The process of treatment:

Center For Discovery collects admission and discharge data on clients with eating disorders and has teamed with North Shore LIJ and The Feinstein Institute for Biomolecular Research to analyze this de-identified data. We are especially interested in the outcome of residential treatment for eating disorders and factors that may correlate with need for residential treatment, with treatment success, and with need for readmission. Findings from the external data analyses have been presented at the 2013 Academy for Eating Disorders (AED) International Conference, the 2015 Society for Adolescent Health and Medicine (SAHM) Annual Meeting, and the 2016 Pediatric Academic Societies (PAS) Annual Meeting. In the interim of the full analyses, we present the following results from data collected from clients who received residential eating disorder treatment at Center For Discovery between 2006 and 2015 (N = 1,915).

**GRAPH 1:** Adult clients with active anorexia (AN), who entered residential treatment extremely malnourished, with an average percent of ideal body weight (IBW) in the mid-70s, had significant increases of 100 percent points on average. For adolescent clients with active AN Restricting Type (AN-R), the mean percent of IBW increased by 140%; for adolescent clients with active AN Purging Type (AN-P), mean percent of IBW increased by 122%. These increases represent an improvement from medically compromising averages of between 77.5% and 78.6% of IBW at admission to above 90% at discharge. Reaching the benchmark of 90% of IBW for developing adolescents is important for a number of reasons including a marked reduction in the large number of depressions and the evidence that psychopathological symptoms can persist for years when weight restoration is incomplete.

Furthermore, leading eating disorder researchers’ rate slow and low weight restoration as dangerous, as it results in not just the eventual risk of bone disease and relapse but also a decline in motivation for recovery.

**GRAPH 3:** Because Center For Discovery takes a holistic approach, symptoms of depression and anxiety are important targets for treatment. Graph 3 again presents average scores on the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) at the time of admission and discharge for adolescent and adult clients with a diagnosis of either AN or BN. On average, our adolescent clients enter residential treatment at Center For Discovery with the moderate range of depression and anxiety, whereas adult clients begin treatment within the severe range for depression and anxiety. However, both adolescent and adult clients scored within or on the cusp of the mild range of depression and anxiety at the time of discharge, a vast improvement in mood and related functioning, and an improvement that can strengthen lasting recovery.

Turning to weight in pounds, during their lengths-of-stay, adolescent AN-R, m = 59.3 days; adolescent AN-P, m = 56.9 days; adult AN-R, m = 44.1 days; adult AN-P, m = 44.4 days. Center For Discovery clients with active AN gained an average 2.1 pounds per week on average – a rate of restoration that is hard to achieve at lower levels of care and increases the likelihood of lasting recovery. Because persistence of low body weight predicts poorer long-term outcome and approximately 20-25% of individuals with AN will become chronically ill, Center For Discovery is committed to timely weight restoration.

Center For Discovery prides the necessary structure for a swift cessation of purging behavior, a symptom that can be difficult to extinguish in lower levels-of-care. On average, adolescents and adults with either AN-P or BN, who were exhibiting purging behavior upon admission, were able to reduce these behaviors by 99.9%. Furthermore, during an average length of stay (adolescent AN-R, m = 59.3 days; adolescent AN-P, m = 56.9 days; adult AN-R, m = 44.1 days; adult AN-P, m = 44.4 days), the vast majority of clients (89.1%) were able to stop purging completely.

Center For Discovery is dedicated to restoring weight, greatly reducing purging behavior, and improving mood, and we make great strides in these areas during clients’ treatment with us. However, symptom improvement in treatment, no matter how great, is just the first step. Lasting recovery, although built upon the foundation of the work clients did in treatment, is forged once clients leave the structure of Center For Discovery. Thus, Discovery researchers knew following up with families after discharge would be imperative and initiated a research project to study clients’ post-discharge experience.

2016

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The post-discharge experience:

In late 2015, Center For Discovery rolled out its Aftercare Program. Via a licensed psychologist contacting adult clients and parents of adolescent clients 7 days, 30 days, 60 days, at 90 days, and 6 months after discharge, our Aftercare Program helps protect the improvements made in treatment and collects follow-up data. As a pilot study to Discovery’s Aftercare Program, the following information was collected from parents of our adolescent clients (n = 68) who were 6 months to 1 year post-discharge from Center For Discovery’s residential eating disorder program:

- 95.6% of clients engaged in aftercare within 7 days of discharge (e.g., began PHP/IOP or attended outpatient treatment appointments)
- For clients who had been diagnosed with AN and were discharged at or above 90% of ideal body weight, 88.9% were reported to have maintained their weight
- For clients with a history of purging, 78.6% were reported as being purge-free the month before contact
- 81.0% of clients who discharged to a lower level of care did not need to be stepped back up to a higher level of eating disorder treatment at Discovery or any other treatment setting
- Additionally, parents were asked to answer the following two questions using the below scale:

<table>
<thead>
<tr>
<th>Much better</th>
<th>Better</th>
<th>About the same</th>
<th>Worse</th>
<th>Much worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**GRAPH 4:** Examining the first question, the vast majority (90.6%) of parents reported that their child was doing better or much better than before beginning treatment at Center For Discovery. The answer to the second question, which was designed to measure whether improvements achieved while in treatment were maintained after discharge, was a bit of a surprise to our researchers. Although we have routinely watched clients make great strides during their treatment, we could only hope that clients did not backslide after leaving the structure of Center For Discovery. However, the data suggests that not only are improvements maintained, but that Center For Discovery clients actually continue to get better following their discharge. In fact, 81.4% of parents reported their child was doing better or much better since discharging from Center For Discovery.

In summary, 6 months to 1 year after discharge, clients who had received residential eating disorder treatment from Center For Discovery were not only maintaining the improvements they had made in treatment, but had actually continued to improve, with over 90% of clients with a history of purging having ceased this behavior and approximately 90% of clients with AN having maintained their weight within a healthy range.

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The need for readmission:

Since Center For Discovery began treating eating disorders in 1999, we have treated over 2,600 clients at the residential level-of-care. Of those clients, only 14.7% have redischarged to Discovery’s residential eating disorder program anytime in the past 16 years. Examining readmission rates for specific time frames, 11.6% of our clients redischarged within one year of discharge, 8.8% readmitted within 6 months, 6.2% readmitted within 90 days, and 2.7% readmitted within 90 days of discharge. Such readmission rates are significantly lower than those typically found for a higher level of care for eating disorders, which can be as high as 50.0% to 77.5%.13

**RECOVERY**

**GRAPH 4: POST-DISCHARGE PROGRESS**

- **Weight restoration**
- **Elimination of purge behavior**
- **Mood improvement**
- **Post-discharge success**
- **Low readmission rates**

At Center For Discovery, we are driven to provide the most effective, evidence-based treatment experience...and our results speak for themselves. Through all of our research endeavors, our mission is to continuously enhance our program, give confidence to families and clients regarding the decision to enroll, work with insurance companies for adequate length of treatment, and lead the field in understanding treatment for eating disorders.

**FOR MORE INFORMATION ABOUT CENTER FOR DISCOVERY’S EVIDENCED-BASED TREATMENT, PLEASE CALL 866-480-3475.**

www.CenterForDiscovery.com

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1. Arredon, A.A. (2017). Patients who were below 85% of IBW upon admission to Center For Discovery.
2. For the purpose of the analysis for the graph: residential treatment was operationalized as having received at least 7 days of treatment at the residential level-of-care.
6. Here length of stay averages are only representative of those clients meeting criteria for this analysis
9. For the purpose of the analysis for Graph 2, only clients with a length of stay of 30 days or greater were included, as at least one month of treatment was needed to calculate average purge episodes per month of discharge.
10. For (1) 0.9 is minimal, 1.8–1.9 is moderate, and 3.0 is severe. For (2) 0 is minimal, 1.5 is moderate, and 26.6 is severe.