The examination of factors which can contribute to non-completion of Family Based Treatment (FBT) in adolescents with Anorexia Nervosa in a regional eating disorder service

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Abstract

Background: Anorexia Nervosa is an eating disorder characterised by significantly low body weight for the individual's height, age, developmental stage, and weight history, which is not due to the unavailability of food and is not better accounted for by another medical condition (1). Anorexia Nervosa, by its effects on energy reserves and neurobiological functioning, severely affects physical, emotional, and social development (2). Anorexia Nervosa has an 8% mortality rate in Ireland due to medical complications and suicide (3).Full recovery of adolescents with Anorexia Nervosa is observed in 35-45% of cases of patients doing FBT (Family Based Treatment) (4). In comparison, the full recovery of adolescents is observed to be 20% of patients using individualised therapies including CBT-E (5). For a therapy with higher reported success rates, the non-completion rate of FBT is reported at 20% (6) . Unfortunately, there has not been much research into why there is a 20% rate of non-completion.

Material/Methods: This research project involved a retrospective file review. Data was collected from CAREDS' (Child and Adolescent Regional Eating Disorder Service of Cork and Kerry) electronic patient files under three headings: demographic variables e.g. sex of patient, clinical variables e.g. who referred the patient to CAREDS and FBT variables e.g. has the family completed FBT. Inclusion criteria for the population were the participants had to be patients of CAREDS, between 13 and 17 years of age, formally diagnosed with Anorexia Nervosa and who had begun FBT in CAREDS. Exclusion criteria included participants who were: patients of a regional eating disorder not including CAREDS, patients less than 13 or more than 17 years old, patients not formally diagnosed with Anorexia Nervosa and patients who never began FBT in CAREDS.

Results: 112 adolescents with Anorexia Nervosa attended CAREDS for FBT (8 males and 104 females). 41.1% (46 patients) of these patients did not complete FBT. The initial age of patients ($p=0.004$), sex of patients ($p=0.05$) and the number of FBT sessions the patient had ($p=0.006$) were identified as statistically significant variables. The two most common reported reasons for discontinuing FBT were aging out of the service (13 patients) and transfer to inpatient care (6 patients).

Conclusion: The most common causes of patients discontinuing FBT in this population are FBT non-specific e.g., aging out of the service. A lower number of FBT sessions, increased age and female gender increased the likelihood of non-completion of FBT. The appreciation of these non-completion factors could result in healthcare professionals becoming more aware of the patients who are at increased risk of non-completion of FBT. This awareness may lead to increased completion of FBT and recovery from Anorexia Nervosa. A comparative study on causes of non-completion of CBT-E could also be beneficial to improve awareness.