**Dropout from inpatient treatment for anorexia nervosa: critical review of the literature**

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**CRD summary**
This poorly reported review appears to have evaluated the incidence of, and factors leading to, drop out from in-patient anorexia nervosa treatment. The authors concluded that the results were limited, conflicting, and based on methodologically diverse studies. The absence of reporting of a quality assessment and details of the review process means that the reliability of this conclusion is unclear.

**Authors' objectives**
The aim appears to have been to evaluate the incidence of, and factors leading to, drop out from in-patient anorexia nervosa treatment.

**Searching**
MEDLINE and PsycINFO were searched for studies published between 1950 and 2008. The reference lists of relevant studies were also scanned for additional studies.

**Study selection**
All studies focusing on drop out resulting from in-patient treatment for anorexia nervosa were eligible for inclusion in the review.

The included studies were diverse on all reported characteristics. The mean age of patients ranged from 17 years to 27 years and most of the studies included a mixture of adolescent and adult female participants. The mean body mass index upon hospital admission ranged from 13.5 to 15.1, and the percentage of patients at ideal body weight was sparsely reported. The duration of anorexia on admission ranged from 20 months to eight years, and various tools were used to diagnose the condition. Some studies included patients who had previously received hospital treatment; and others included patients re-hospitalised during the same treatment period. The treatment content and protocols varied, as did the criteria for discharge and the definition of drop out.

The authors did not state how many reviewers selected the studies for the review.

**Assessment of study quality**
The authors did not state that they assessed validity.

**Data extraction**
The data were extracted on a number of variables, including percentage drop out and factors associated with drop out.

The authors did not state how the data were extracted.

**Methods of synthesis**
The studies were synthesised narratively and the differences were presented in a table.

**Results of the review**
Seven studies were included in the review; one was a multi-centre study and six were in single centres. Sample sizes ranged from 77 to 268 patients.

Across the studies, the drop-out rates ranged from 20.2% to 57.6%. Some studies distinguished between early, middle, and late drop out; and two studies distinguished between staff-initiated and patient-initiated drop out.

There were conflicting results in all assessments of factors leading to drop out. Weight on admission, anorexia nervosa subtype, eating disorder symptoms, greater general psychiatric difficulty, and the absence of depression were identified...
as potential factors.

Authors' conclusions
The results were limited and conflicting and they were based on studies with diverse methods.

CRD commentary
The review question was vague and the inclusion criteria were loosely specified for study design, participants, and intervention. The search included two relevant databases and covered a wide time period. There were no details of the designs of the included studies and no quality assessment was reported, which makes it difficult to interpret the potential reliability of the findings. This was compounded by the fact that the review process was not reported, meaning that the potential for error and bias could not be ruled out. The included studies were so diverse that it was difficult to extract any meaningful summary, and this was reflected in the authors' conclusion.

This was a poorly reported review and the reliability of the conclusion is unclear.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that future research should use a consistent definition of drop out and assess the predictors identified in their review, as well as others, such as impulsive behaviour and relationships with family.

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