

Partial hospitalization and outcome of anorexia nervosa

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There is much debate at present about the best resource structures for the treatment of severe psychiatric patients. Partial hospitalization, a non-residential treatment modality, has enjoyed renewed popularity. There is considerable discussion about community-oriented programs related to psychotic patients. Nevertheless, the use of partial hospitalization is also common in other disorders like anorexia nervosa [1]. Although partial hospitalization is not suitable for all patients requiring intensive services, acute partial care could be an alternative to full hospitalization or simply a complement to shorten the length of full hospitalization, and therefore, to improve satisfaction, social adjustment and reduce costs [2].

Few studies have measured outcome after discharge from acute partial treatment. Therefore, we have carried out research on outcomes following partial hospitalization. The aim of the present study was to assess time to recovery of body mass in such patients.

We included all 27 eating-disorder patients (88% anorexia nervosa patients) hospitalized in 1999 in the partial care unit of a general hospital. Their BMI was evaluated at index episode, at discharge, and also after a maximum of 2 years' follow-up as outpatients of an intensive treatment program. The treatment included cognitive-behavioral oriented psychotherapy, the involvement of families in therapy and the support of self-help.

The mean age of the sample was 20.59 years (S.D. = 5.22). Mean days of hospitalization were 18.37 (S.D. = 9.29). Nearly 50% had BMI at inclusion < 17.5 kg/m². The Student's *t*-test for matched data showed a mean improvement of 0.9 kg/m² (95% CI: 0.65–1.17 kg/m²) at discharge. All patients with BMI > 17.5 kg/m² at baseline and 1/3 of patients with a lower body mass at admission had BMIs higher than 17.5 kg/m² at discharge, and maintained their improvement during a medium follow-up of 62.26 days (S.D. = 61.13). Moreover, survival analysis showed that patients who did not reach a body weight mass higher than 17.5 during hospitalization had a 50% probability of reaching it in the 24 days after discharge and a 72% of probability of reaching it at 36 days after discharge. There were no drop-outs from the study.

The present findings show that partial hospitalization is not only beneficial for the recovery of patients during hospitalization, but that the improvement continues during the days after discharge. Partial hospitalization in general hospitals is especially useful for these patients, as they have an appropriate level of staffing, highly structured treatment programs and quick and easy access to inpatient care [2].

Interestingly, inpatient care of anorexia nervosa has been suggested to be associated with poor outcome [3], but this rather premature affirmation might lead to the deduction that inpatient treatment should not be considered [4]. Hospitalization and partial hospitalization are two of the therapeutic means at our disposal to treat

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such patients. We conclude that partial hospitalization is related with improvement in our eating-disorder patients.

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