Real-World Patient Outcomes for Telehealth-Delivered, Remote Eating Disorder Treatment: A Scoping Review

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Introduction

30% of individuals with eating disorders (EDs) receive specialized treatment

Telehealth-delivered, remote ED treatment may offer improved accessibility with similar effectiveness to in-person treatment, but research remains limited, particularly for communities that are disproportionately affected by barriers to standard care.

This scoping review sought to:

- **Map the existing research**
- **Identify knowledge gaps**
- **Prioritize areas for future studies**

Methods

Inclusion Criteria

- People of all ages who meet diagnostic criteria and are **engaged in treatment for an ED**
- **Patient outcomes** of clinician-delivered treatment via videoconferencing (i.e., **telehealth**)
- Remote treatment settings in **any geographic location**
- Peer-reviewed articles and dissertations that feature empirical, **observational treatment studies**
- English language

Search, Screening, and Data Extraction:

Search conducted Aug '24, updated Sep '25:

- PsycINFO
- PubMed
- ProQuest Dissertations and Theses Global

Two-stage screening:

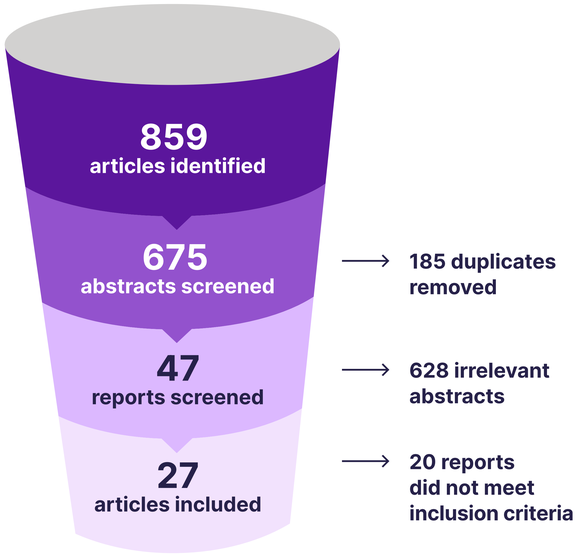
- Titles and abstracts
- Full-text manuscripts

Data extracted:

- Publication Info and Methodology
- Treatment Characteristics
- Sample Characteristics
- Outcomes

Results and Discussion

Search Results



How has it been evaluated?

- Treatments differed across level of care, therapeutic modalities, provider types, dosage, and adjunctive technologies
  - 56% outpatient, 44% day treatment (e.g., PHP, IOP)
  - 48% CBTs, 40% FBT/FBT-informed, 22% eclectic/integrative
  - 74% multidisciplinary care teams, mostly therapist/dietitian
  - Outpatient: biweekly to 5 sessions/wk; day treatment: 2-6 hrs/day, 3-7 days/wk
  - 48% used adjunctive technologies, mostly online portals
- 6 case reports, 21 cohort/case series
- 41% compared outcomes from remote and in-person treatment vs. 59% remote only
- Published 2011-2025, all but two 2021-2025
- Excluding case reports, ~60% evaluated programs that rapidly transitioned to remote delivery due to COVID-19
- Variety of study and treatment program exclusion criteria; 33% samples <50, 62% samples <100
- Most examined weight restoration/ED symptoms; >30% did not examine co-occurring symptoms and 70% did not assess QOL/functioning
- Operationalization of outcomes varied, e.g. 6 different PROMs used to measure depressive symptoms

Who is utilizing it?

- Demographic reporting was limited and inconsistent
  - Age, sex/gender, race/ethnicity = only variables reported on by at least half of articles
  - % majority group reported only; conflation of sex/gender; variations in operationalizations of demographic variables
- Available information indicated that participants were:
  - 3 to 75 years old; mean ages fell between 15 and 36
  - Predominantly White, cisgender women/females diagnosed with anorexia nervosa

What are the outcomes?

- Findings tentatively suggest that remote ED treatment can yield improvements across core outcome domains (i.e., physical health/weight restoration, ED symptoms, co-occurring mental health conditions, QOL/functioning) largely comparable to in-person settings
- Analyses and methods of reporting outcomes differed across studies
- Little is known about how outcomes may differ across demographic groups
  - 4 out of 5 studies found no difference in outcomes by demographic status; 1 study noted differences in weight restoration by age at follow-up

Limitations and Future Directions

- Small body of literature characterized by limitations and inconsistencies, including **differences in the treatment services** evaluated as well as **disparities in study design, methodology, and reporting**
- Utilization of remote treatment by historically excluded groups remains low, calling for **further reflection around its accessibility for target communities**
- Additional studies with more **rigorous, intentional designs** are needed
- **Standardization in data collection and reporting** would enable better synthesis of findings

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