



Baseline Predictors of Treatment Outcome in Adolescents with Anorexia Nervosa

Elias Asteberg, Clinician, The Eating Disorder Centre for Children and Young Adults, Sahlgrenska University Hospital, Gothenburg, Sweden.

Lina Carlsson, MSc, The Eating Disorder Centre for Children and Young Adults, Sahlgrenska University Hospital, Gothenburg, Sweden.

Karin Dahlin, PhD student, Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, University of Gothenburg, Sweden.

Cecilia Pettersson, PhD, The Eating Disorder Centre for Children and Young Adults, Sahlgrenska University Hospital, Gothenburg, Sweden.

Sandra Rydberg Dobrescu, PhD, Gillberg Neuropsychiatry Center, Institute of Neuroscience and Physiology, University of Gothenburg, Sweden.

Introduction: A considerable proportion of adolescents initiating treatment for Anorexia Nervosa (AN) experience limited symptom reduction. Previous findings indicate that low weight, deficits in emotion regulation, trauma and perfectionism negatively affect treatment outcomes in AN. The relevance of cognitive functioning on treatment outcomes remains underexplored. Suboptimal treatment outcome may, in part, be explained by cognitive deficits, including impairments in set-shifting and central coherence, which are considered characteristic features of a specific neuropsychological profile in AN. Furthermore, this neuropsychological profile shares similarities with cognitive deficiencies found in individuals with autism and ADHD.

Aims: To examine whether baseline characteristics, including cognitive functioning, are associated with early treatment response (i.e. increase in BMI over the first four weeks of treatment) or remission in adolescent AN.

Methods: Adolescents with AN or Atypical AN and their parents, receiving outpatient treatment at a specialist clinic for eating disorders, in Gothenburg, Sweden will be asked to participate. Fifty adolescents with AN and 50 healthy comparison cases will be recruited. Baseline assessments comprise IQ (Wechsler Abbreviated Scale of Intelligence), set-shifting (Trail Making Test condition 4) and central

coherence (Rey Complex Figure Test; Group Embedded Figures Test). Self-report questionnaires assessing eating disorder symptoms, anxiety, depression, traits of perfectionism, emotion regulation and treatment motivation will be administered. Traits of autism and ADHD will be assessed using parental reports. BMI is collected at baseline and four weeks after treatment start. Energy and nutrient intake are documented. Follow-up assessments are planned at 6 months, 1- and 2 years. Data collection was initiated in November 2025.

Results: Data collection is currently ongoing; therefore, results are not yet available.

Discussion: The findings are expected to contribute to new insights into potential factors predicting treatment outcomes in adolescent AN. This knowledge may in turn direct future resources into adjustments in treatment procedures to ensure higher rates of recovery.