



NCEED
National Center of Excellence
for Eating Disorders

Eating Disorder Treatment Options and Efficacy

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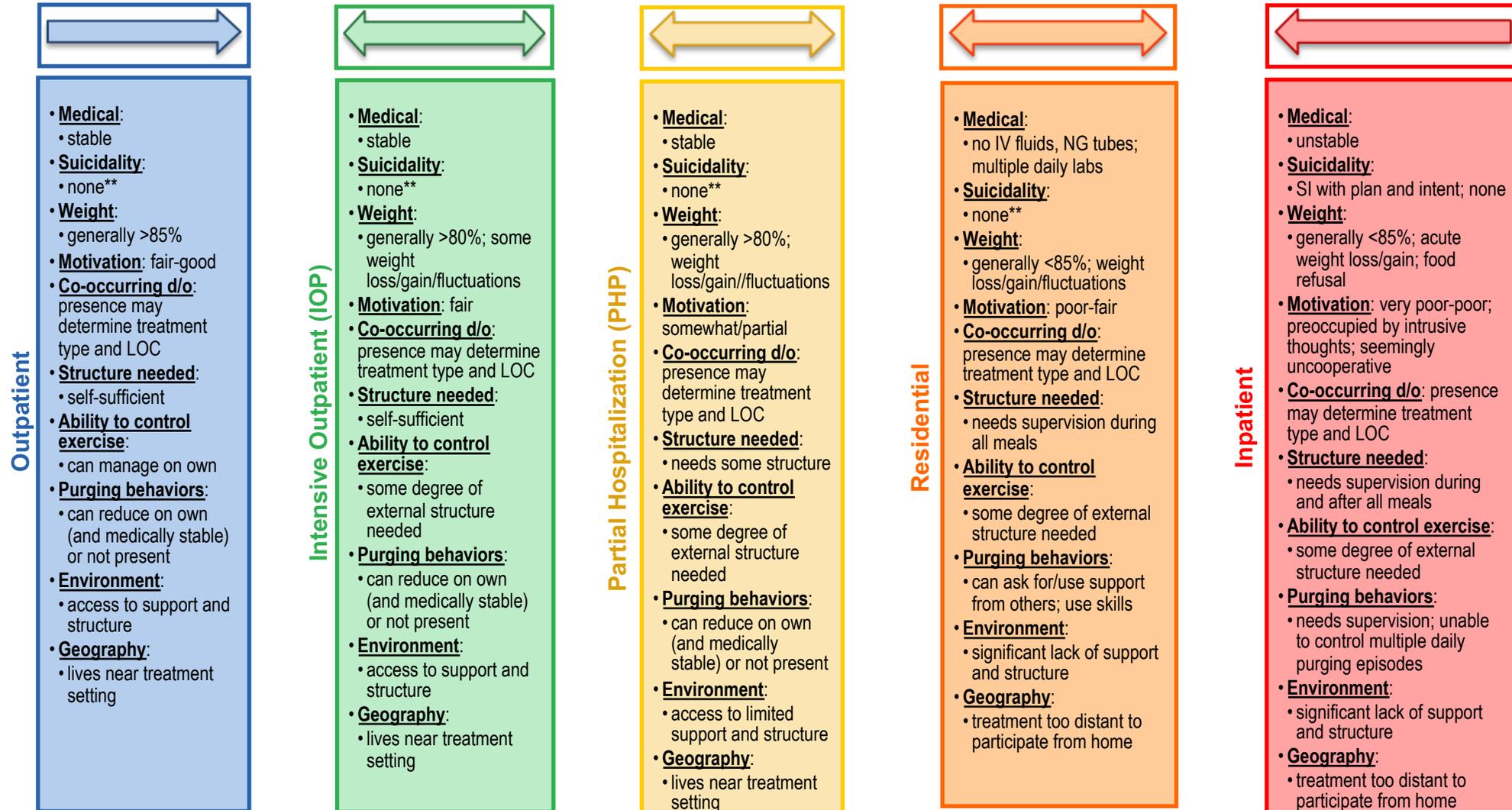
Overview

- Types of treatment / levels of care
- Populations seeking treatment / served
- Accessibility and efficacy of treatment

Targets of Treatment

- MEDICAL STABILIZATION
 - Management of acute and chronic medical complications and comorbidities
 - Spontaneous resumption of menses (where appropriate), or resumption of appropriate pubertal progression or gonadal hormone levels
- NUTRITIONAL REHABILITATION
 - Weight restoration / stabilization
 - Restore meal patterns that promote health and social connections
 - Broaden food repertoire
- NORMALIZATION OF EATING BEHAVIOR
 - Cessation of restrictive or binge eating and/or purging behaviors
 - Elimination of disordered or ritualistic eating behaviors
 - Eating without over-concern about foods; elimination of fears about eating
- PSYCHOSOCIAL STABILIZATION
 - Evaluation and treatment of any comorbid psychological diagnoses
 - Re-establishment of appropriate social engagement
 - Improvement in psychological symptoms associated with eating disorder
 - Improved body image

Types of Treatment / Levels of Care



*Adapted from American Psychiatric Association (2006). *Practice Guideline for the Treatment of Eating Disorders, 3rd Ed*

**Ongoing assessment

Populations Seeking Treatment / Served

- Patients screened for an eating disorder are more likely to be referred to treatment
 - However, not everyone is screened*
- Patients rarely present directly for eating disorder treatment
 - When they do, it's often a teen or college-age patient and driven by parental observation or concerns
- Patients more often present for medical consequences related to the eating disorder (e.g., dizziness, fainting, weight loss/gain/fluctuations, loss of or delayed menses)

Accessibility and Efficacy of Treatment

- Protective Factors / Improved Prognosis
 - Early identification
 - Early treatment
 - Full course of treatment
 - Access to and engagement in multi-disciplinary, evidence-based treatment
 - Insurance coverage
 - Support network (family, social, recovery)

- But...only 20–57% of individuals with an eating disorder ever receive treatment

Accessibility and Efficacy of Treatment

■ Barriers / Poorer Prognosis

- Missed opportunities or delayed screening
- Missed opportunities or delayed referrals to treatment
- Individuals who are perceived as not the stereotype (BIPOC, males, LGBTQ+, older adults, individuals with higher weight bodies, athletes, individuals with food insecurity)
- Lack of access to all levels of care
- Lack of evidence-based treatment accessibility
- Underinsured / lack of insurance coverage
- Premature discharge from treatment
- Stigma or misinformation about eating disorders
- Impact of diet culture and weight bias

References/Resources



- Academy for Eating Disorders (2020). A Guide to Selecting Evidence-based Psychological Therapies for Eating Disorders, 1st Edition.
- Academy for Eating Disorders (2021). Eating Disorders: A Guide to Medical Care, 4th Edition.
- Academy for Eating Disorders. Guidebook for Nutrition Treatment of Eating Disorders.
- Academy for Eating Disorders. Minimal Standard of Care – Cross-cultural Action Guidelines for the Treatment of Eating Disorders.
- American Psychiatric Association (2006). Practice Guideline for the Treatment of Patients with Eating Disorders, 3rd Edition.
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- Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication [published correction appears in Biol Psychiatry. 2012 Jul 15;72(2):164]. *Biol Psychiatry*. 2007;61(3):348–58.
- Mitchell JE, Myers T, Crosby R, O'Neill G, Carlisle J, Gerlach S. Health care utilization in patients with eating disorders. *Int J Eat Disord*. 2009;42(6):571–74.
- [National Alliance for Eating Disorders | Find Eating Disorder Treatment](#)
- [National Center of Excellence for Eating Disorders \(NCEED\)](#)



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Thank you!