

Eating Recovery Center TREATMENT OUTCOMES



Expert Care and
Tangible Results
You Can Count On



Eating
Recovery
Center

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EATING RECOVERY CENTER OUTCOMES

Everyone who walks through our doors receives specialized eating disorder treatment tailored to meet their unique needs. Our expert care teams ensure people of all ages, races and gender identities get the support they need at every stage of their recovery. With the right care, lasting healing is possible – and we have the data to show it.

These treatment outcomes reflect the progress of patients discharged from our care between January 1, 2023, and December 31, 2023, who completed admission and discharge assessments.



Comprehensive Support for Every Eating Disorder

Our specialized programs help people find healing from all types of eating disorders. By closely monitoring each patient's progress, we adapt to meet their evolving needs every step of the way.

Most commonly treated conditions in **children and adolescents**:

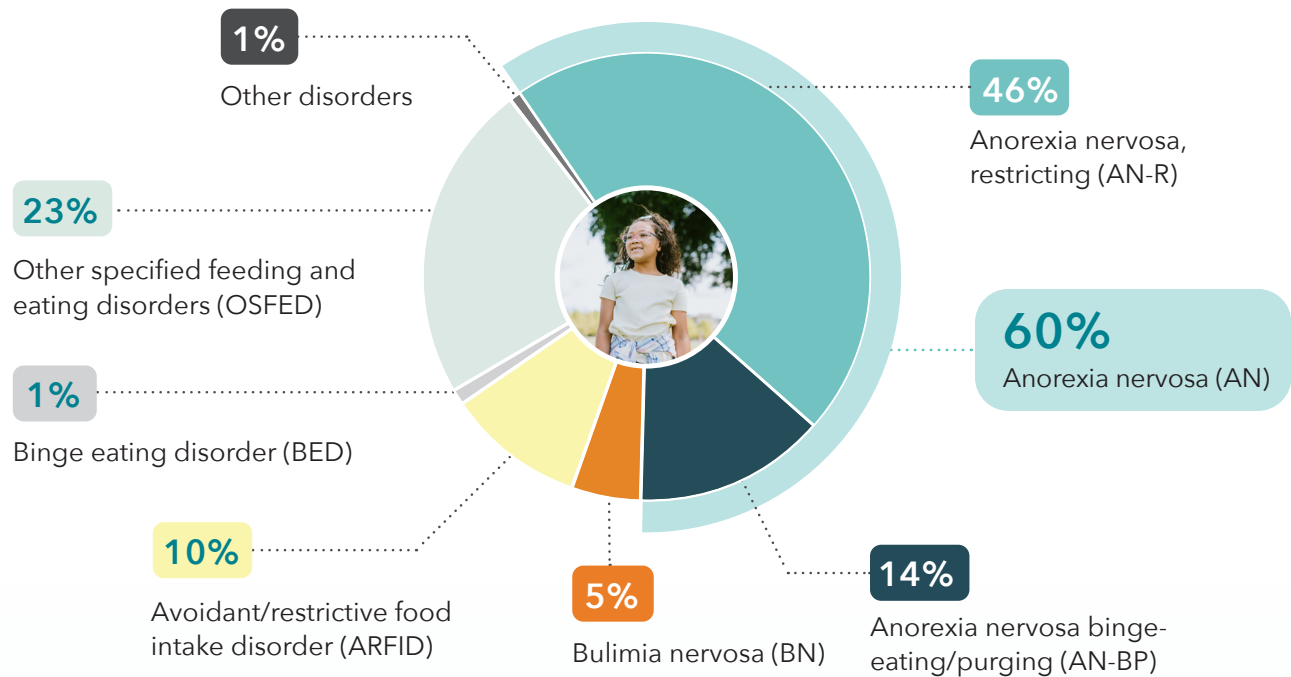


Figure 1. Diagnoses among 534 child and adolescent patients at ERC.

Most commonly treated conditions in **adults**:

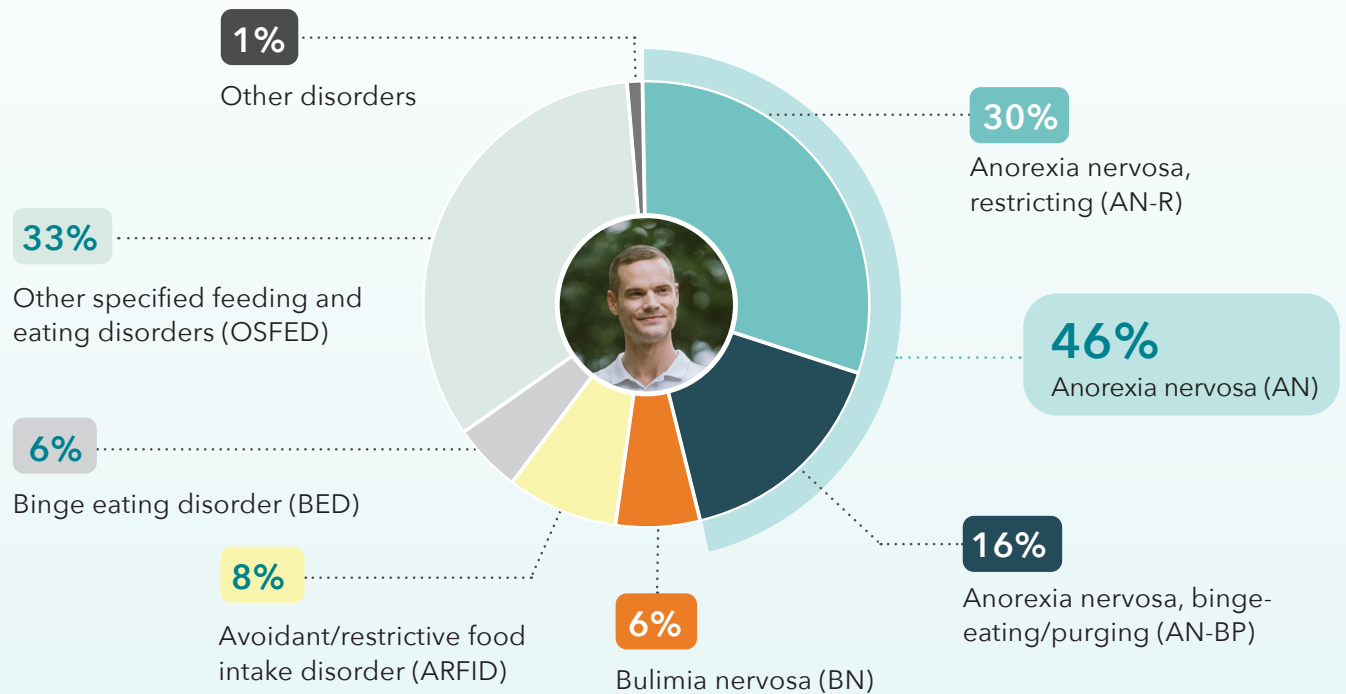


Figure 2. Diagnoses among 796 adult patients at ERC.

Major Improvements in Eating Disorder Symptoms

We support patients across all levels of care, meeting them at various stages of their eating disorder and recovery. To evaluate treatment progress, our patients take the Eating Disorder Examination Questionnaire (EDE-Q), which assesses eating disorder symptoms across **five categories**:

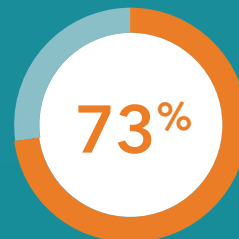
- 1 | Global Score:**
A combined total from the other four categories
- 2 | Restraint:**
How much someone feels they need to limit their food intake
- 3 | Eating Concern:**
Worries about eating habits and attitudes toward food
- 4 | Weight Concern:**
Preoccupation with body weight
- 5 | Shape Concern:**
Unease about body shape and appearance

The EDE-Q is a standard tool for assessing the severity of an eating disorder. Scores range from 0 to 6, with 0 indicating no symptoms, scores above 4 indicating severe symptoms and scores below 2.8 indicating a higher level of care is typically not necessary.

All patients showed **major improvements in eating disorder symptoms** across all EDE-Q categories throughout treatment with us.



AT DISCHARGE:



of children and adolescents
**no longer reported significant
eating disorder symptoms.**



of adults **no longer
reported significant
eating disorder symptoms.**

Children & Adolescents

Young patients made meaningful progress during their treatment.

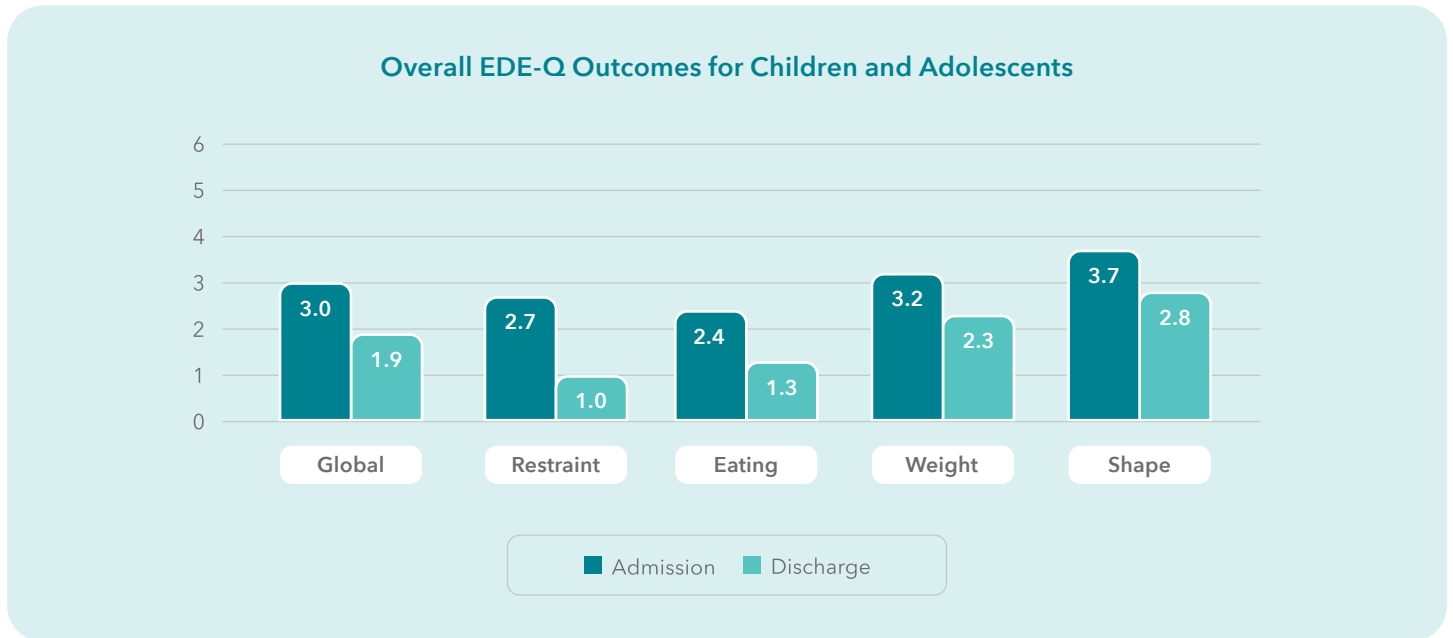


Figure 3. EDE-Q assessment scores for 534 children and adolescents at ERC.

When young patients begin treatment at higher levels of care, such as residential or inpatient, their symptoms are typically more severe. A global EDE-Q score above 4 suggests they may be dealing with frequent thoughts about food, weight or body image, along with behaviors like restrictive eating, binge eating or purging that significantly disrupt their daily life. **These patients also show significant improvement by discharge, with symptoms reduced to a level appropriate for outpatient care.**

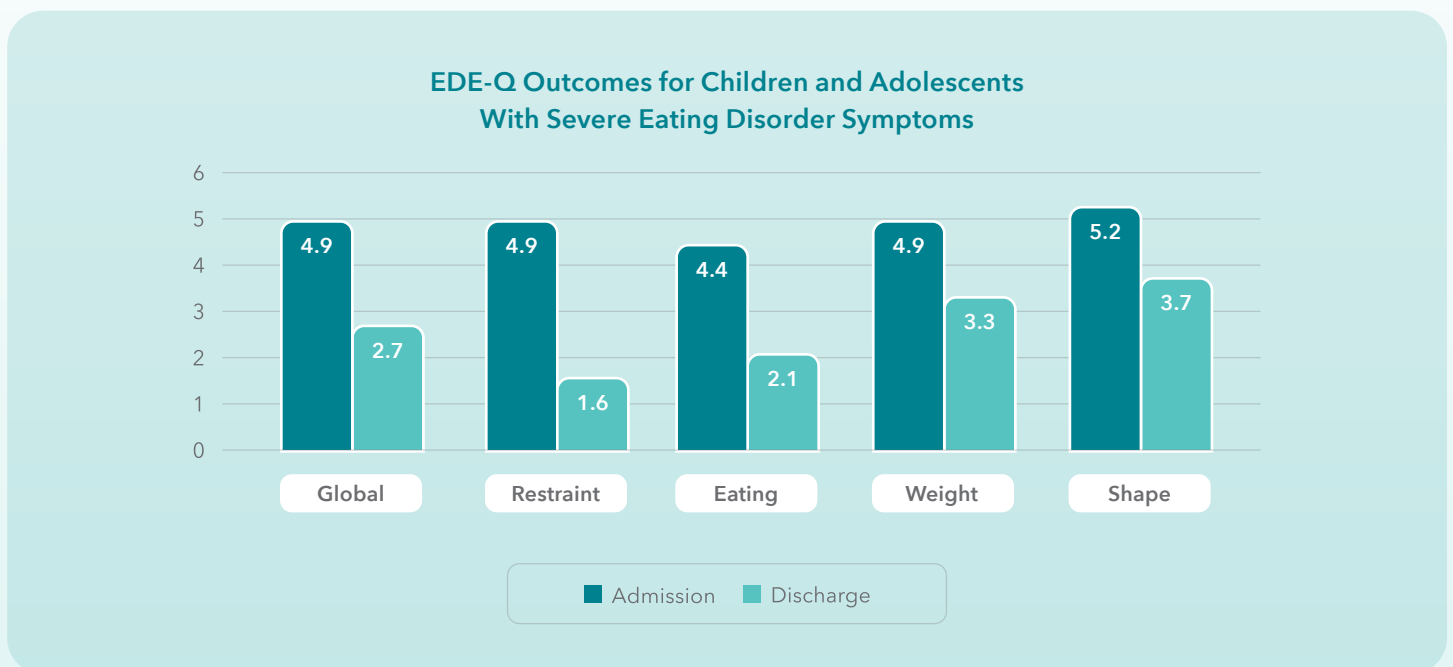
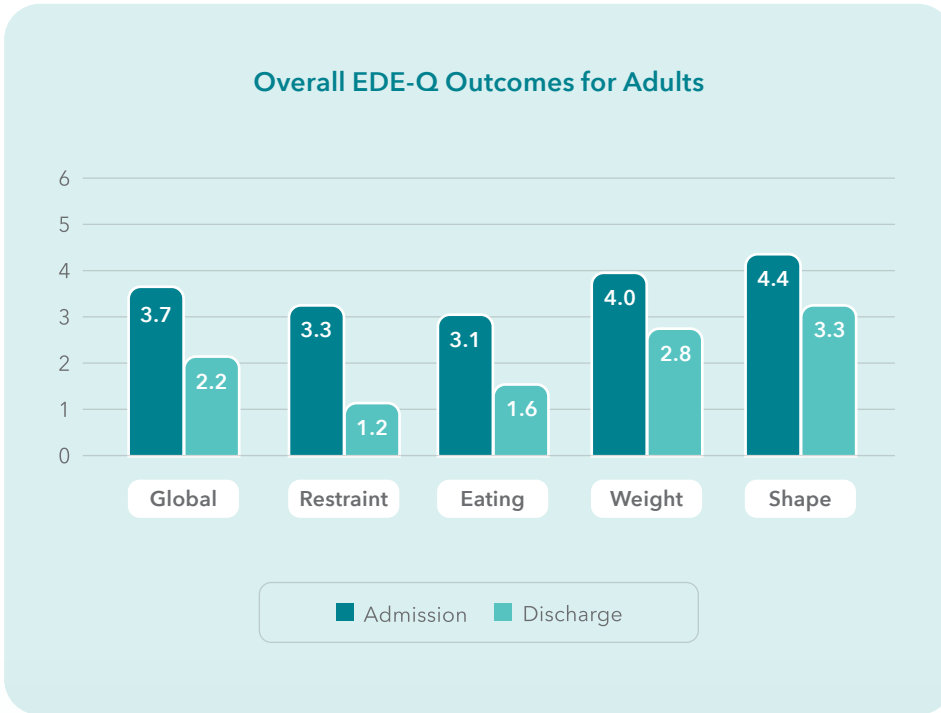


Figure 4. EDE-Q assessment scores for 218 children and adolescents at ERC with severe eating disorder symptoms.

Adults

Adults experienced significant improvement from admission to discharge.



When adult patients begin treatment at higher levels of care, such as residential or inpatient, their symptoms are typically more severe, with global EDE-Q scores above 4. These patients also show significant improvement.

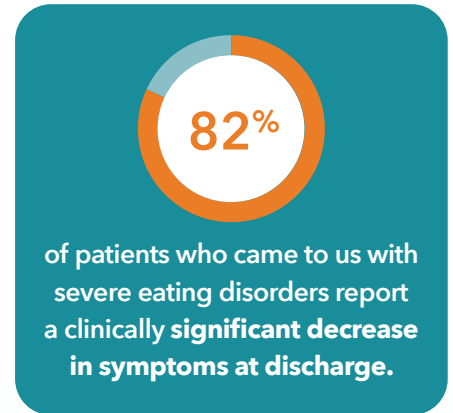


Figure 5. EDE-Q assessment scores for 794 adults at ERC.

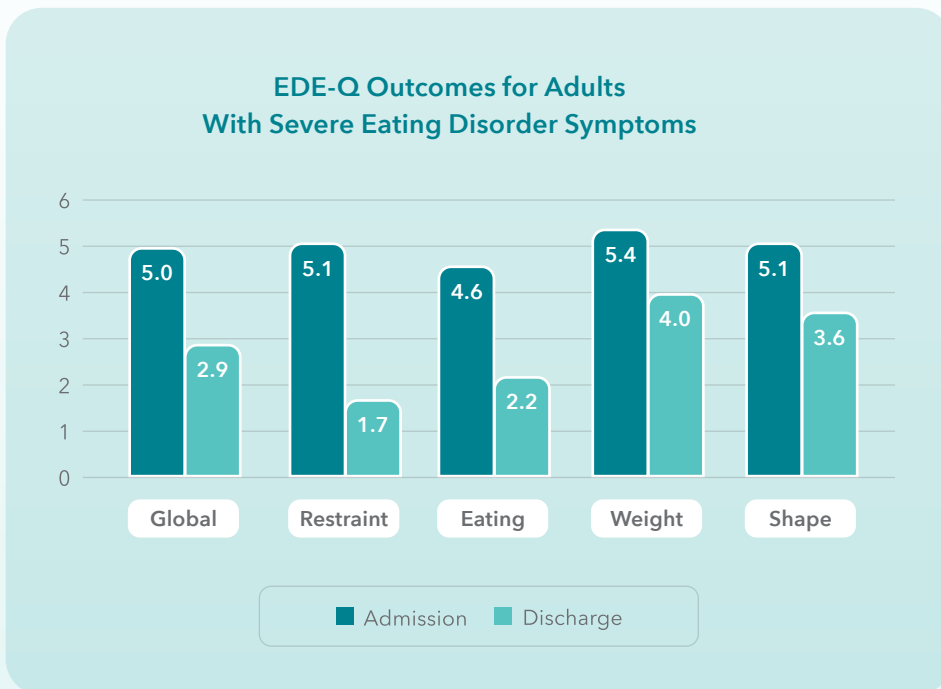


Figure 6. EDE-Q assessment scores for 422 adults at ERC with severe eating disorder symptoms. Of patients admitted with severe eating disorder symptoms, scoring 4 or higher on the EDE-Q, 82% reported a reduction in symptoms, no longer meeting the severe criteria. More than half report symptoms aligned with their peers in the general population, with scores below 2.8.



Addressing Necessary Weight Restoration

At ERC, we provide comprehensive, intensive care for people of **all body types** and eating disorders. While weight restoration is not necessary for every patient, it is a critical step when medically necessary, reducing the risk of future relapse. If a patient does not meet the medical criteria for being underweight, they may still have other serious medical concerns that will be addressed during treatment.

Children & Adolescents

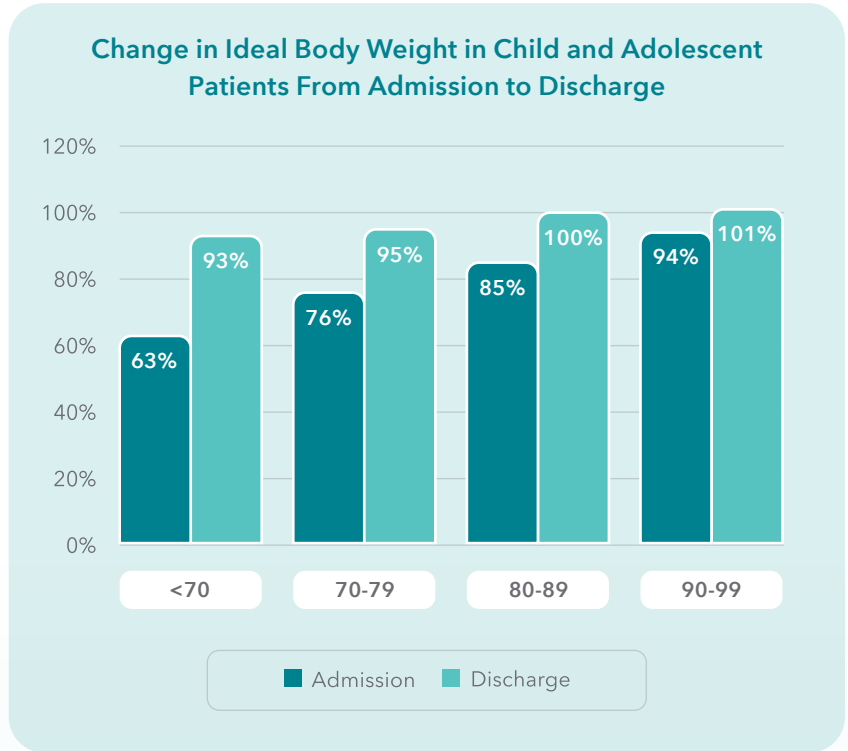
When our young patients get the nourishment their bodies and minds need to thrive, they are well on their way to recovery.

For individuals who were medically underweight and needed weight restoration:



Patients were discharged **at or above 90%** of their ideal body weight on average

Figure 7. Patients determined to need weight restoration were grouped based on how much they weighed compared to their ideal body weight (IBW), which is based on the 50th percentile BMI for children and adolescents. Three percent of 270 child and adolescent patients weighed less than 70% of their IBW, 21% weighed between 70% and 79%, 37% weighed between 80% and 89% and 38% weighed between 90% and 99%.



Adults

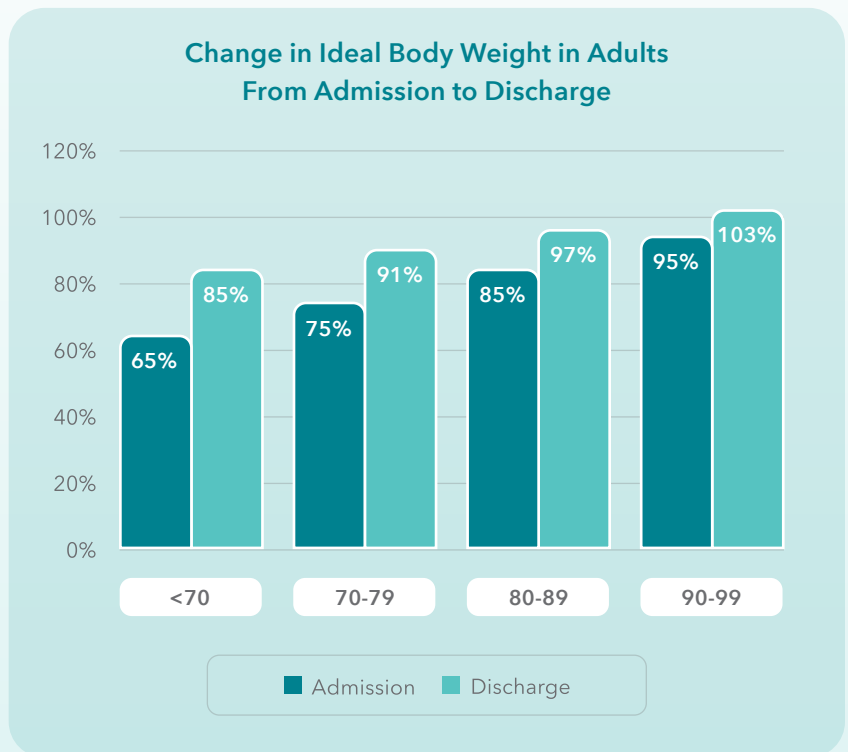
By restoring their mental and physical well-being, our adult patients set themselves up for success and lasting healing.

For individuals who were medically underweight and needed weight restoration:



Patients were discharged **at or above 85%** of their ideal body weight on average

Figure 8. Patients determined to need weight restoration were grouped based on how much they weighed compared to their ideal body weight (IBW), which is based on the Hamwi method for adults. Eighteen percent of 425 adult patients weighed less than 70% of their IBW, 33% weighed between 70% and 79%, 37% weighed between 80% and 89% and 12% weighed between 90% and 99%.

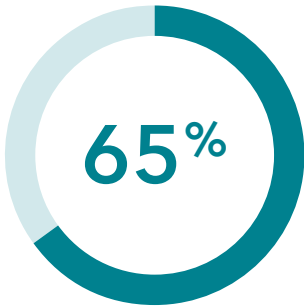


Untangling Co-occurring Diagnoses

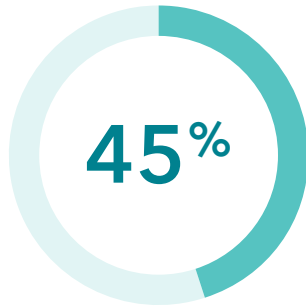
Eating disorders often occur alongside other mental health challenges. Addressing these conditions together ensures we provide the best treatment and lasting support for our patients.

Looking at the whole picture

The most common co-occurring conditions in our **child and adolescent** patients include:



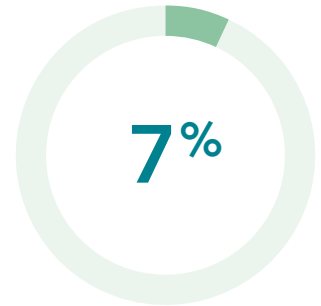
Anxiety Disorders



Depression

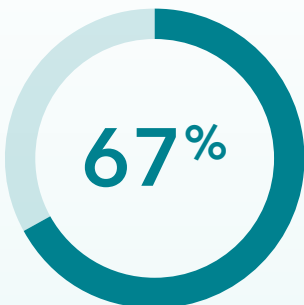


Obsessive-Compulsive Disorder (OCD)



Attention-Deficit/
Hyperactivity
Disorder (ADHD)

The most common co-occurring conditions in our **adult** patients include:



Anxiety Disorders



Depression



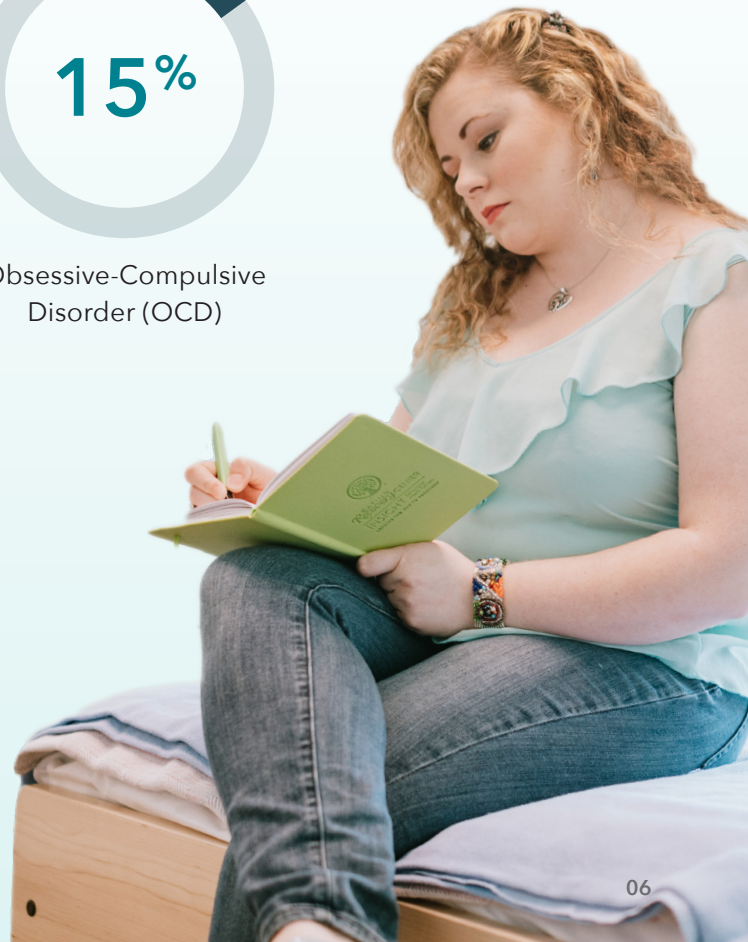
Obsessive-Compulsive Disorder (OCD)



Attention-Deficit/
Hyperactivity
Disorder (ADHD)



Substance Use
Disorder (SUD)



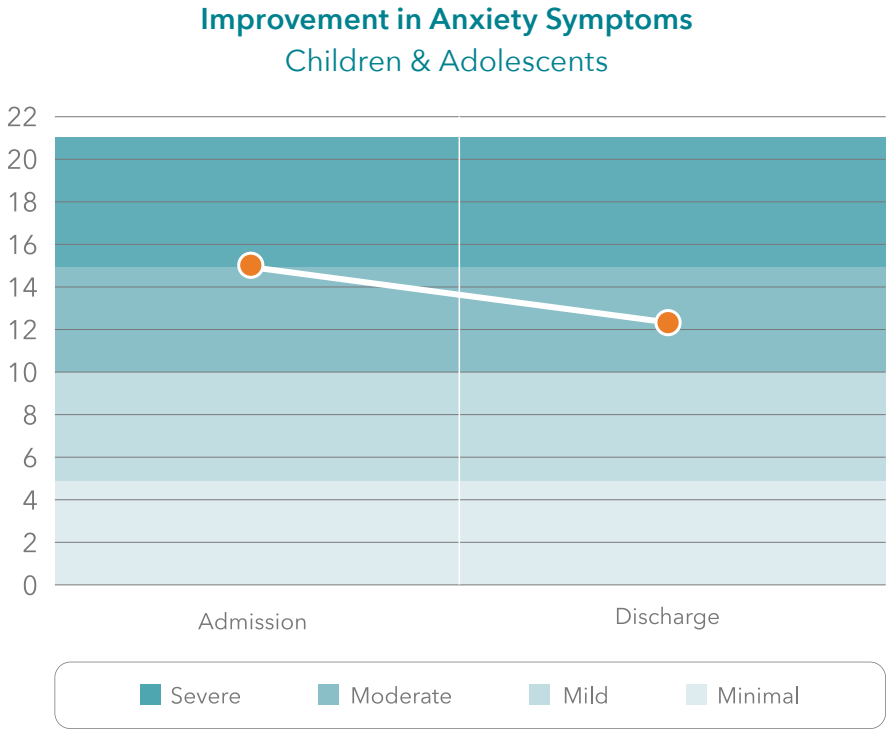
Anxiety

All patients are assessed for anxiety symptoms using the Generalized Anxiety Disorder Assessment (GAD-7).

CHILDREN & ADOLESCENTS

Our younger patients often start treatment with moderate anxiety, dealing with constant worries or feeling on edge most days. By the time they leave, their anxiety has typically dropped to a mild level that **no longer interferes with their day-to-day life.**

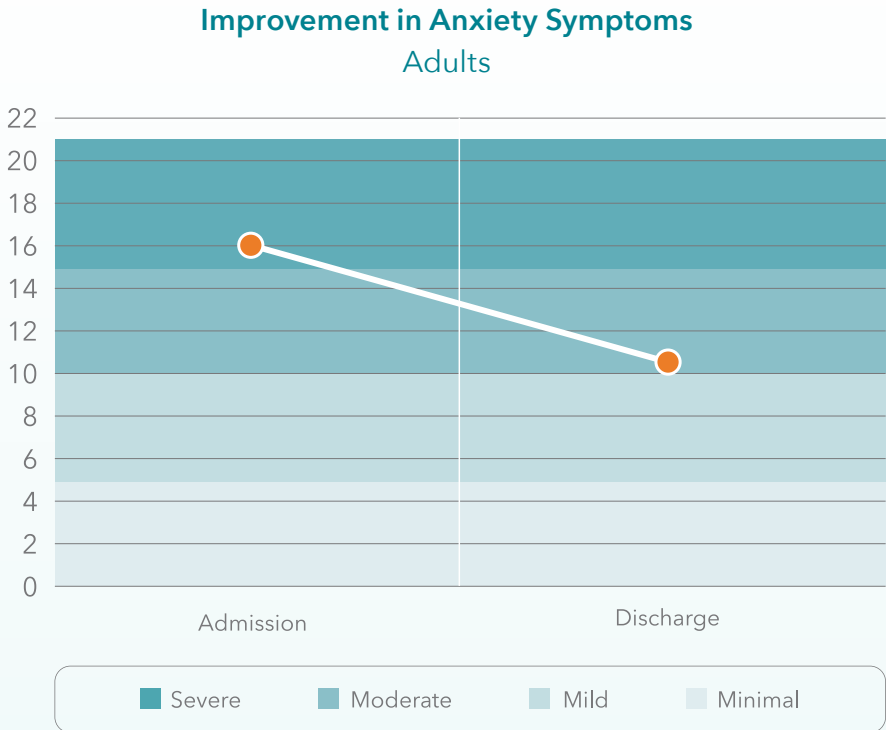
Figure 9. Line shows GAD-7 anxiety assessment scores at admission and discharge for 334 child and adolescent patients who initially screened positive for an anxiety disorder (score of 10 or higher).



ADULTS

Our adult patients often begin treatment with moderate anxiety, such as persistent worries or feeling restless and irritable most days. By discharge, their anxiety has typically eased, putting them **back in the driver's seat of their own life.**

Figure 10. Line shows GAD-7 anxiety assessment scores at admission and discharge for 614 adult patients at ERC who initially screened positive for an anxiety disorder (score of 10 or higher).



Depression

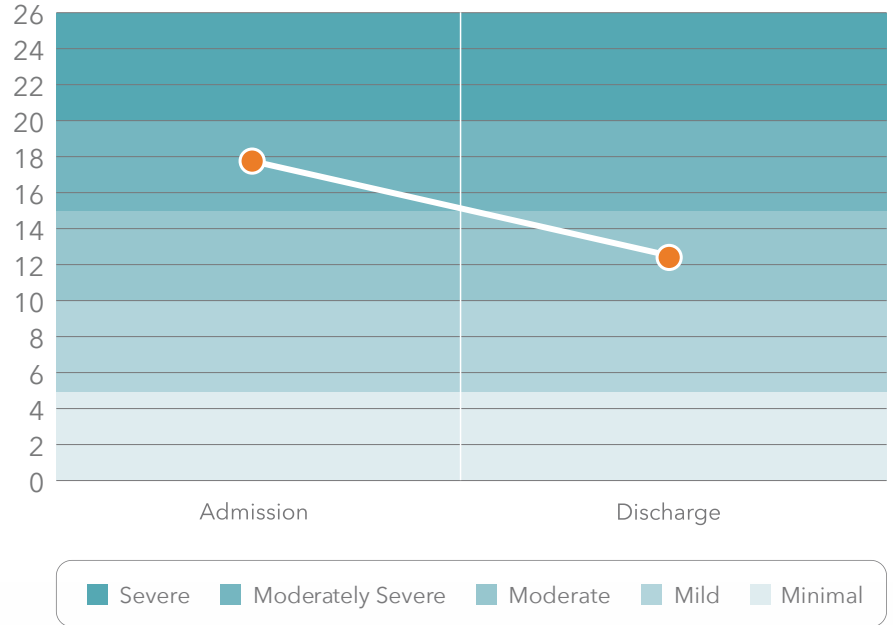
All patients are assessed for depression symptoms using the Patient Health Questionnaire (PHQ-9).

CHILDREN & ADOLESCENTS

Our younger patients often come to us experiencing moderate depression symptoms, like feeling down most days, struggling to find joy in activities and having trouble sleeping or concentrating. By the time they finish treatment, **they typically feel more hopeful and engaged.**

Figure 11. Line shows PHQ-9 depression assessment scores at admission and discharge for 329 child and adolescent patients who initially screened positive for depression (score of 10 or higher).

Improvement in Depression Symptoms Children & Adolescents

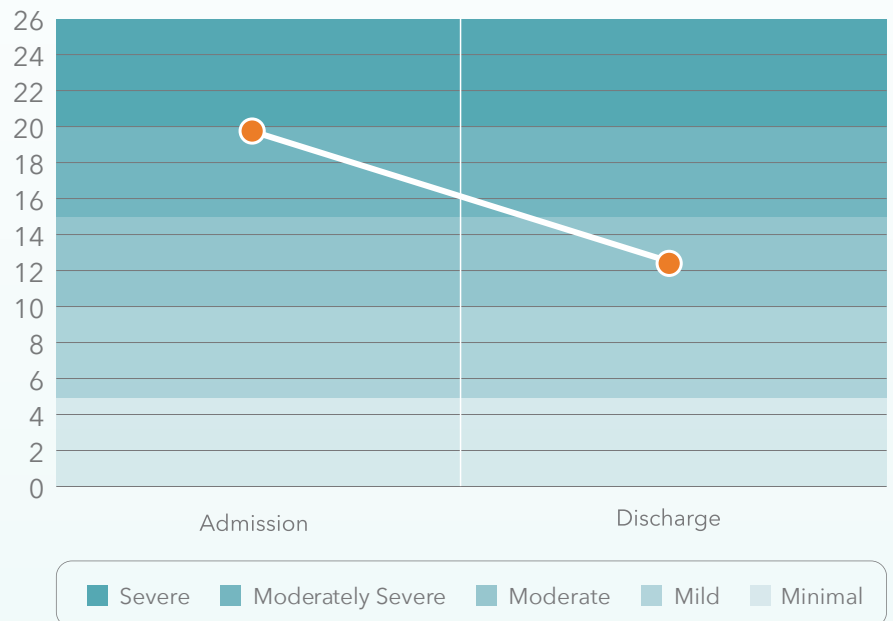


ADULTS

Many of our adult patients begin treatment with moderate depression, struggling with consistently low moods, lack of interest in daily activities and difficulty sleeping or concentrating. By the time they finish treatment, **they typically feel more energetic, connected and hopeful.**

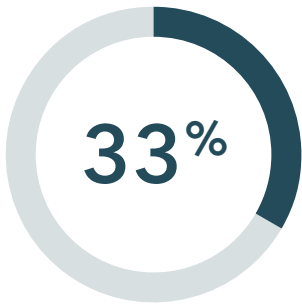
Figure 12. Line shows PHQ-9 depression assessment scores at admission and discharge for 637 adult patients who initially screened positive for depression (score of 10 or higher).

Improvement in Depression Symptoms Adults



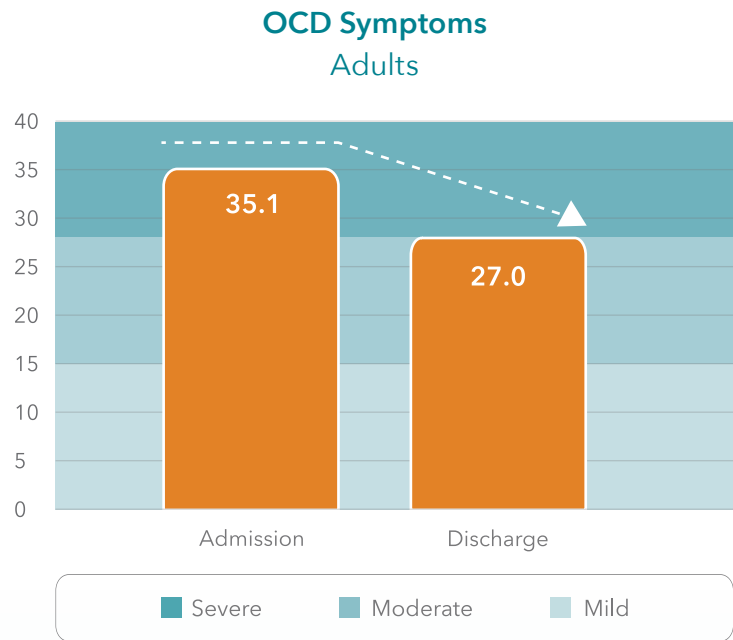
Obsessive-Compulsive Disorder (OCD)

All adult patients are assessed for OCD symptoms using the revised Obsessive-Compulsive Inventory (OCI-R). Patients who screened positively for OCD before treatment, 21 or higher on the OCI-R, reported significant reductions in OCD symptoms at discharge.



33% of patients who screened positively for OCD before treatment **no longer met the criteria for a diagnosis at discharge.**

Figure 13. Change in reported OCD symptoms from admission to discharge in 373 adult patients who screened positively for OCD using the OCI-R assessment.



Why Adults Are Recommending ERC

We understand how hard it is to take that first step into care – and how lifesaving it can be. See how adults of all ages felt about their experience at ERC.

82% of patients felt that the care team met their expectations

77% of patients said they're likely to recommend ERC

79% of patients found their experience at ERC helpful

Patients were asked to rate their experience at Eating Recovery Center

4.4



Care team was understanding, compassionate and collaborative

4.1



Gained practical skills that are making a difference in my recovery

4.0



Motivated to keep progressing in my recovery

Ensuring Families Feel Supported Every Step of the Way

It is hard to watch to watch a loved one struggle with an eating disorder. While every family's journey is unique, we've consistently earned high satisfaction from parents who found healing for their child through our care.

90% of parents found their experience at ERC helpful

89% of parents said they're likely to recommend ERC

85% of parents felt that the care team met their expectations

Parents were asked to rate their experience at Eating Recovery Center

4.3



Gained practical skills that made a difference in my child's healing

4.3



Feel more confident and prepared to support my child's recovery

4.3



Motivated to continue partnering with my child in their recovery

“ERC saved my daughter's life. They involved family and had great resources. The care team was very kind and caring throughout the process.”

– Pam K., parent of former patient



Real data, real impact

We continuously dive into the numbers to truly understand what our patients need and how we can best support them. And the numbers send a clear message – recovery is possible.

Whether you or someone you're working with is facing an eating disorder, know that you're not alone. At ERC, we'll meet you where you are, understand your needs, and match you, your loved one or your client with the right support.

Call us at 866-489-1687 or schedule a free assessment to get started today.