Understanding Eating Disorder Treatment Outcome Claims

Because there is no consistency in how recovery and improvement rates are calculated from treatment center to treatment center in North America, it is difficult to make precise comparisons between them concerning their effectiveness. In addition, some treatment centers make exaggerated claims about the percentage of their patients who recover during treatment (e.g., one well-known treatment center published claims on its website that approximately 98% of patients achieve recovery). Reputable scientific studies cast serious doubt on such claims.

In a comprehensive review of the long-term outcome studies of treatment for *anorexia nervosa* published in the *American Journal of Psychiatry*, Steinhausen (2002) concluded that less than 50% of patients with AN recover, 33% improve, and 20% remained chronically ill. In comprehensive review of the treatment outcome studies of *bulimia nervosa*, also published in the *American Journal of Psychiatry*, Steinhausen & Weber (2009) concluded that approximately 45% of patients with bulimia nervosa recover, 27% improve considerably, and nearly 23% have a chronic protracted course (didn't improve). Several other reviewers have arrived at similar recovery estimate percentages for anorexia nervosa and bulimia nervosa (e.g., Richards, Baldwin, Frost, Clark-Sly, Berrett, & Hardman, 2000; Steinhausen, 1995; Yager, 1989).

As you look for an eating disorder treatment center for your loved one be cautious if you encounter claims that virtually all patients recover or are cured by a treatment program. It is unlikely that such claims are accurate. They are undoubtedly not based on reputable scientific evidence.

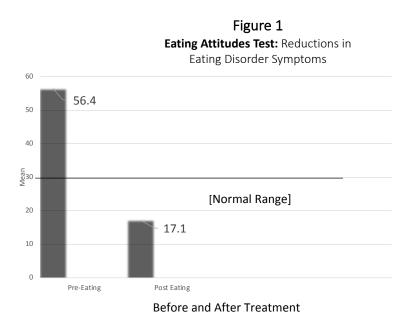
Center for Change Outcome Research Program

Since Center for Change opened its doors in 1996, we have conducted outcome research to evaluate and improve the effectiveness of our treatment program. We have published reports of our research in professional journals and books (e.g., Richards, Hardman, & Berrett, 2007). We use a variety of measures to assess patients' progress. We assess specific eating disorder symptomatic behaviors such as bingeing, purging, and food restriction as well as beliefs about food, dieting, body shape, and so on. We also assess patients' general psychological and spiritual functioning by using measures of depression, anxiety, self-esteem, interpersonal relations, social role functioning, loneliness, and spiritual well-being. All patients are assessed on the above dimensions when they are admitted to our inpatient and residential treatment programs and, if possible, when they are discharged from the programs. We also conduct periodic follow-up surveys with former patients from 3 months to 10 years after they complete treatment to assess their long-term progress and recovery rates. Below is a brief summary of the major findings of our treatment outcome research.

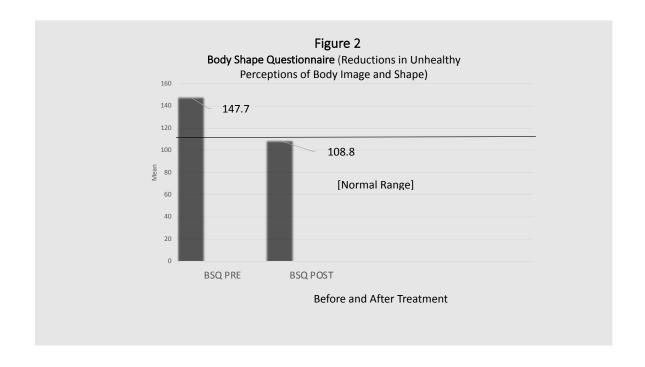
Outcomes at Completion of Inpatient Treatment

Two scientifically validated measures of attitudes and beliefs about eating, dieting, and body shape are administered when patients are admitted and discharge from CFC: the Eating Attitudes Scale and Body Shape Questionnaire. Data from CFC's 15 year treatment outcome study have repeatedly confirmed that patients show clinically significant improvement on both of these measures suggesting that, on the average, patients acquire much healthier attitudes and beliefs about food, dieting, and body shape during their inpatient and residential stay at the CFC.

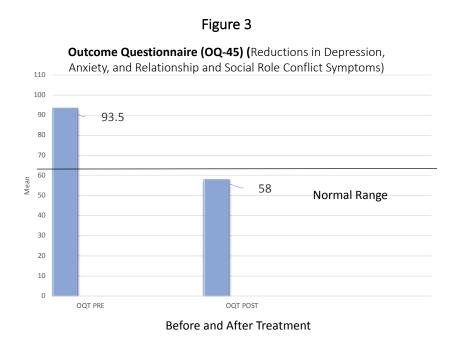
In Figure 1 it can be seen that scores falling below the line drawn horizontally across the graph fall into the normal range (women without eating disorders score 30 and below on the EAT). Thus, on the average, when they complete inpatient and residential treatment, Center for Change patients' concerns about food, dieting, and weight are much less intense and are within the normal range for women.



In Figure 2 it can be seen that on the average, when they complete inpatient and residential treatment, CFC patients' concerns about their body shape and size are much less intense and are at the normal range for women (women without eating disorders score 110 and below on the BSQ).



The patients' level of psychological, relationship, and social role distress as measured by the standardized and widely used Outcome Questionnaire (OQ-45) also significantly decline. In Figure 3 it can be seen that after participating in the CFC inpatient program, on the average, patients' psychiatric symptoms, interpersonal relationship distress, and social role conflict were all much less intense and were comparable to those of functioning within a "normal" or "non-clinical" range. Thus, their levels of depression and anxiety improve to normal levels and they show large improvements in their interpersonal relations and feelings about their ability to perform normal social roles.



The improvements in CFC patients' psychological well-being reported here are based on approximately 500 patients and 10 years of treatment outcome data. These data collectively provide strong evidence that the majority of Center for Change patients get significantly better during their inpatient and residential stay at the CFC. A small number of patients showed little improvement during their stay, but most of the patients make large improvements in their eating behaviors, beliefs, and attitudes as well as in their psychological, social, and spiritual functioning and well-being. These data provide evidence that the CFC inpatient program successfully helps the majority of patients make a "jump start" toward a healthier life by helping them make important and healthy changes in their symptoms, beliefs, and behaviors in a short period of time.

Outcomes at Long-Term Follow-Up

The following long-term outcome report documents how former Center for Change (CFC) patients say they are functioning after they have been discharged from the CFC in-patient and residential treatment programs. The statistical analyses and conclusions presented below are based on a sample of CFC patients who responded to the CFC's long term follow-up phone survey (N = 487) and a sub-sample of patients who also completed and mailed in the Eating Attitudes Test, Outcome Questionnaire, and Spiritual Well-Being Scale (N = 243). The sample of patients included those who had been admitted to and discharged from the CFC between 1996 and 2008. They were contacted and participated in the long term follow-up survey between 1999 and 2009. The average length of time after discharge when the long-term follow-up phone survey was conducted with this sample of patients was 13.4 months (Standard deviation = 11.2 months) and the range was 2.0 months to 65 months (5 years, 5 months).

According to former CFC patients' responses to a psychometrically validated CFC long-term outcome phone survey, 54.5% of them were recovered, 38.8% had improved, and only 6.8% had not improved. The 6.8% percentage of former CFC patients who reported that they had not improved is much lower than the 20 – 23% not improved percentages at other treatment centers which were reported by Steinhausen (2002) and Steinhausen & Weber (2009). The CFC recovery rates were equally positive for patients with anorexia nervosa and bulimia nervosa and are based on follow-up surveys conducted from 1 – 5 years after patients had completed inpatient treatment. Table 1 summarizes and illustrates how CFC recovery estimates compare with those reported by Steinhausen (2002) and Steinhausen and Weber (2009). It is clear from comparisons of CFC long-term treatment outcome data with outcome data reported in the scientific literature that outcomes at CFC compare very favorably with other well-established, respected eating disorder treatment centers in North America.

Table 2

Long-Term Recovery Rate Estimates for Anorexia Nervosa
(AN) and Bulimia Nervosa (BN) Reported in Professional
Literature Compared with Center for Change (CFC)
Recovery Rates

	Percent Recovered	Percent Improved	Percent Chronic
Steinhausen (2002)	55% (AN)	33% (AN)	20% (AN)
Steinhausen & Weber (2010)	45% (BN)	27% (BN)	23% (BN)
Center for Change	55% (AN and BN)	39% (AN and BN)	7% (AN and BN)

Patient Satisfaction

According to the long-term outcome phone survey, the vast majority of patients feel that they are helped through their treatment at Center for Change. As can be seen in Figure 4, over 80% of patients feel that they were helped "very much" or "much" during their stay at Center for Change. Less than 5% of patients feel that they were helped very little or not at all. Thus, nearly all women who receive treatment at Center for Change feel positively about their experience.

Figure 4
How much did CFC help you overall?

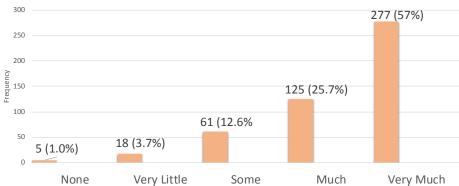


Figure 4 reveals that 277 (57.0%) of former CFC patients feel that the CFC treatment program helped them "very much" overall, another 125 (25.7%) patients feel that it helped them "much," 61 (12.6%) feel that it helped them "some," 18 (3.7%) feel that it helped them "very little," and 5 (1.0%) feel that it helped them "none." Thus, 82.7% of patients have extremely positive perceptions about how much CFC helped them overall.

Conclusion

The vast majority of Center for Change patients achieve large improvements during their intensive treatment stay (inpatient and residential) at CFC. At the conclusion of treatment, most CFC patients score in normal ranges in their attitudes about food, weight, and body shape. By treatment conclusion, most CFC patients also score in the normal ranges on measures of emotional, relationship, and spiritual well-being. At long-term follow-up, over 50% of CFC patients consider themselves recovered and nearly 40% consider themselves partly recovered or improved. These eating disorder treatment outcomes are equivalent and often superior to other responsible, scientifically valid reports of patient improvement that have been reported in the research literature. Center for Change has an intensive, robust, and researched treatment program which has been operating, improving, and refining for almost 23 years. Center for Change is a place of hope and healing. Scientific treatment outcome research has documented this is true.

References

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