The Multidisciplinary Treatment in Residence Care Clinic for Treatment of Feeding and Eating Disorders

Authors : Yuri Melis, Mattia Restegnini, Emanuela Apicella, Eugenia Dozio, Leonardo Mendolicchio Abstract : Aim: This retrospective study was created to analyze the psychometric, anthropometric and body composition values in patients at the beginning and the discharge of their of hospitalization in the residential care clinic for eating and feeding disorders (EFD's). Method: The sample was composed by (N=59) patients with mean age N=33,50, divided in subgroups: Anorexia Nervosa (AN) (N=28), Bulimia Nervosa (BN) (N=13) and Binge Eating Disorders (BED) (N=14) recruited from a residential care clinic for eating and feeding disorders. The psychometrics level was measured with self-report questionnaires: Eating Disorders Inventory-3 (EDI-3) The Body Uneasiness Test (BUT), Minnesota Multiphasic Personality Inventory (MMPI - 2). The anthropometric and nutritional values was collected by Body Impedance Assessment (B.I.A), Body mass index (B.M.I.). Measurements were made at the beginning and at the end of hospitalization, with an average time of recovery of about 8,6 months. Results: The all data analysis showed a statistical significance (p-value >0,05 | power size N=0,950) in variation from T0 (start of recovery) to T1 (end of recovery) in the clinical scales of MMPI-2, AN group (Hypocondria T0 64,14 - T1 56,39) (Depression T0 72,93 - T1 59,50) (Hysteria T0 61,29 - T1 56,17) (Psychopathic deviation T0 64,00 - T1 60,82) (Paranoia T0 63,82 - T1 56,14) (Psychasthenia T0 63,82 - T1 57,86) (Schizophrenia T0 64,68 - T1 60,43) (Obsessive T0 60,36 - T1 55,68); BN group (Hypocondria T0 64,08 - T1 47,54) (Depression T0 67,46 - T1 52,46) (Hysteria T0 60,62 - T1 47,84) (Psychopathic deviation T0 65,69 - T1 58,92) (Paranoia T0 67,46 - T1 55,23) (Psychasthenia T0 60,77 - T1 53,77) (Schizophrenia T0 64,68 - T1 60,43) (Obsessive T0 62,92 - T1 54,08); B.E.D groups (Hypocondria T0 59,43 - T1 53,14) (Depression T0 66,71 - T1 54,57) (Hysteria T0 59,86 - T1 53,82) (Psychopathic deviation T0 67,39 - T1 59,03) (Paranoia T0 58,57 - T1 53,21) (Psychasthenia T0 61,43 - T1 53,00) (Schizophrenia T0 62,29 - T1 56,36) (Obsessive T0 58,57 - T1 48,64). EDI-3 report mean value is higher than clinical cut-off at T0, in T1, there is a significant reduction of the general mean of value. The same result is present in the B.U.T. test in the difference between T0 to T1. B.M.I mean value in AN group is (T0 14,83 -T1 18,41) BN group (T0 20 - T1 21,33) BED group (T0 42,32 - T1 34,97) Phase Angle results: AN group (T0 4,78 - T1 5,64) BN (T0 6 - T1 6,53) BED group (T0 6 - T1 6,72). Discussion and conclusion: The evident presence that on the whole sample, we have an altered serious psychiatric and clinic conditions at the beginning of recovery. The interesting conclusions that we can draw from this analysis are that a multidisciplinary approach that includes the entire care of the subject: from the pharmacological treatment, analytical psychotherapy, Psychomotricity, nutritional rehabilitation, and rehabilitative, educational activities. Thus, this Multidisciplinary treatment allows subjects in our sample to be able to restore psychopathological and metabolic values to below the clinical cut-off. Keywords : feeding and eating disorders, anorexia nervosa, care clinic treatment, multidisciplinary treatment Conference Title: ICEDABBE 2020 : International Conference on Eating Disorders, Anorexia, Bulimia and Binge Eating Conference Location : London, United Kingdom

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Conference Dates : December 10-11, 2020