

Long term follow-up study of avoidant restrictive food intake disorder and childhood-onset anorexia nervosa: investigation of weight and shape concern outcome

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Shape and weight concerns are a core feature of the psychopathology in anorexia nervosa (AN). Avoidant/restrictive food intake disorder (ARFID) is diagnostically defined by absence of shape and weight concern as a primary driver of restrictive eating. For AN there is limited research on the long-term outcome of shape and weight concern, whereas for ARFID no such data exist.

This study aimed to investigate the long-term outcome of shape and weight concern in one AN-group and one ARFID-group. We expected to find more shape and weight concern in the AN-group.

Fifty-six children originally treated for low-weight restrictive eating disorder were followed up after a mean of 15.9 years after start of treatment (=baseline). The follow-up procedure included anthropometric measurements (weight and height), and a structured diagnostic interview. To investigate shape and weight concerns, Body Attitude Test, Eating Disorder Inventory-3 and Eating Disorder Examination Questionnaire self report instruments were administered.

ARFID-diagnoses were assigned retrospectively, yielding two groups: 37 persons that at baseline had AN (AN-group), and 19 persons with ARFID at baseline (ARFID-group). Non-parametric tests were used for group comparisons. Linear regression was used to investigate the association between BMI and shape and weight concern.

In the AN-group, those with eating disorder or an other psychiatric disorder at follow-up, had significantly higher shape and weight concern scores, than those without diagnosis. The ARFID-group showed a similar pattern, however with non-significant differences. Linear regression showed that both the AN-group and ARFID-group had a significant increase in shape and weight concern with increasing BMI.

Long-term follow-up of an AN-group and ARFID-group showed a surprising similarity in shape and weight concern patterns. Diagnostic boundaries may benefit from further empirical investigation. There may be treatment implications, as addressing shape and weight concern could hypothetically be helpful in ARFID.