



Position Statement on Recovery and Chronicity in Eating Disorders

Eating disorders are life threatening, yet treatable illnesses¹. While often having a longer term course, full recovery is possible²⁻⁵. Studies examining outcomes 5-15 years post treatment have repeatedly demonstrated 50- 76% of individuals meet criteria for full recovery at follow up²⁻⁴. While time to recovery can be lengthy, measured in years rather than months²⁻⁴, and is impacted by the definition of recovery²⁻⁴, recovery is quite attainable and should be expected.

While some individuals with eating disorders do have a protracted course and seem refractory to our current treatments⁵, there is no agreed upon definition of “chronic” in eating disorders assessment and treatment⁶. There is also no consensus to support the notion that we can clearly predict that certain individuals will have a chronic course of an eating disorder⁶.

The limited data to date do not indicate that duration of disorder or number of treatments are valid indicators of chronicity⁷. Other factors such as limited social and vocational quality of life and on-going impaired functioning do seem to be associated with a chronic course of an eating disorder⁷. Denial of care because of a protracted course of illness is not an empirically valid or clinically sound conclusion.

While research should and will continue to evolve in the long-term, enduring eating disorders, the current state of knowledge indicates the following:

1. We should continue to approach the treatment of people with eating disorders with the goal of full recovery.
2. We should not limit the ability of an individual to recover from an eating disorder by making treatment decisions based on erroneous beliefs that he or she is defined as “chronic” and will not recover because of a long course of the illness or multiple treatments.
3. We should carefully assess need and mode of treatment with each individual, taking into account their unique needs and experience to date.
4. Clinical treatment recommendations shall be based on evidence-informed clinical judgment of expert treatment professionals, community standard of care, and client input.

References:

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