

## 30-year outcome of anorexia nervosa: healthcare use and disability

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Anorexia nervosa is associated with high personal and financial costs for sufferers, carers and the society in general, but little is known about the long-term health economic burden.

To examine healthcare utilisation, social assistance, sick leave and disability pension in individuals with anorexia nervosa over a period of 30 years.

Fifty-one individuals with adolescent-onset anorexia nervosa and 51 matched comparison cases (COMP) were recruited in the community and followed prospectively from 1985. All individuals were examined on five occasions. At the 30-year follow-up, mean age 44, data on in- and outpatient care, prescribed medications, social assistance, sick leave and disability pension were collected from Swedish national registers.

The anorexia nervosa group had more days of inpatient care ( $p < 0.001$ ) and outpatient visits to psychiatry ( $p < 0.001$ ), more days of sick leave ( $p = 0.006$ ) and more days of disability pension ( $p = 0.002$ ), and were prescribed more psychotropic medication ( $p = 0.045$ ) compared with the COMP group. Of the anorexia nervosa group, 22% had ever received a disability pension compared with 2% in the COMP group ( $p =$

0.004) and less than half the anorexia nervosa group worked full-time at the 30-year follow-up. In the anorexia nervosa group, 45% had received social assistance at some point, compared with 22% in the COMP group ( $p = 0.02$ ). Age at onset of anorexia nervosa emerged as a predictor of healthcare utilisation with significant odds ratios for psychiatric inpatient (OR = 0.61, 95% CI: 0.39, 0.94;  $p = 0.027$ ) and outpatient care (OR = 0.63, 95% CI: 0.40, 0.98;  $p = 0.042$ ), i.e. individuals with a later onset of anorexia nervosa were less likely to require psychiatric care.

The long-term burden of adolescent-onset anorexia nervosa comprises increased utilisation of healthcare and dependence on society for a significant minority. A later onset of anorexia nervosa predicted a lower healthcare utilisation.