

Supplemental Data

Supplemental Material 1: Diagnostic criteria for anorexia and EDNOS

Anorexia Nervosa (DSM IV):

1. Refusal to maintain weight within or above a normal minimum adequate for the age and height; for example, weight loss leading to maintenance of body weight below 85% of the expected, or failure to have the expected weight during the period of growth, leading to a body weight below 85% of the expected.
2. Intense fear of weight gain or of becoming fat, even being underweight.
3. Distress when coping with weight, size or body shape; excessive influence of body weight or shape in a self-critical way, denial of the seriousness of being underweight.
4. Absence of at least three consecutive menstrual cycles (primary or secondary amenorrhea). A woman is considered to have amenorrhea if her periods only occur after the use of hormones, the administration of estrogen for example.

Type - Restrictive: There have been no episodes of compulsive eating or purging (self-induced vomiting, use of laxatives, diuretics, enemas).

-Purging: compulsive eating and/or purging exists.

Eating disorder not otherwise specified (DSM IV):

1. Meets criteria for AN except amenorrhea.
2. Meets criteria for AN with weight loss, but is still within the normal range.
3. Meets the criteria for BN except for frequency and chronicity.
4. Purgative behaviour after the ingestion of small quantities of food.
5. Chews and then throws away food.
6. Binge eating disorder.

Family Care

At PROTAD, patient care involves three types of intervention. Individual family interviews with the patient's entire family are carried out by a family therapist, with the aim of family diagnosis and specific treatment, when required. The mothers group is also held fortnightly by a family therapist and focuses on psychodynamic and mother-daughter or mother-son relationships. The multifamily psycho-education group, conducted by a cognitive behavioural therapist, aims to offer information about eating disorders, treatment and other equally relevant topics such as adolescence.

Cognitive Behavioural Care

This type of care is provided in a group setting by a cognitive-behavioural therapist and brings together patients with several types of eating disorders. Group meetings occur weekly and last for one hour. The idea that successful small activities and personal conquests can develop into positive self-evaluation is reinforced. It is essential that the patients participating understand the interaction between thoughts, feelings and behavioural dysfunctions. The patients observe that weight is not the real problem, but that other more important problems are driving and maintaining the eating disorder.

Nutritional Treatment

Nutritional treatment is provided by a nutritionist to evaluate the weight and current eating habits of the patient, in addition to presenting the concepts underlying an appropriate diet and aiming to dispel myths and false beliefs. Re-nourishment is completed gradually and directly involves the patient and their guardians. Evaluations are made through the information provided in a food diary together with the weight of each attendee and discussions with the multidisciplinary team.

Psychodynamic Treatment

Groups of patients with eating disorders are guided by psychoanalysts and psychologists on a weekly basis for one hour in order to help the patients understand the meaning of their symptoms.

Medical Treatment

Medical consultation allows the identification and management of symptoms through cognitive-behavioural techniques in an individual manner and permits the evaluation of the need for medication.

The food diary integrates all of the psychiatric treatments. The diary allows the professional and the patient to know and manage the peculiarities of the illness. Another relevant aspect of the psychiatric treatment concerns medication.

The most frequent medical focus occurs after a patient's weight is re-established. Selective serotonin reuptake inhibitors are commonly considered for patients with comorbid psychiatric disorders.

Hospitalisation

Some patients are treated in the hospital as inpatients with the aim of re-nourishment and weight gain. These patients receive the treatments described above while in the hospital. Some patients require high calorie food supplements or the use of a gastric probe for re-nourishment.

The criteria for hospital admittance are:

1. Serious malnutrition
2. Refusal to eat
3. < 10% body fat
4. Heart rate < 50 during the day and < 45 sleeping
5. Hypotension
6. Arrhythmia
7. Electrolyte disturbance