INTRODUCTION

Follow-up studies have shown that 20-30% of patients with eating disorders develop longstanding symptoms strongly impairing their daily life. There are very few studies on the course of these patients. The present work provides knowledge about the course and long-term outcome of longstanding eating disorders (ED) and comorbid personality disorders (PD) for patients with previous treatment failures.

Specific aims

1. What are the course and long-term outcome of patients with longstanding ED (Study 1)?

2. How do the proportions of PDs in subgroups of ED and among ED patients evolve in a longitudinal perspective (Study 2)?

3. What predicts poor outcome of longstanding ED (Study 3)?

METHODS

From August 1998 to June 2001, 86 consecutive patients were admitted to a specialised ED unit at a psychiatric hospital, Modum Bad and entered this study. The admission criteria were symptoms of AN, BN, and BEDS that required daily life functioning, inadequate response. The participants were assessed upon admission, discharge, and at one-, two-, and five-year follow-up (table 1). Follow-up studies have shown that 20-30% of patients with eating disorders: A 5-year follow-up. International Journal of Eating Disorders, 43, 22-28.

RESULTS

Study 1:


Reports on the course and outcome of five years after completing treatment and identifies subgroups of patients with different course and outcome. The key findings were first that among the 77 patients (90%) who participated, 46 patients (61%) had no improvement, and 30 (39%) did not meet diagnostic criteria for an ED. Second, a cluster analysis identified a group of patients with no improvement over time (table 1).

Study 2:


Reports on the change in proportions of PD over time. The results showed that the longterm course.

Study 3:


Eating disorder symptoms characterized by severe disturbances in eating behavior and by distress or excessive concern about body shape or weight.

Personality disorder characterized as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individuals culture.

DISCUSSION

Limitations:

• The sample size is relatively small, thus defining statistical power is a theme of utmost interest. On one hand, this small sample size means there is little risk of type I error.

• The sample is recruited from a specialist treatment unit.

• Follow-up assessments were not performed by independent examiners, but by expert clinicians who to some extent had been involved in the treatment.

• One important question is whether the findings may be generalized to ED patients in general, as the patients of this study have been recruited from a specialist treatment unit.

Conclusion:

• There was statistically significant reduction in eating disorder symptoms at the five-year follow-up.

• Cluster analysis identified a group of patients with no improvement over time.

• Patients had higher probability of recovery from personality disorders than from eating disorders.

• Avoidant personality disorder and child sexual abuse interacted in predicting high levels of eating disorder symptoms during the longterm course.