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PREDICTORS OF DROPOUT FROM INPATIENT TREATMENT FOR EATING DISORDERS

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Introduction: Drop-out from treatment for Eating Disorders is increasing (Campbell; 2007), and it is a risk factor for relapse and more chronic and severe course of the illness (Fassino et al.; 2009). Drop-out can be caused by interaction of concurrent, individual, familiar and environmental factors (Sly; 2009).

Aim of the study: To examine possible risk factors of drop-out from inpatient treatment for eating disorders.

Materials and methods: The sample included 41 patients who voluntarily left the treatment before completion ('droppers') and 88 patients who completed it ('completers'), in the period between 1st January 2006 and 31st December 2009 at Villa Maria Luigia Hospital (Monticelli Terme, PR, Italy). Patients were administered 2 self-report questionnaires and 3 psychometric tests: Eating Disorders Questionnaire, Predisposing, bringing on and maintaining risk factors for eating disorders, EDI-II, BUT, SCL-90.

Results: Droppers appear to be more aggressive ($p=0.022$), get worse scholastic results ($p=0.016$) and have less friendships and less social interaction ($p=0.021$). Parental break-up ($p=0.015$), moving house ($p=0.006$), father's death ($p=0.005$), abortion ($p=0.040$), father's alcohol abuse ($p=0.011$) and a mother who suffers of eating disorder ($p=0.008$) are more frequent in droppers than completers. Catholic religion seems to be a protective factor from drop-out ($p=0.005$).

Conclusion: Drop-out is a multifactor phenomenon; identification of risk factors can improve treatment strategies and outcome.