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

**Outpatient**
- **Medical**: stable
- **Suicidaity**: none**
- **Weight**: generally >85%
- **Motivation**: fair-good
- **Co-occurring d/o**: presence may determine treatment type and LOC
- **Structure needed**: self-sufficient
- **Ability to control exercise**: can manage on own
- **Purging behaviors**: can reduce on own (and medically stable) or not present
- **Environment**: access to support and structure
- **Geography**: lives near treatment setting

**Intensive Outpatient (IOP)**
- **Medical**: stable
- **Suicidaity**: none**
- **Weight**: generally >80%; some weight loss/gain/ fluctuations
- **Motivation**: fair
- **Co-occurring d/o**: presence may determine treatment type and LOC
- **Structure needed**: self-sufficient
- **Ability to control exercise**: some degree of external structure needed
- **Purging behaviors**: can reduce on own (and medically stable) or not present
- **Environment**: access to support and structure
- **Geography**: lives near treatment setting

**Partial Hospitalization (PHP)**
- **Medical**: no IV fluids, NG tubes; multiple daily labs
- **Suicidaity**: none**
- **Weight**: generally <85%; acute weight loss/gain; food refusal
- **Motivation**: poor-fair
- **Co-occurring d/o**: presence may determine treatment type and LOC
- **Structure needed**: needs supervision during all meals
- **Ability to control exercise**: some degree of external structure needed
- **Purging behaviors**: needs supervision; unable to control multiple daily purging episodes
- **Environment**: significant lack of support and structure
- **Geography**: treatment too distant to participate from home

**Residential**
- **Medical**: unstable
- **Suicidaity**: SI with plan and intent; none
- **Weight**: generally <85%; acute weight loss/gain; food refusal
- **Motivation**: very poor-poor; preoccupied by intrusive thoughts; seemingly uncooperative
- **Co-occurring d/o**: presence may determine treatment type and LOC
- **Structure needed**: needs supervision during and after all meals
- **Ability to control exercise**: some degree of external structure needed
- **Purging behaviors**: needs supervision; unable to control multiple daily purging episodes
- **Environment**: significant lack of support and structure
- **Geography**: treatment too distant to participate from home

**Inpatient**
- **Medical**: unstable
- **Suicidaity**: SI with plan and intent; none
- **Weight**: generally <85%; acute weight loss/gain; food refusal
- **Motivation**: very poor-poor; preoccupied by intrusive thoughts; seemingly uncooperative
- **Co-occurring d/o**: presence may determine treatment type and LOC
- **Structure needed**: needs supervision during and after all meals
- **Ability to control exercise**: some degree of external structure needed
- **Purging behaviors**: needs supervision; unable to control multiple daily purging episodes
- **Environment**: significant lack of support and structure
- **Geography**: treatment too distant to participate from home

*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


- National Alliance for Eating Disorders | Find Eating Disorder Treatment
- National Center of Excellence for Eating Disorders (NCEED)
Thank you!