



# Within Health Outcomes Report (2021-2023)

Comprehensive eating disorder care, at-home.



**within**



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# Letter from Clinical Leadership

## To our Within community,

Within is dedicated to transforming eating disorder treatment by increasing access, improving outcomes, and promoting healing for those affected. In the United States, an estimated 30 million people will suffer from an eating disorder in their lifetime, yet only a fraction receive high-quality, specialized care. Drawing on our decades of combined expertise in eating disorders and digital behavioral health, we've developed an intentionally remote care model designed to fill the gap for those who previously did not have adequate access to effective, personalized, clinically sophisticated, and medically monitored care.

Within has experienced remarkable growth over the past three years since its inception, expanding our program to 39 states and D.C. and growing while actively pursuing health plan partnerships to ensure patients can access care nationwide. We reach patients residing in "treatment deserts" without access to specialty care, those with obligations that prevent them from undergoing traditional brick-and-mortar treatment, and those who don't feel safe attending in-person programs due to other factors such as trauma or lack of inclusivity.

In addition, by enabling patients to access treatment sooner, Within can reduce the duration of untreated illness and prevent its progression, which is associated with greater likelihood of lasting recovery. Our adolescent patients derive substantial benefit from this early intervention, demonstrating changes (e.g., reduced trait anxiety) that can profoundly alter the course of their lives. We also offer a potential alternative for higher severity patients who are on the cusp of needing residential care but need or prefer to receive comprehensive, impactful treatment in their own environment.

Within's care model eliminates the facility-to-home environment transition and need for skill translation often encountered in traditional brick-and-mortar programs, encouraging more sustainable recovery and reducing the risk of quick relapse. Our personalized schedules reflect individual needs and empower patients to remain involved with vital aspects of their lives. Concurrently, patients receive an unparalleled influx of clinical interventions in their homes where the symptoms have "lived." Our app, utilized by all patients, facilitates connections between patients, their care teams, referents, and families, ensuring seamless communication and coordinated care throughout the treatment process. These elements of our program, in combination with longer hours of support during the day, create enhanced recovery experiences and treatment journeys for our patients.

At Within, we diligently track and monitor our patient outcomes, and have since our very first patient. The results shown in this report are a testament to our patients. We see that when we reduce barriers and provide treatment essentials, patients will show up and do the hard work to recover. In the subsequent pages, we are excited to share our positive outcomes, celebrate the collective successes of our patients and team members, and outline our plans for the future.

## With warm regards,



**Wendy Oliver-Pyatt**  
**MD, FAED, CEDS**  
Co-Founder, CEO & Chief  
Medical Officer



**Rebecca Brumm**  
**LPC, CEDS-S**  
Chief Clinical Officer



**Jessica Genet**  
**PhD**  
Director of Clinical  
Development & Training



## Our Approach



### **Evidence-based practice for personalized treatment<sup>1</sup>**

Our experienced care team members use their expertise to develop individualized, targeted treatment plans by blending research-supported psychotherapies with experiential modalities, psychoeducational and supportive interventions, and other approaches based on patients' unique presentations.



### **Intensive family and supporter involvement**

We engage families and other supporters through every stage of the treatment process, starting pre-admission. We prioritize supporter involvement via specific programming, including family therapy (with Family-Based Treatment when indicated), coaching, and both skills and support groups.



### **Comprehensive, multidisciplinary care team**

Patients receive comprehensive care via a multidisciplinary team of professionals, including a psychotherapist, registered dietitian (RD), registered nurse (RN), psychiatric provider, care partner, and clinical support staff. For patients with suppressed weight, Within offers multifaceted nutritional rehabilitation, emphasizing optimal nutritional status and physiological functioning. Vital signs, including weight, are tracked using remote medical monitoring devices we provide to patients.



### **Customized technology built specifically to treat eating disorders remotely**

All services are provided via our custom-designed and easy-to-use mobile application, which streamlines scheduling, sessions, and messaging. Patient engagement is also enhanced by self-guided features like interactive check-ins and direct connection opportunities like the support button and community living room.



### **Inclusive and specialized support**

Within offers weight-inclusive, culturally-responsive care. Our commitment to inclusivity includes offering specialized groups based on diagnosis as well as for subsets of our patients, such as people living in larger bodies, members of the LGBTQIA+ or BIPOC communities, students, mature adults, and providers.



### **Data-informed care**

Within optimizes outcomes by implementing a well-established measurement-based care model.<sup>2</sup> We use standardized, validated patient-reported outcome measures administered throughout treatment to monitor patient progress, inform treatment decisions, and engage patients in their own care. Additionally, this data can be aggregated and leveraged for quality improvement and program evaluation efforts.



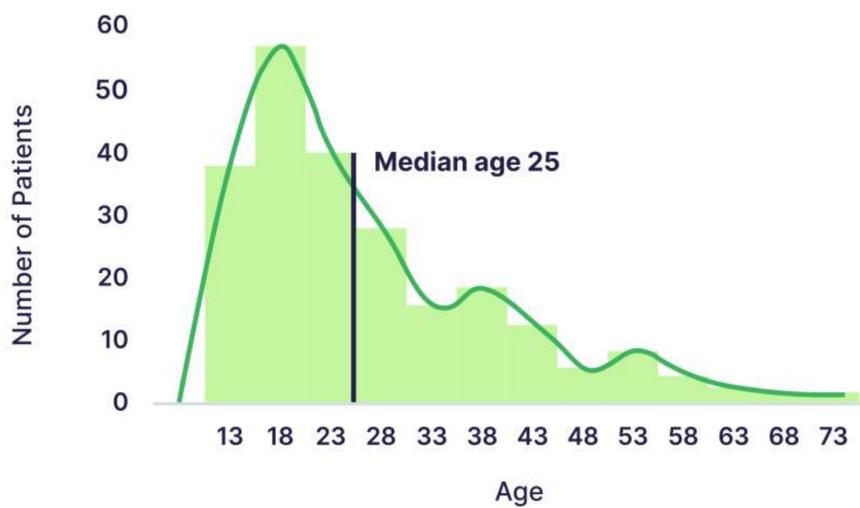


# Within Patients

This report includes treatment outcomes and satisfaction data for patients who were admitted to and discharged from Within between June 2021 and December 2023 and had a length of stay of at least 30 days. Of those patients, 70.8% had at least one set of outcome measures available, resulting in an analytic sample size of 225.

## Demographics

Within recognizes that eating disorders affect individuals across the lifespan and endeavors to make treatment available and equally effective for all ages. Our patients **ranged from 13 to 73 years old (median age of 25)** with about 30% adolescents and 70% adults. Of those patients, 27% identified as sexual and/or gender minorities, and nearly 10% identified as Black, Indigenous, or People of Color (BIPOC).



### Within treats patients across the lifespan

**70%**  
Adult (20+)\*



**30%**  
Adolescent (13-19)

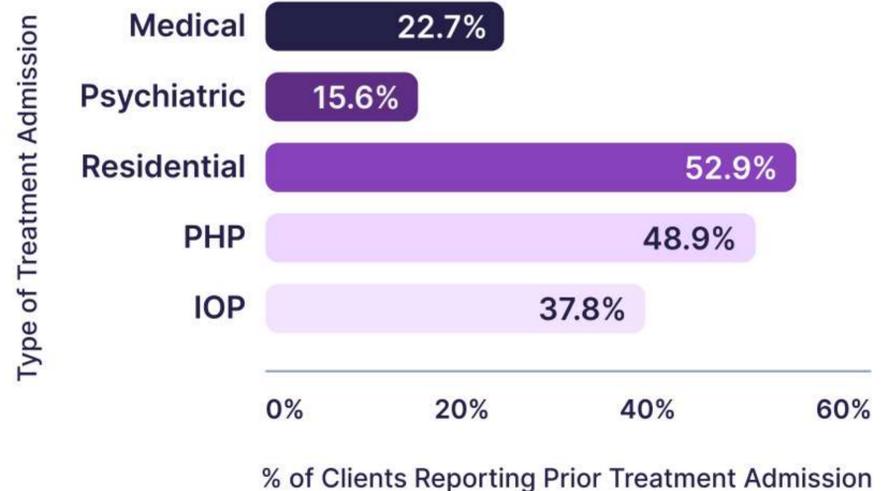
\*As defined by the World Health Organization

Within treats patients of all severity levels, from those with recent onset of symptoms and no prior treatment history to those with longstanding illnesses who have had a myriad of prior facility-based treatment experiences. Patients' eating disorders began **as early as age 4 and as late as age 71** ( $M = 15.53$ ,  $SD = 7.18$ ). On average, patients admitted after **13 years of illness** ( $SD = 12.44$ ; range 0-51).

### Within treats patients across the severity continuum



**76%**  
accessed prior facility-based treatment

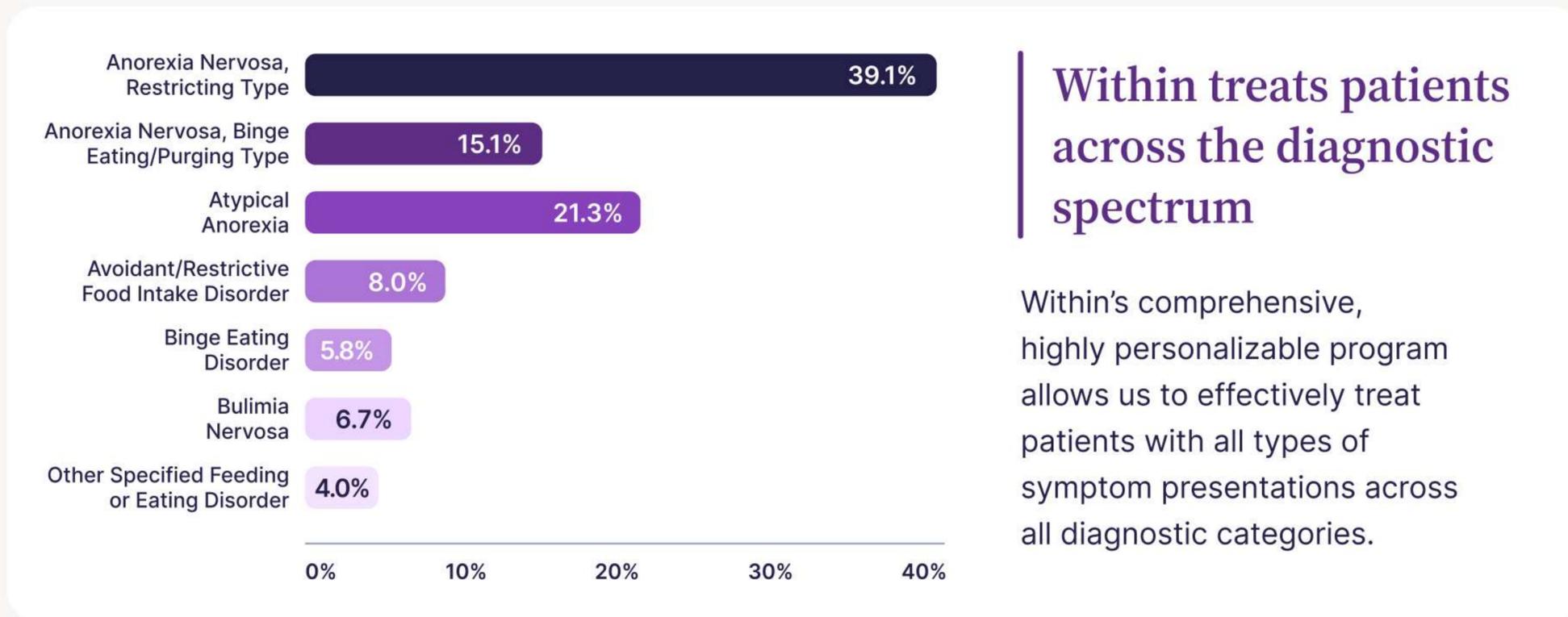




# Within Treatment History

Although Within can accommodate patients across stages of illness and severity levels, nearly 60% (n = 133) of our patients admitted to the PHP+ level of care, indicating relatively high severity. Of those PHP+ admits who were not transferred out of the program\* (n = 105), the majority (82.9%) completed their prescribed treatment and later transitioned to and discharged from our IOP+ level of care, demonstrating our ability to support progression towards recovery. Across all patients, the median length of stay was about 9.2 weeks for PHP+ and 11.4 weeks for IOP+, with patients participating in 3-7 days of programming per week depending on their treatment plan.

Within supports patients through levels of care

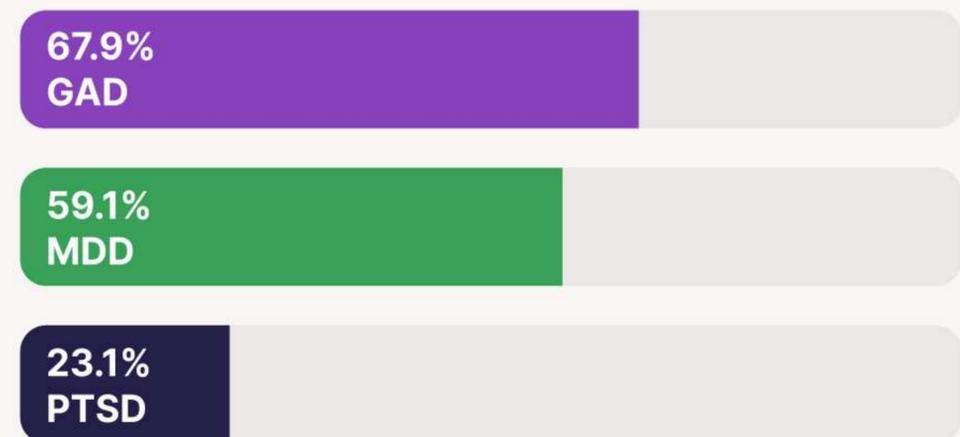


## Within treats patients across the diagnostic spectrum

Within's comprehensive, highly personalizable program allows us to effectively treat patients with all types of symptom presentations across all diagnostic categories.

## Over 93% of Within patients had at least one comorbid diagnosis

Within's program is designed to address co-occurring mental health concerns, including common comorbid psychiatric disorders.



GAD, Generalized Anxiety Disorder; MDD, Major Depressive Disorder; PTSD, Post Traumatic Stress Disorder

\*Due to administrative discharges or indicated referrals



# Within Results



## Our Approach to Outcomes Measurement and Reporting

Within adheres to consensus guidelines by measuring and reporting on essential metrics for appraising the effectiveness and quality of eating disorder treatment. This includes documenting weight restoration rates, eliciting feedback about patient satisfaction and perspectives, and utilizing standardized, validated patient-reported outcome measures to gauge core cognitive and behavioral features of the eating disorder, quality of life/impairment, and common co-occurring symptoms (i.e., depression and anxiety).<sup>3-7</sup> All patient-reported outcome measures are administered monthly throughout treatment to monitor patient progress and inform individual treatment decisions, with aggregate data then being used to evaluate outcomes of care.<sup>8</sup>

Within's Clinical Research Team is dedicated to ethical research practices, including data transparency and integrity. We strive to minimize bias and report data accurately, in line with requisite ethical guidelines and standards.<sup>6,9</sup> To this end, we include data from all patients in the indicated sample, encompassing those with premature discharges and other treatment struggles, reflecting the inherent challenges in treating eating disorders. We report summary metrics, including the frequency and magnitude of improvement, as well as more granular clinical impact metrics, including clinically meaningful change and symptom remission, to provide a holistic picture of outcomes.

Our goal is to inform a diverse audience of patients, caregivers, providers, and researchers in the eating disorder field through accessible graphics and digestible text, supplemented by relevant technical elements (e.g., [descriptions of measures](#), [results of statistical analyses](#); see Appendix). In presenting results, we include p-values for statistical significance, indicating the likelihood that effects are "real" and effect sizes, showing how substantial treatment effects are, to demonstrate that our findings are both statistically robust and clinically meaningful.



## Patient-Reported Outcome Measures

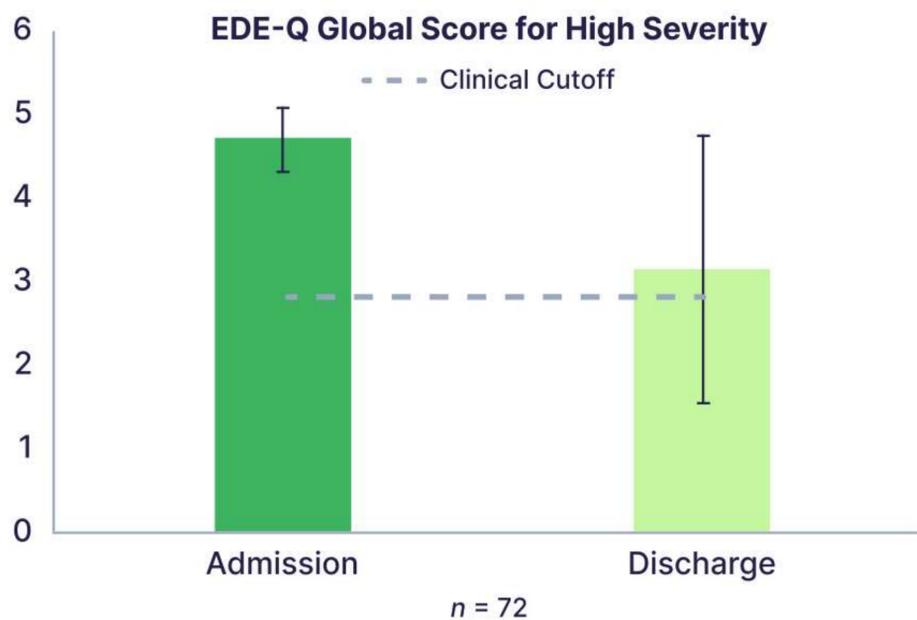
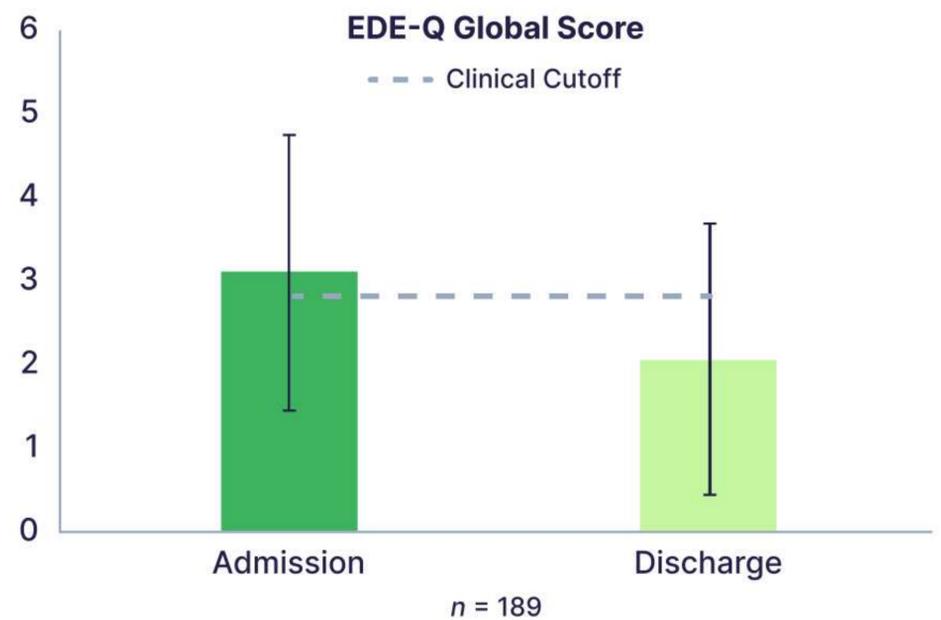
Our analyses revealed significant improvements across all patient-reported outcome measures from admission to discharge, even for our most severe patients. Consistent with Within's aim of offering high-quality, effective treatment for everybody, our findings also demonstrated significant improvements across the lifespan for all patient-reported outcome measures. The following pages provide a more detailed overview of summary and clinical impact metrics for Within's patient-reported outcome measures.



## Eating Disorder Symptoms

Patients showed improvements in eating disorder symptoms across all symptom dimensions. Average global scores **decreased by 34%** by discharge, dropping below the clinical cutoff (i.e., subthreshold).<sup>10</sup> At discharge, **70% reported subthreshold scores**.

**70% of patients reported eating disorder symptoms below the clinical cutoff at discharge**

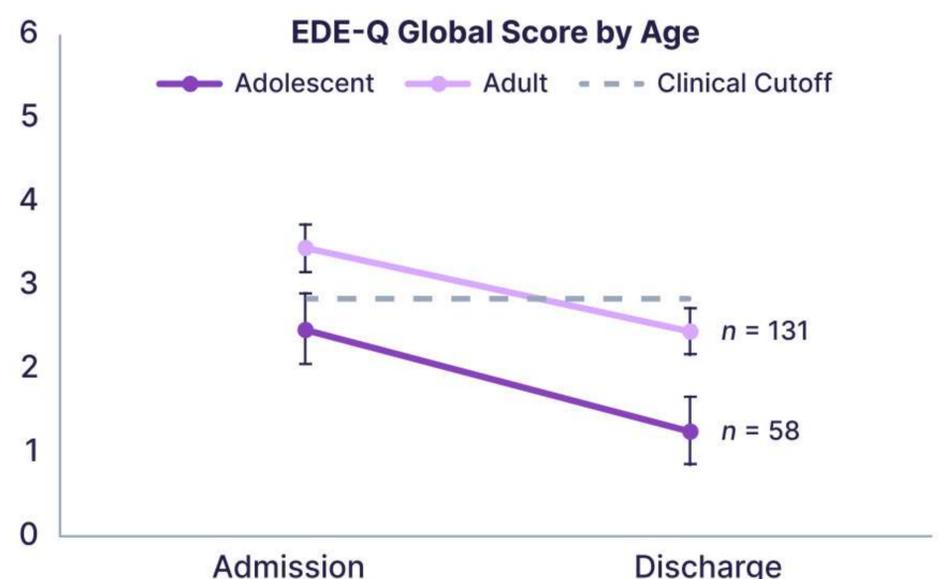


### High Severity

38% of patients admitted with baseline global scores in the high severity range (i.e.,  $\geq 4$ ).<sup>11</sup> For this subgroup, global scores **decreased by 33%** by discharge, with **40% reporting subthreshold scores**, denoting at least partial symptom remission even for those with high levels of baseline symptomatology.

### Age

Global eating disorder symptoms decreased by discharge regardless of age, suggesting **comparable treatment effectiveness** for adolescents and adults. Global scores **decreased by 49% for adolescents**, remaining subthreshold, and **29% for adults**, dropping below the clinical cutoff by discharge.

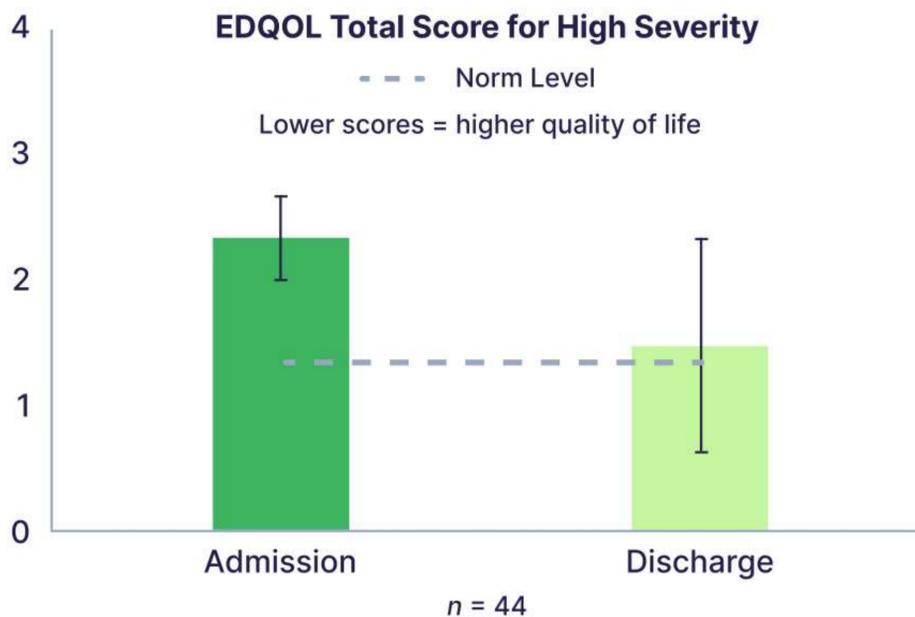
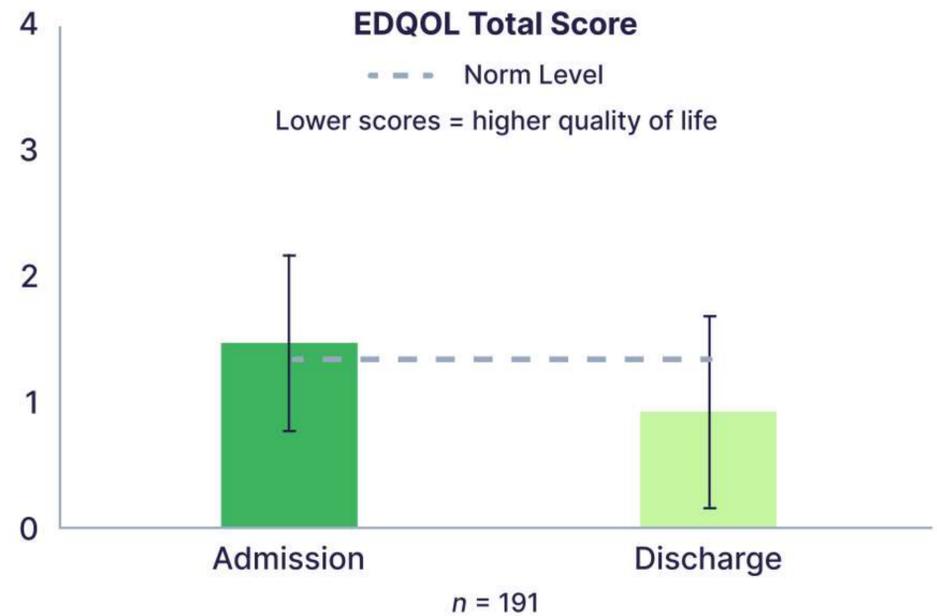




## Impact on Quality of Life

Patients showed improvements in quality of life across all impairment dimensions. Average total scores **decreased by 37%** by discharge, dropping below the norm level (i.e., subthreshold) and indicating improved quality of life.<sup>12</sup> At discharge, **64% reported subthreshold scores**.

On average, patients reported a 37% improvement in quality of life from admission to discharge

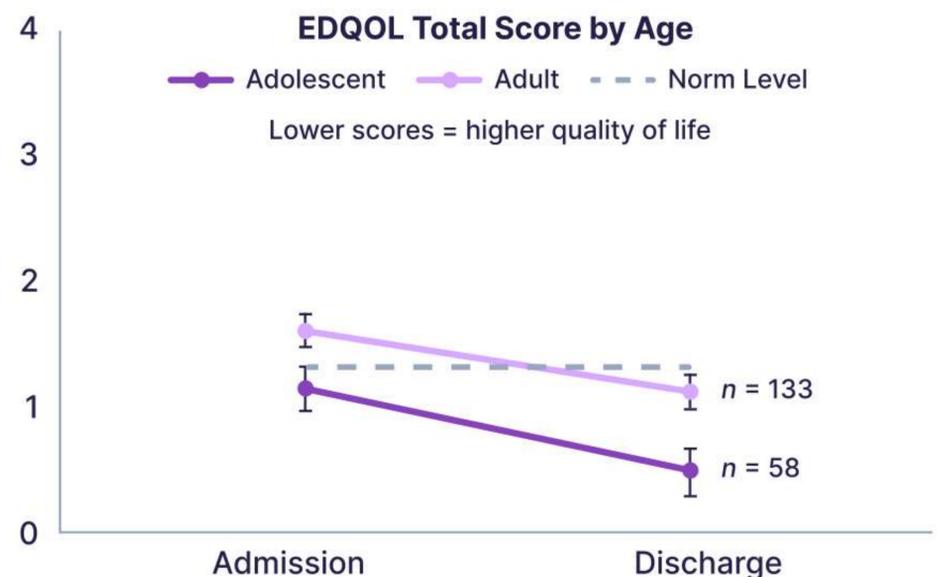


### High Severity

23% of patients admitted with baseline total scores in the high severity range (i.e.,  $\geq 1$  standard deviation above the norm level).<sup>12</sup> For this subgroup, total scores **decreased by 37%** by discharge, with **48% reporting subthreshold scores**, indicating substantial improvements in quality of life even for those with high impairment.

### Age

Total quality of life impairment decreased by discharge regardless of age, suggesting **comparable treatment effectiveness** for adolescents and adults. Total scores **decreased by 57% for adolescents**, remaining subthreshold, and **30% for adults**, dropping below the norm level by discharge.

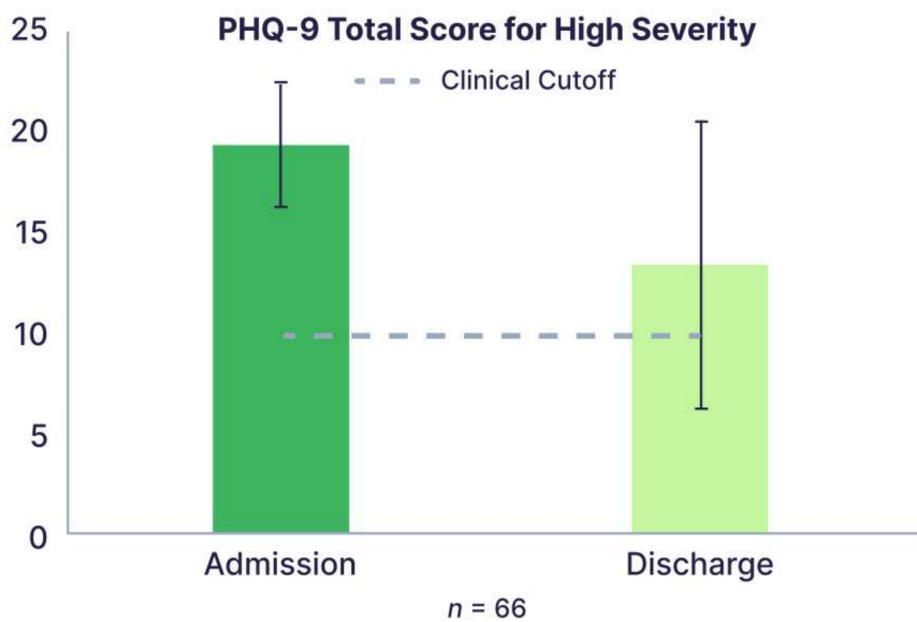
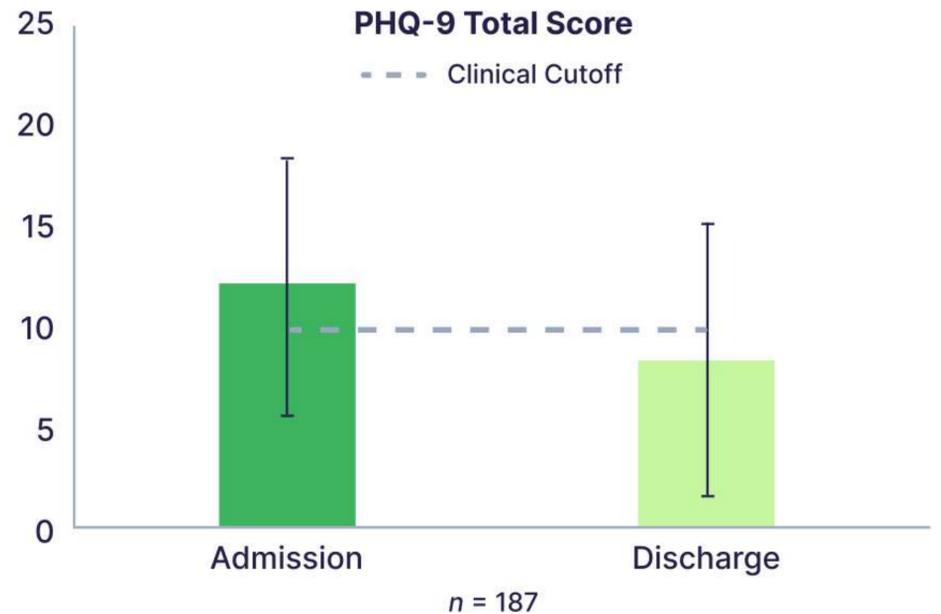




# Depressive Symptoms

Patients showed improvements in depressive symptoms, with average total scores **decreasing by 31%** by discharge, dropping below the clinical cutoff (i.e., subthreshold).<sup>13</sup> At discharge, **65% reported subthreshold scores**.

Average patient depressive symptoms decreased from moderate to mild by discharge

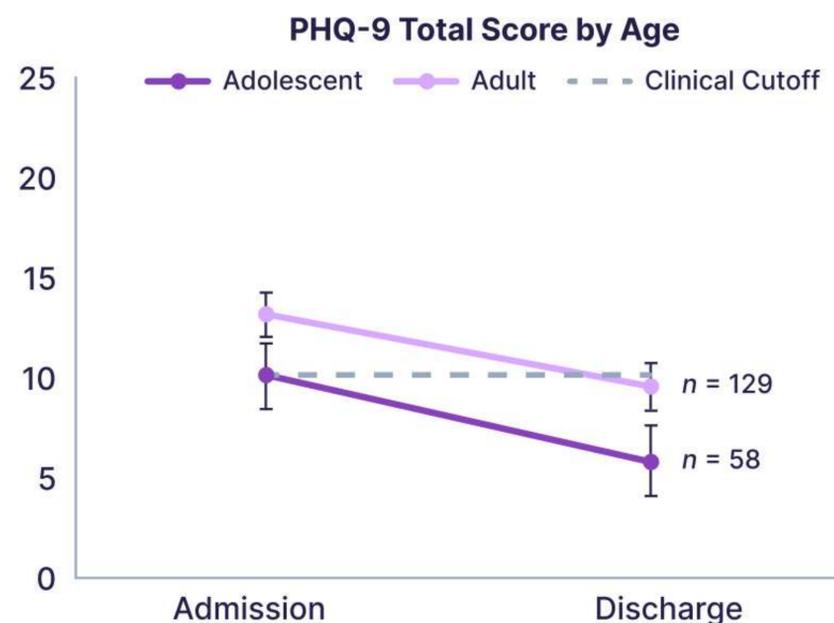


## High Severity

35% of patients admitted with baseline total scores in the high severity range (i.e.,  $\geq 15$ ).<sup>13</sup> For this subgroup, total scores **decreased by 31%** by discharge, with **35% reporting subthreshold scores**, denoting at least partial symptom remission even for those with high levels of baseline symptomatology. Of patients in this range, **55% exhibited a clinically meaningful reduction**<sup>13</sup> in depressive symptoms, indicating a positive treatment response.

## Age

Total depressive symptoms decreased by discharge regardless of age, suggesting **comparable treatment effectiveness** for adolescents and adults. Total scores **decreased by 42% for adolescents**, remaining subthreshold, and **27% for adults**, dropping below the clinical cutoff level by discharge.

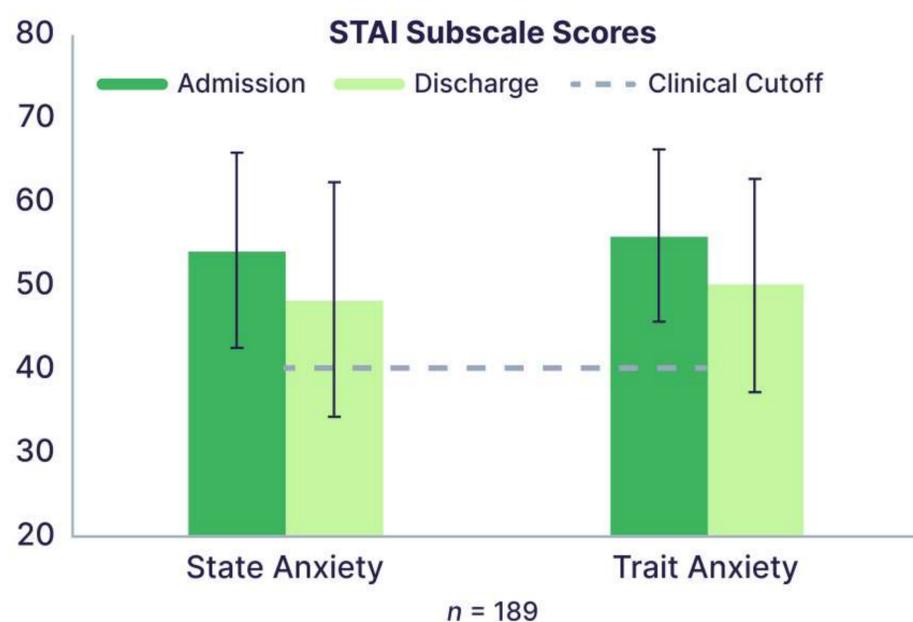




## Anxiety

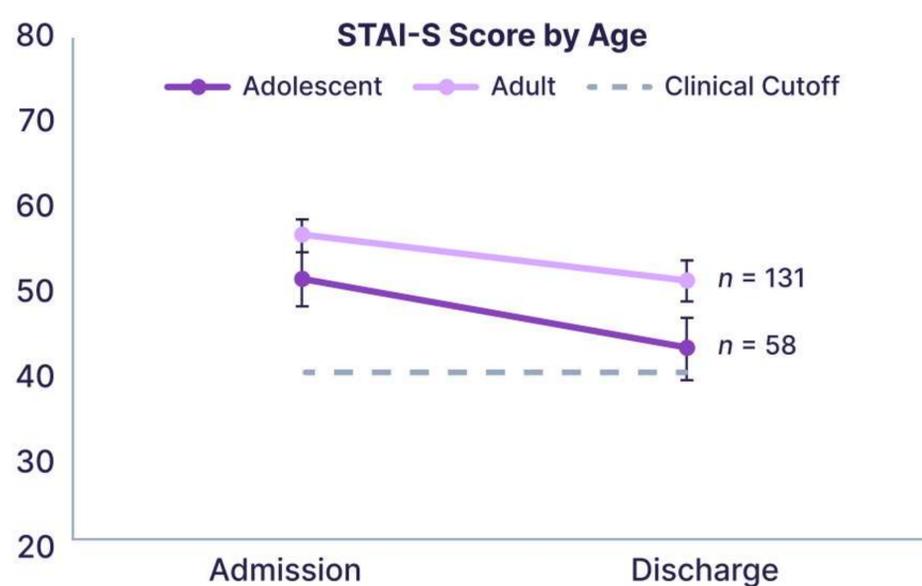
Patients showed improvements across state (i.e., current anxiety symptoms) and trait anxiety (i.e., anxiety-prone temperament) by discharge. Average state and trait anxiety scores **decreased by 11-12%** however, remained above the clinical cutoff.<sup>14</sup> At discharge, **30-35% reported subthreshold scores**, denoting at least partial remission, with **32-39% exhibiting a clinically meaningful reduction in anxiety**, indicating a positive treatment response.

2-2.5 times more patients report subthreshold state and trait anxiety at discharge compared to at admission



## Age

State anxiety decreased by discharge regardless of age, suggesting **comparable treatment effectiveness** for adolescents and adults. State anxiety scores **decreased by 16% for adolescents** and **10% for adults**. In contrast, while trait anxiety decreased by discharge, treatment appears to be **more effective in reducing trait anxiety for adolescents compared to adults**. Trait anxiety scores **decreased by 17% for adolescents** and **8% for adults**.





## Weight Restoration

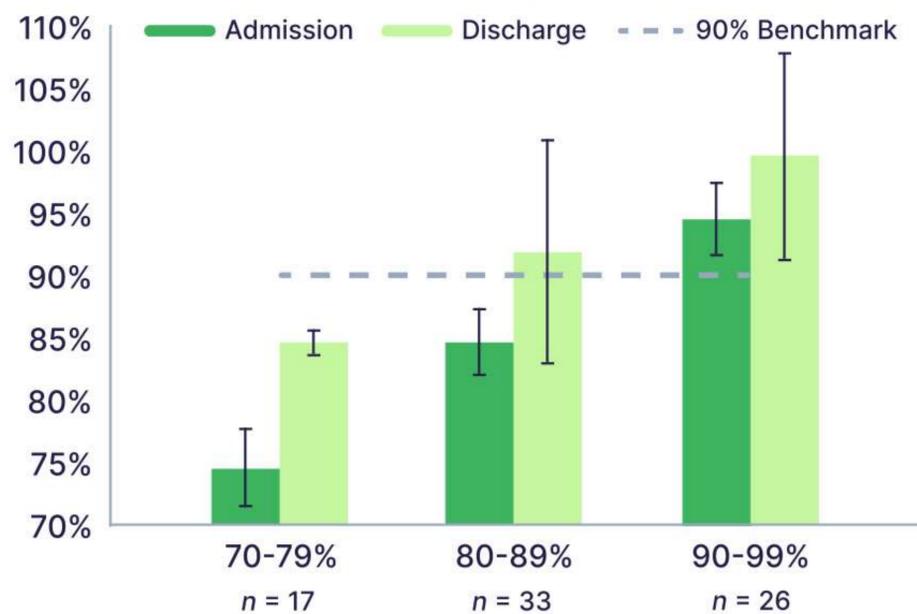
Weight restoration analyses yielded significant increases from admission to discharge, including across levels of severity and age.

Within the total analytic sample, 101 patients had anorexia nervosa restricting or binge-purge type diagnoses, and both admission and discharge weight data available for analysis. Of those patients, **73.3% maintained or achieved at least 90% of their ideal body weight (IBW)** by discharge.

### % of Patients at Least 90% of IBW at Discharge



### % of IBW by Severity



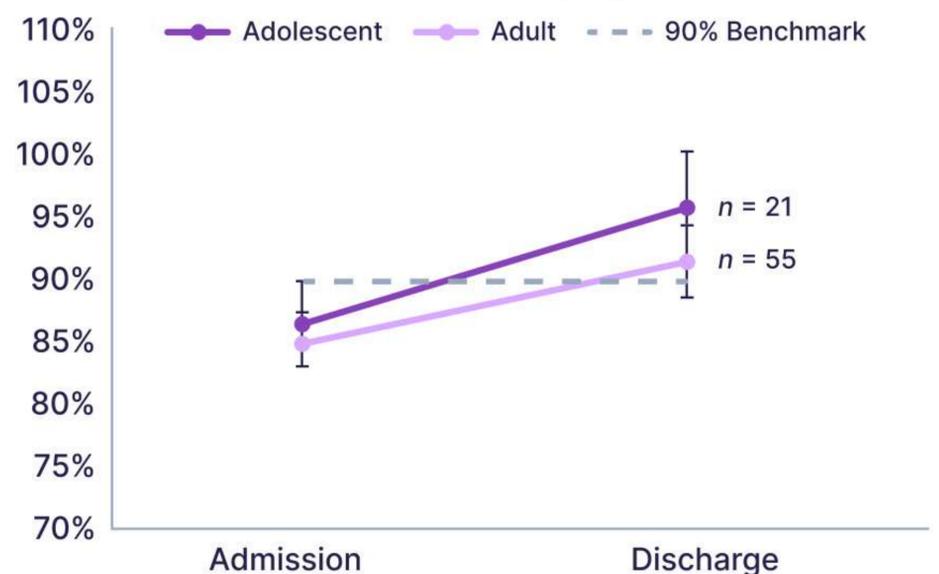
### Levels of Severity

Patients who admitted below 100% of IBW ( $n = 76$ ) demonstrated significant gains from admission to discharge, across weight categories. Average weight gain across levels was **9 pounds** by discharge.

### Age

Patients who admitted below 100% of IBW experienced significant gains by discharge regardless of age, suggesting **comparable treatment effectiveness for adolescents and adults**, with average scores for both age groups exceeding the 90% benchmark by discharge.

### % of IBW by Age





## Patient Experiences

In addition to clinical outcomes, we also collect data from our patients to better understand patient experiences and identify opportunities for improvement.

### Patient Satisfaction

Overwhelmingly, responses from 2021 to 2023<sup>†</sup> indicated high levels of satisfaction with the care provided and high likelihood of recommending Within to others. Responses also produced a **Net Promoter Score (NPS)<sup>15</sup> of 67** (Confidence Interval: 56-78). NPS is a measure of patient satisfaction utilized across industries. Scores can range from -100 to +100, with scores above 50 suggesting excellent customer experiences.

“Overall, I was satisfied with the care provided by Within Health.”



4.57 out of 5 average rating

\*As indicated by a response of 4 or 5 out of 5

“On a scale of 1-10, how likely are you to recommend Within to someone in need of ED treatment services?”



8.98 out of 10 average rating

\*As indicated by a response of 8, 9 or 10 out of 10

Our survey also gathered feedback on various aspects of care provided by our multidisciplinary team. The majority of patients expressed positive experiences, reinforcing our commitment to comprehensive, holistic, and patient-centered care.



Felt their nurse was kind and compassionate\*



Felt their dietitian cared about their recovery\*



Felt their therapist gave them assignments that were tailored to their specific needs\*

\*As indicated by a response of 4 or 5 out of 5

<sup>†</sup>Every patient who discharges from Within is asked to complete our patient satisfaction survey, regardless of discharge type. Of patients who were discharged between June 2021 and December 2023, 126 completed the survey.



## Patient Perspectives

We value hearing directly from our patients to gather feedback pertaining to the Within care experience. Here's what they have to say about our programs:

"Within played such a crucial role in my recovery. There are so many incredible aspects of the program that I could highlight: flexibility, receptiveness to feedback, data-driven/evidence-based, and the little things like the welcome kit.

Most important, though, is a genuine care and compassion that permeates the culture. Within has a fantastic crew of people to help clients on our recovery journeys."



"Within is the only program that I have ever done where I feel like people genuinely cared about me and understood my individual needs. My team really listened to me and helped me work towards my goals."



"Within has been incredibly helpful for me. I have been at all levels of care previously, both in-person and virtual, and this program was the most tailored to my needs and the best for engaging me in habits that will continue outside of the program. Being able to work on recovery at home was incredibly valuable for building habits that promote long-term independence and stability."



"I've never felt a sense of community before joining Within and here I found one. I met so many amazing people who I now consider friends through meal support, it played a huge role in my recovery"



"It took me out of a danger zone of needing to go to the hospital or residential treatment. I'm extremely grateful for the program and the staff that helped me avoid those circumstances right before my wedding."



"Our child had our support right there while she was completing the program. She was in the comfort of her own home and was still able to attend school...I would highly recommend the program to anyone who would like to recover at home."





# Future Directions



## Post-Discharge Outcomes

Within is dedicated to understanding and improving long-term patient outcomes, which is why we have been collecting post-discharge data since our inception. We track outcomes for patients after they leave our care to determine the extent to which treatment gains persist. Thus far, the data are promising, suggesting that improvements made in treatment may be maintained during our 12-month post-discharge follow-up period. While we recognize that numerous factors can influence progression towards recovery, especially once someone has discharged, we have recently introduced several additional components to our post-discharge outcomes program to enable a more nuanced interpretation of our results. We expanded our efforts to include post-discharge treatment history information, and we are also working on segmenting our data to test the impact of alumni program participation on outcomes. We intend to share our findings once compiled and use the results to further strengthen our programming to support our patients' long-term success.



## Measurement-Based Care Protocols

This outcomes report reviews pre-post-treatment outcomes to provide an initial overview of Within's treatment effectiveness. However, as a program committed to measurement-based care, we also collect data throughout treatment (i.e., monthly for patient-reported outcome measures and at least weekly for weight and vitals) to inform treatment and improve clinical outcomes. In the future, we plan to share data on incremental changes throughout treatment to offer a more comprehensive picture of treatment trajectories. Additionally, we are expanding our measurement-based care protocols to include additional measures for specific populations, such as those with certain diagnostic presentations (e.g., avoidant/restrictive food intake disorder) and co-occurring symptoms (e.g., trauma), to tailor treatment experiences. This additional data will allow us to evaluate outcomes across specialized programming to ensure high-quality care for all patients.



# Future Directions



## Supporter Programming

In addition to focusing on patient outcomes, we are also committed to understanding and enhancing the experiences of our patients' supporters, which might include family, friends, and other loved ones involved in treatment. Within believes that these supporters are an essential component of treatment and thus offers robust programming for them. We recently launched an initiative to collect data directly from these individuals to allow us to examine reported changes in caregiver burden, familial dynamics, skills utilization, and use of potentially enabling behaviors from the beginning to the end of their loved one's treatment journey. With this data, we will be able to refine our programming, provide more targeted support, and ultimately foster supporter resilience, as well as disseminate our findings to validate the crucial role that supporters play in their loved ones' recovery.



## Weight Restoration Analyses

Weight restoration outcomes in this current report centered exclusively on those who met criteria for anorexia nervosa (i.e., restricting or binge-purge subtype) as dictated by the DSM-5,<sup>16</sup> which requires "significantly low weight," often defined through % of IBW. However, Within recognizes that weight restoration may be indicated for patients with other diagnostic presentations, including those with avoidant/restrictive food intake disorder as well as those with atypical anorexia nervosa, for whom IBW is not an appropriate target weight. In practice at Within, each patient's biologically appropriate weight (BAW) is estimated, taking into account their unique biology as indicated by factors like weight, medical, and family history. The use of BAW to determine target weight is more aligned with Within's weight-inclusive approach and, given its highly individualized nature, is more likely to support full and sustainable recovery. We expect to share our outcomes using this more personalized and widely applicable weight restoration metric in future reports.



# Appendices





# Appendices

## Appendix A: Patient-Reported Outcome Measures

Domain	Measure	Description	Clinical Impact
Eating disorder symptoms	Eating Disorder Examination-Questionnaire (EDE-Q)	The EDE-Q measures overall eating disorder attitudes and behaviors (i.e., restraint; eating, shape, and weight concern) as well as frequency of eating disorder behaviors (e.g., bingeing, purging; not included in this report) over the past 28 days. Global and subscale scores range from 0 to 6, with higher scores indicating more severe eating disorder symptoms.	<b>Clinical cutoff</b> ≥ 2.8 <sup>10</sup>  <b>High Severity</b> ≥ 4.0 <sup>11</sup>
Impact on quality of life	Eating Disorder Quality of Life instrument (EDQOL)	The EDQOL measures health-related quality of life concerns associated with disordered eating over the past 30 days, including psychological, physical/cognitive, work/school, and financial domains. Total and subscale scores range from 0 to 4, with higher scores indicating lower quality of life.	<b>Norm level</b> ≥ 1.33 <sup>12</sup>
Depressive symptoms	Patient Health Questionnaire-9 (PHQ-9)	The PHQ-9 measures the overall degree of severity of depressive symptoms over the past 2 weeks. Scores range from 0 to 27, with higher scores indicating more severe depressive symptomatology.	<b>Clinical cutoff</b> ≥ 10 <sup>13</sup>  <b>Clinically meaningful change</b> ± 5 points <sup>13</sup>
Anxiety	State Trait Anxiety Inventory (STAI)	The STAI measures the presence and severity of current symptoms of anxiety (i.e., State) as well as the degree of anxiety-prone temperament (i.e., Trait). Each subscale scores on a range from 20 to 80, with higher scores indicating greater anxiety symptomatology and/or temperament.	<b>Clinical cutoff</b> ≥ 40 <sup>14</sup>  <b>Clinically meaningful change</b> ± 10 points <sup>14</sup>



## Appendix B: Results of Statistical Analyses

### Overall Patient-Reported Outcome Measures: Paired samples t-test results

Threshold: **Clinical** Sub/Above threshold Effect sizes: **Small** **Medium** **Large**

Outcome Measure	Subscale	<u>Admission</u>		<u>Discharge</u>		t	df	P	d
		M	SD	M	SD				
<b>EDE-Q</b>									
	Global	3.10	1.63	2.06	1.62	10.15	188	< .001	0.74
	Restraint	2.42	1.99	1.42	1.62	8.04	188	< .001	0.58
	Eating Concern	2.60	1.51	1.50	1.41	10.79	188	< .001	0.79
	Shape Concern	3.91	1.85	2.89	2.02	8.69	188	< .001	0.63
	Weight Concern	3.43	1.88	2.42	1.93	8.27	188	< .001	0.60
<b>EDQOL</b>									
	Total	1.47	0.69	0.93	0.76	11.64	190	< .001	0.84
	Psychological	2.40	0.95	1.57	1.13	11.72	190	< .001	0.85
	Physical/Cognitive	1.49	0.95	0.81	0.91	10.12	190	< .001	0.73
	Financial	0.56	0.83	0.39	0.73	3.53	190	< .001	0.26
	Work/School	0.68	0.80	0.44	0.82	3.96	190	< .001	0.29
<b>PHQ-9</b>									
	Total	12.10	6.41	8.32	6.87	8.75	186	< .001	0.64
<b>STAI</b>									
	State	54.54	12.52	48.22	15.00	6.45	188	< .001	0.47
	Trait	56.39	11.01	50.10	13.70	8.13	188	< .001	0.59



## Severity Level: Paired samples t-test results

Threshold: **Clinical** Sub/Above threshold

Effect sizes: **Small** **Medium** **Large**

Outcome Measure	Severity Group	<u>Admission</u>		<u>Discharge</u>		t	df	P	d
		M	SD	M	SD				
<b>EDE-Q</b>									
	High Severity	4.72	0.36	3.15	1.59	8.13	71	< .001	0.96
<b>EDQOL</b>									
	High Severity	2.34	0.33	1.47	0.85	7.16	43	< .001	1.08
<b>PHQ-9</b>									
	High Severity	19.25	3.15	13.23	7.17	6.59	65	< .001	0.81



## Age: Mixed Analysis of Variance (ANOVA) results

Threshold: **Clinical** Sub/Above threshold

Effect sizes: **Small** **Medium** **Large**

Outcome Measure	Age Group	Admission		Discharge		Time				Time by Age Interaction			
		M	SD	M	SD	F	df	P	$\eta^2$	F	df	P	$\eta^2$
<b>EDE-Q</b>						95.05	1,187	< .001	0.34	1.01	1,187	.32	----
	Adolescent	2.43	1.67	1.24	1.40								
	Adult	3.39	1.53	2.42	1.58								
<b>EDQOL</b>						129.92	1,189	< .001	0.41	2.72	1,189	.10	----
	Adolescent	1.15	0.67	0.49	0.58								
	Adult	1.61	0.63	1.12	0.75								
<b>PHQ-9</b>						69.48	1,185	< .001	0.27	0.46	1,185	.50	----
	Adolescent	9.99	6.53	5.78	5.90								
	Adult	13.04	6.15	9.46	6.99								
<b>STAI-S</b>						41.90	1,187	< .001	0.18	1.64	1,187	.20	----
	Adolescent	50.88	13.14	42.68	12.88								
	Adult	56.16	11.93	50.68	15.26								
<b>STAI-T</b>						75.94	1,187	< .001	0.29	7.87	1,187	.006	.04
	Adolescent	54.28	12.82	44.79	13.95								
	Adult	57.32	10.02	52.45	12.95								



## Weight Restoration:

Threshold: Below 90% Above 90%

Effect sizes: Small Medium Large

### % of Patients at Least 90% of IBW at Discharge: Exact McNemar's test results

Patients Below 90% at Admission that were Above 90% at Discharge	Patients Below 90% at Admission that were Below 90% at Discharge	Patients Above 90% at Admission that were Above 90% at Discharge	Patients Above 90% at Admission that were Below 90% at Discharge	$\chi^2$	<i>df</i>	<i>P</i>	<i>g</i>
25	25	49	2	17.93	1	< .001	0.43

### Weight Restoration by Levels of Severity: Paired samples t-test results

Severity Group	<u>Admission</u>		<u>Discharge</u>		<i>t</i>	<i>df</i>	<i>P</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
Between 70-79%	74.44	3.25	84.40	10.20	3.84	16	.001	0.93
Between 80-89%	84.54	2.82	91.75	9.08	4.97	32	< .001	0.87
Between 90-99%	94.35	2.91	99.46	8.28	3.03	25	.006	0.60

### Weight Restoration by Age: Mixed Analysis of Variance (ANOVA) results

Age Group	<u>Admission</u>		<u>Discharge</u>		<u>Time</u>				<u>Time by Age Interaction</u>			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>P</i>	$\eta^2$	<i>F</i>	<i>df</i>	<i>P</i>	$\eta^2$
					44.45	1, 74	< .001	0.38	1.38	1, 74	.24	----
Adolescent	86.71	8.17	95.78	11.15								
Adult	85.23	7.93	91.59	10.23								



## Appendix C: Our Team

### Clinical Research Team



**Caitlin Shepherd**  
**PhD**  
Clinical Research Director



**Hannah Wolfe**  
**MSW**  
Clinical Research Assistant



**Rebecca Boswell**  
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### Clinical Leadership Team



**Wendy Oliver-Pyatt**  
**MD, FAED, CEDS**  
Co-Founder, CEO & Chief  
Medical Officer



**Rebecca Brumm**  
**LPC, CEDS-S**  
Chief Clinical Officer



**Jessica Genet**  
**PhD**  
Director of Clinical  
Development & Training



## Appendix D: Research Publications & Presentations

### Research Publications

Shepherd CB, Boswell RG, Genet J, Oliver-Pyatt W, Stockert C, Brumm R, Riebl S, Piel K. Weight restoration and symptom remission for longstanding, untreated anorexia nervosa in a remote eating disorder treatment program: a case study.

*Clin Case Stud.* 2024;23(3):230-249. [doi.org/10.1177/15346501231222495](https://doi.org/10.1177/15346501231222495)

Shepherd CB, Boswell RG, Genet J, Oliver-Pyatt W, Stockert C, Brumm R, Riebl S, Crowe E. Outcomes for binge eating disorder in a remote weight-inclusive treatment program: a case report. *J Eat Disord.* 2023;11(1):80. Published 2023 May 22.

[doi.org/10.1186/s40337-023-00804-0](https://doi.org/10.1186/s40337-023-00804-0)

### Research Presentations

#### **10th Annual Weight Stigma Conference, 2024**

Shepherd CB, Wolfe H, Scafati C, Oliver-Pyatt W. History of weight loss encouragement is associated with decreased likelihood of eating disorder treatment utilization.

#### **Annual Meeting of the Society for Digital Mental Health, 2024**

Shepherd CB, Wolfe H, Oliver-Pyatt W. Clinical outcomes across age groups in an intentionally remote partial hospitalization/intensive outpatient eating disorder treatment program.

#### **International Conference on Eating Disorders, 2024**

Shepherd CB, Wolfe H, Hanna G, Oliver-Pyatt W. Eating disorder severity and chronicity: empirical classification and preliminary treatment outcomes.

Shepherd CB, Wolfe H, Riebl S, Gilbert T, Brumm R, Oliver-Pyatt W. Intuitive eating mediates eating disorder symptom and quality of life outcomes in remote treatment.

Shepherd CB, Wolfe H, Zamora C, Crowe E, Oliver-Pyatt W. Comparing clinical characteristics and treatment outcomes in adults with and without PTSD.

#### **Association for Behavioral and Cognitive Therapies Convention, 2023**

Shepherd CB, Wolfe H, Riebl S, Boswell RG, Oliver-Pyatt W. Comparison of adults with atypical anorexia nervosa and anorexia nervosa: clinical characteristics and preliminary treatment course and eating-related response and outcomes in remote treatment.

Shepherd CB, Wolfe H, Scafati C, Boswell RG, Oliver-Pyatt W. Clinical characteristics and preliminary mental health outcomes for sexual minority patients in a remote higher level of care eating disorder treatment program.



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