



# InnEat - Family-based treatment for child and adolescent eating disorders: How can we improve treatment

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**Introduction:** Providing eating-disorder care for children and adolescents in rural areas is challenging due to long distances, limited specialist access, and small clinical teams. This study examines outcomes of Family-based treatment (FBT) delivered as routine care in a rural Norwegian context. FBT is the recommended first-line treatment for anorexia nervosa (AN), yet only about half of adolescents achieve full remission in specialized clinics. Many families struggle with the intensity of FBT, and a substantial proportion of adolescents do not improve sufficiently. Early identification of non-responders is therefore essential. There is a need to understand which patient, family, and treatment characteristics are linked to reduced response, and when clinicians should consider adapting treatment.

**Aims:** (1) To describe outcomes of FBT delivered as standard care in a rural Norwegian region.  
(2) To identify characteristics associated with lack of treatment response at 12 months.  
(3) To investigate time patterns of treatment response to determine when remission can be reliably predicted

**Methods:** This prospective naturalistic study includes all consenting adolescents diagnosed with AN or atypical AN starting FBT in Innlandet Hospital Trust from December 2024. Repeated assessments of weight, psychological symptoms, family factors, and treatment processes will be collected using a structured protocol. Bayesian analyses and projection predictive modelling will identify predictors of non-response. Data will be compared with the Danish VIBUS project, which uses equivalent measures and procedures..

**Clinical implications:** This study will clarify how FBT performs in rural settings, which adolescents are at risk of insufficient response, and when intensified or alternative interventions may be needed. This will support early and more targeted clinical decision-making

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