Overall eating disorder symptom levels remain stable post-treatment, but higher baseline restraint and shape concern are associated with greater global eating disorder symptom severity throughout follow-up.

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Baseline Eating Disorder Symptom Domains as Predictors of Follow-Up Global Symptom Severity Following Treatment in an Enhanced, Intentionally-Remote Partial Hospitalization and Intensive Outpatient Program

Introduction

Existing research on the predictive value of baseline ED severity for follow-up treatment outcomes has yielded inconsistent results. While **some studies demonstrate that lower baseline severity predicts better outcomes**, effect sizes vary, with **some studies finding no significant association**. Evidence suggests that **specific symptom domains may offer a more refined understanding of outcomes** compared to overall severity metrics. Still, **limited research has been conducted in real-world clinical practice settings**, limiting generalizability. Identifying baseline symptom domains that predict post-discharge outcomes could enable more proactive planning of relevant, targeted aftercare interventions.

Methods

Sample

Transdiagnostic sample of ED patients **(*N* = 274)** with a mean age of **29.22 years**

- **White (84.3%)**
- **Cisgender women (84.3%)**
- **Anorexia nervosa* (76.2%)**

*Includes atypical anorexia

Study Design

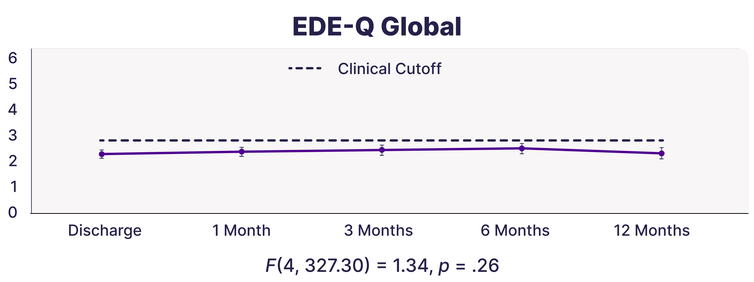
- **Naturalistic, observational** study
- **Convenience sample** of patients
- Enhanced, intentionally-remote PHP/IOP **ED treatment program****
- Data obtained via r**etrospective chart review**

Variables

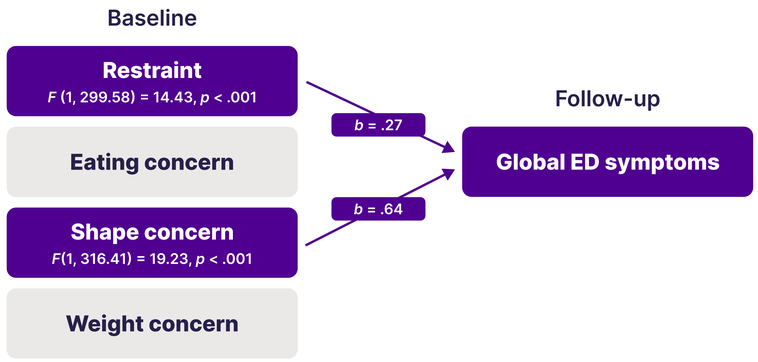
- **Baseline ED symptom domains:**
  Pre-treatment scores on Eating Disorder Examination-Questionnaire (EDE-Q) subscales (i.e., restraint, eating concern, shape concern, weight concern)
- **Follow-up global ED symptom severity:**
  EDE-Q global scores at timepoints
- **Timepoints:**
  Discharge and one, three, six, and 12-months post-discharge

Results

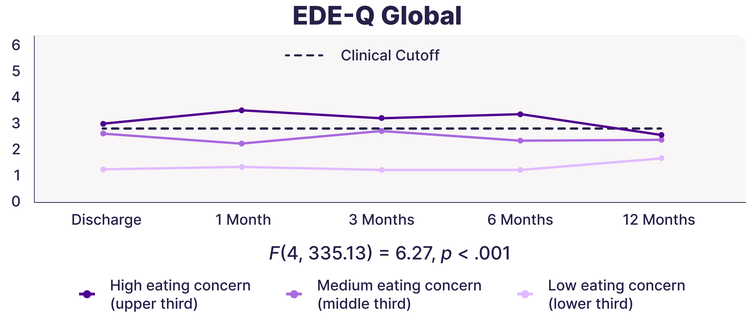
Results of a linear mixed-effects model showed **no effect of time**, meaning that overall, the level of **global ED symptoms did not significantly change across follow-up assessments**.



However, both **baseline restraint and shape concern** were **significant predictors of higher global ED symptoms at follow-up**.



Additionally, a **significant interaction between baseline eating concern and time** indicated that **higher baseline eating concern was predictive of higher global ED symptoms at all follow-up timepoints, except 12-months**, suggesting its effect may diminish over time.



Discussion

- Stability of global ED symptoms from discharge through 12-month follow-up period demonstrates that **symptom levels can be successfully maintained after intensive treatment**
- Association between baseline symptom domains (i.e., restraint and shape concern) and severity at follow-up implies that **those presenting with elevations in these symptoms may require more targeted and robust aftercare interventions to mitigate risk and improve long-term outcomes**
- **Future research should explore additional outcomes** (e.g., quality of life) **and contextual factors** during the follow-up period (e.g., further treatment episodes, life stressors) and aim to **include more diverse demographic representation** to improve generalizability

"Enhanced" refers to features of the program that go beyond standard PHP/IOP programming, including high-contact individual sessions, substantial family involvement, supplemental programming, meal delivery, and app-based support.