



EATING DISORDERS PARTIAL PROGRAM SHOWS SIGNIFICANT WEIGHT AND SYMPTOMS IMPROVEMENT AFTER FIVE WEEKS OF TREATMENT

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OBJECTIVES & STUDY DESIGN

The objective of this outcome study was to evaluate the effectiveness of a multidisciplinary partial program to decrease symptoms severity and improve weight in adolescents and young adults diagnosed with eating disorders. Study participants were 26 adolescents and young adults admitted for treatment in the eating disorder services partial hospitalization program at Rogers Memorial Hospital-Milwaukee who gave their voluntary consent to participate in Rogers Memorial outcome studies. In addition, another three clients left treatment against medical advice and four were transferred to a higher level of treatment.

PRIMARY DIAGNOSIS:	Anorexia Nervosa (AN): n = 13	GENDER: 23 female; 3 male
	Bulimia Nervosa (BN): n = 8	AGE RANGE: 13 to 21 years of age
	ED-NOS: n = 5	LENGTH OF STAY: average of five weeks in treatment
INSTRUMENTS:		
<ul style="list-style-type: none"> Eating Disorder Inventory (EDI-3): a 91-item questionnaire that measures psychological traits associated with eating disorders. Eating Disorder Examination Questionnaire (EDE-Q): a 41-item self report measure of restraint, eating, shape and weight concerns. Beck Depression Inventory (BDI): a 21-item questionnaire used to assess the severity of depression. State-Trait Anxiety Inventory (STAI): a self-report assessment of state and trait anxiety in which low STAI scores indicate a low degree of anxiety. 		

The study design consisted of evaluating specific eating disorder symptoms and behaviors using the Eating Disorder Inventory (EDI-3) and Eating Disorder Examination Questionnaire (EDE-Q) respectively. In addition, we also measured changes in weight and two co-morbid conditions: depression, using the Beck Depression Inventory (BDI); and anxiety, using the State-Trait Anxiety Inventory (STAI). Statistical analysis was performed using the descriptive statistics and paired t test comparisons, with statistical significant defined by $p < 0.001$.

KEY FINDINGS

The results for weight gain (Figure 1) show that study participants overall gained an average of 10 pounds during the 5 weeks of treatment. The average weight at admission was 110 pounds and at discharge was 120 pounds. When only the clients diagnosed with Anorexia Nervosa were taken into consideration, the weight gain increase from a mean of 102 pounds at admission to 117 pounds at discharge.

Eating disordered symptoms and behaviors were measured with the EDI-3 and EDE-Q. Both instruments show reductions that were statistically significant from admission and discharge (Figure 2). At admission the EDI-3 mean score was 145 and the EDE-Q mean score was 3.6; at discharge the EDI-3 was reduced to 119 and the EDE-Q was reduced to 1.7. All changes were statistically significant.

Co-morbid symptoms are an important contributor to patients' wellbeing and effective treatment programs should address these symptoms. The (Figure 3) results show depression severity as measured on the BDI was reduced from a mean score of 22 at admission to 10 at discharge; the results of the STAI were reduced from 101 at admission to 39 at discharge. All changes were statistically significant.

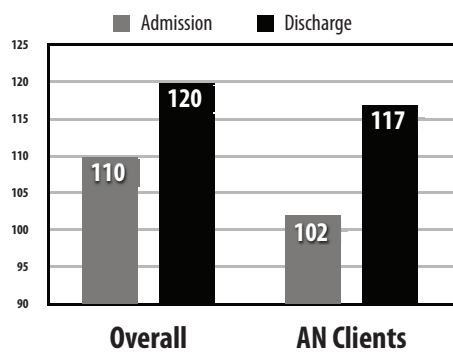


Figure 1: Weight Gain (Pounds)

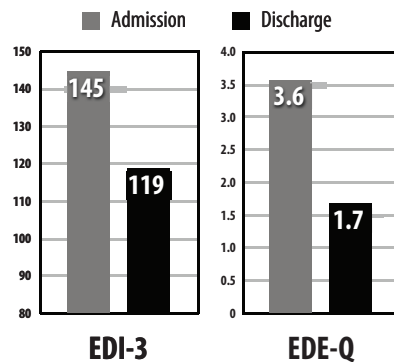


Figure 2: Symptoms and Behaviors

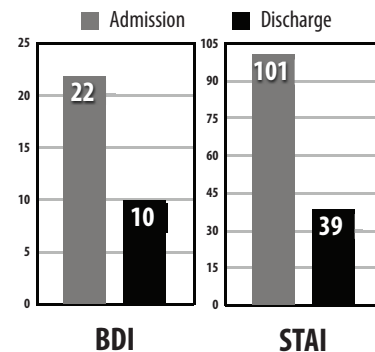


Figure 3: Co-Morbid Symptoms

CONCLUSIONS

Overall, this analysis shows that five weeks of partial hospital treatment is effective at decreasing the severity of key eating disorders symptoms and behaviors in adolescents and young adults. In addition, co-morbid symptoms of depression and anxiety were reduced to levels found in healthy subjects and weight was increased by an average of 10 pounds between admission and discharge from treatment.

PARTIAL HOSPITALIZATION FOR PRE-TEENS – YOUNG ADULTS

Rogers Memorial Hospital offers partial hospitalization at our Milwaukee campus for pre-teens to young adults who are affected by anorexia, bulimia, binge eating disorder and other eating disorders. The treatment program meets weekday afternoons and offers two meals. The program provides eating disorders treatment within a comfortable, relaxed environment which aims to promote self-discovery, enhance self-esteem, foster a sense of autonomy and assist in developing a healthy, balanced lifestyle. The primary goal is the recovery of the adolescent/young adult who is ultimately able to return to functioning fully at school and home. Each patient has goals and objectives according to her/his individualized treatment plan, which may include the following treatment components: group therapy, individual therapy, family therapy, experiential therapy (which includes art therapy, recreational therapy, and relaxation combined with yoga), education-school collaboration, nutrition counseling, and pharmacotherapy when appropriate. Participants have approximately ten hours of group therapy per week led by a master's prepared therapist. Group sessions are designed to challenge cognitive distortions, identify and express feelings, gain healthy coping strategies, and to avoid relapse. The group setting is particularly advantageous in treating adolescents who tend to rely on and respect feedback from peers. Individual therapy is provided once weekly at minimum and is tailored to each person's specific needs. In addition, family therapy occurs weekly and emphasizes communication within the family. Patients also participate in yoga and relaxation therapy, where they learn how to use guided imagery, relaxation and grounding techniques in order to develop a set of skills they can use to deal more effectively with their anxiety and triggers. Art therapy may also be used to identify feelings and begin to deal with body image issues. With the guidance of a registered dietitian, patients learn about nutritional health and meal planning. Dietitians meet with the participant individually at least once weekly (or as clinically indicated). In addition, dietitians coordinate meal and snack challenges, meal outings or meal "innings" (in which food is ordered into the facility) and meals on-site with family/friends. A psychiatrist who is board-certified in child, adolescent, and adult psychiatry meets with the patients twice per week to oversee treatment and to diagnose and treat co-morbid conditions such as depression and anxiety. Some patients/families may also be involved in the family-based approach to treatment of Anorexia Nervosa or Bulimia Nervosa in which families are asked to participate more regularly in meals with their adolescent and ultimately assume responsibility for the individual's weight-gain and/or maintenance.

Eating Disorder Services **OF ROGERS MEMORIAL HOSPITAL**

The Community Outreach staff at Rogers Memorial Hospital serve as the primary liaison for treatment professionals. We encourage you to contact them with questions about our treatment services or to schedule a tour and meet our clinical staff.