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How Differing Diagnoses Impact Patients' Views on Eating Disorder Recovery

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Abstract

We surveyed 143 former eating disorder patients about what being fully recovered from an eating disorder means and what factors helped them attain recovery. In addition to basic demographic information, participants were asked eight key questions, such as: "How would you personally define the concept of being "fully recovered" from an eating disorder?" There were differences by diagnosis in what eating disorder patients believed being "fully recovered" meant as well as what treatment factors they felt were most helpful. For example, those diagnosed with anorexia nervosa were most likely to report that life changes/focusing on something more important/ having purpose were the factors that most affected the maintenance of their eating disorder recovery. Those who were diagnosed with bulimia nervosa were most likely to report that support and accountability affected their recovery the most. Those diagnosed with binge eating disorder equally reported that the factors life changes/focusing on something more important/ having purpose, support and accountability, and skills/intervention most affected their recovery. Those diagnosed with other specified feeding and eating disorders equally reported that the factors continuation of care/therapy, support and accountability, and skills/intervention most affected their recovery.

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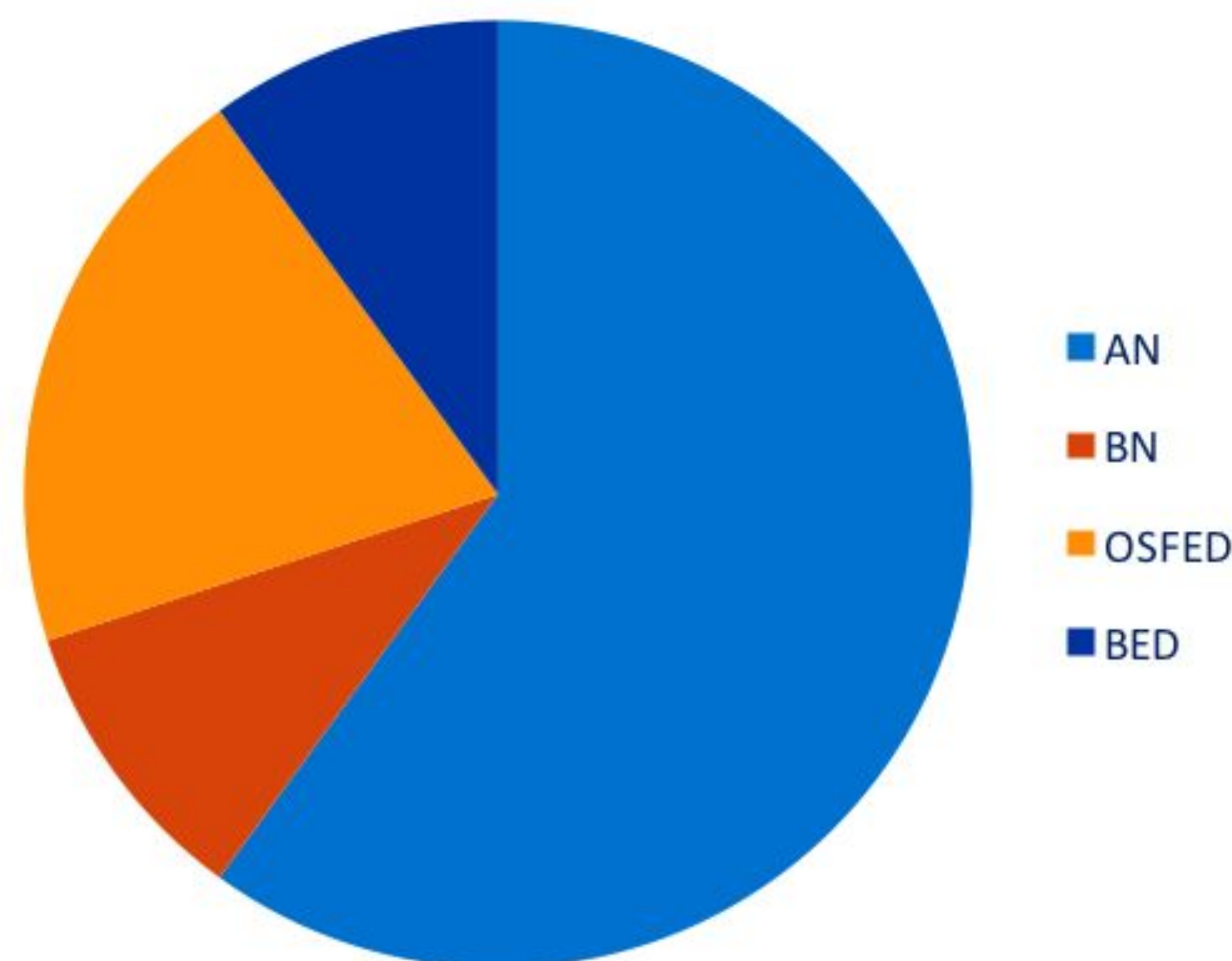
INTRODUCTION

The purpose of the present study was to ask eating disorder patients their opinions on recovery, relapse, and what types of treatments they found most helpful in their recovery process. In addition, we wanted to examine whether answers differed by diagnosis.

METHOD

One hundred forty-three females ($M_{age} = 30.53$, $SD = 8.90$) who have suffered from eating disorders were asked to complete an omnibus online open-ended survey. The majority of these women self-identified as White/Caucasian (92.4%) and heterosexual (85.4%).

DIAGNOSES BY PERCENTAGE



RESULTS

Participants were asked, "What were the most helpful components that you were able to take with you after your treatment ended?" The most common response among all participants was that therapeutic interventions/coping were the most helpful (see Table 1).

When asked, "How would you personally define the concept of being "fully recovered" from an eating disorder?," those diagnosed with anorexia nervosa or binge eating disorder were most likely to report that "fully recovered" means that the eating disorder doesn't control their life anymore. Those diagnosed with bulimia nervosa or OSFED indicated that they would no longer have eating disordered behaviors, but may still have thoughts consistent with having an eating disorder (see Table 2).

When participants were asked, "If applicable, what factor or factors have most affected the maintenance of your eating disorder recovery?," those diagnosed with anorexia nervosa were most likely to report that life changes/focusing on something more important/ having purpose were the factors that most affected the maintenance of their eating disorder recovery. Participants who were diagnosed with bulimia nervosa were most likely to report that support and accountability affected their recovery the most. Those diagnosed with binge eating disorder equally reported that the factors life changes/focusing on something more important/having purpose, support and accountability, and skills/intervention most affected their recovery. Those diagnosed with other specified feeding and eating disorders equally reported that the factors of continuation of care/therapy, support and accountability, and skills/intervention most affected their recovery (see Table 3).

CONCLUSION

Although therapeutic interventions were found to be important to our participants, there were many other factors unrelated to traditional treatment lauded by our participants as being particularly helpful with their recovery. It is also interesting to note that participants disagreed on what being fully recovered even means. This may explain, in part, why treating individuals with eating disorders remains so difficult. Future research should compare and contrast the opinions of patients with those of treatment providers to better ascertain how treatment methods can be improved and perhaps more effective.

TABLE 1

What were the most helpful components that you were able to take with you after your treatment ended?

Diagnosis	Therapeutic interventions/Coping	Nutrition/Intuitive Eating	Support System	Structural Life Changes	Spirituality/Religion	Self-esteem
AN	28 (38.89%)	14 (19.44%)	9 (12.50%)	3 (4.17%)	5 (6.94%)	4 (5.56%)
BN	6 (46.15%)	1 (7.69%)	4 (30.77%)	0 (0.00%)	1 (7.69%)	1 (7.69%)
BED	2 (16.67%)	1 (8.33%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
OSFED	12 (52.17%)	8 (34.78%)	4 (17.39%)	0 (0.00%)	0 (0.00%)	6 (26.09%)

TABLE 2

How would you personally define the concept of being "fully recovered" from an eating disorder?

Diagnosis	No behaviors, but may still have thoughts	No behaviors or thoughts	Doesn't control my life/freedom	Not possible	No DSM criteria/no symptoms	Self-love	New identity/healthy coping/self-acceptance
AN	12 (16.67%)	4 (5.56%)	26 (36.11%)	2 (2.78%)	6 (8.33%)	2 (2.78%)	16 (22.22%)
BN	4 (30.77%)	0 (0.00%)	2 (15.38%)	0 (0.00%)	1 (7.69%)	1 (7.69%)	3 (23.08%)
BED	1 (8.33%)	0 (0.00%)	3 (25.00%)	1 (8.33%)	1 (8.33%)	0 (0.00%)	0 (0.00%)
OSFED	10 (43.48%)	4 (17.39%)	8 (34.78%)	2 (8.70%)	0 (0.00%)	1 (4.35%)	8 (34.78%)

TABLE 3

If applicable, what factor or factors have most affected the maintenance of your eating disorder recovery?

Diagnosis	Continuation of care/therapy	Life changes/focusing on something more important/purpose	Support/accountability	Awareness of triggers	Negative feedback	Religion/Faith	Skills/Intervention
AN	5 (6.94%)	15 (20.83%)	12 (16.67%)	6 (8.33%)	2 (2.78%)	5 (6.94%)	9 (12.50%)
BN	2 (15.38%)	1 (7.69%)	4 (30.77%)	1 (7.69%)	1 (7.69%)	0 (0.00%)	0 (0.00%)
BED	0 (0.00%)	1 (8.33%)	1 (8.33%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	1 (8.33%)
OSFED	4 (17.39%)	2 (8.70%)	4 (17.39%)	0 (0.00%)	2 (8.70%)	1 (4.35%)	4 (17.39%)