were not significant

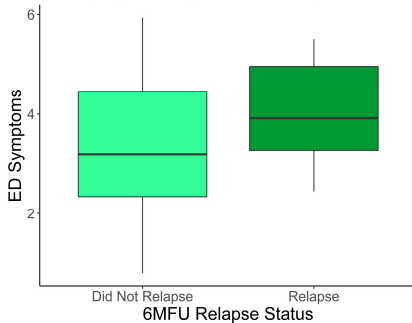
DISCUSSION

- Results support high rates of relapse roughly 6 months after intensive ED treatment
- Severity of ED symptoms, depression symptoms, and impairment may be important for predicting relapse after intensive ED treatment
- There may be a benefit to targeting depression in relapse prevention treatments
- Future research should examine if differences are found in larger, more diverse samples

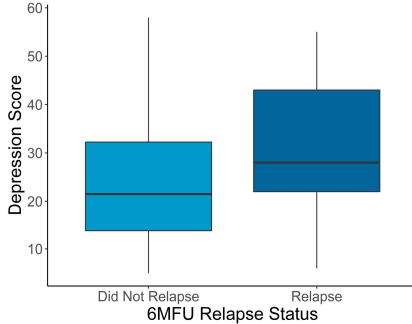
1a 1MFU Relapse Rates 1b 6MFU Relapse Rates



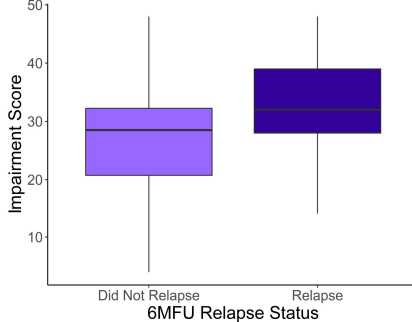
2a ED Symptoms by 6MFU Relapse Status



2b Depression by 6MFU Relapse Status



2c Impairment by 6MFU Relapse Status



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