



The Bella Vita®  
I am a beautiful life ~

The Bella Vita

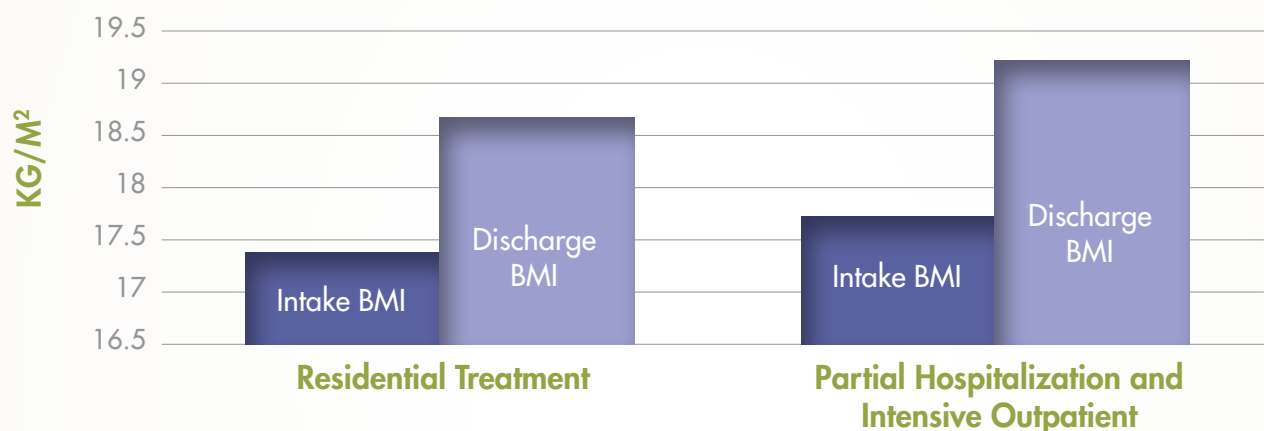
Residential & Partial Hospitalization  
& Intensive Outpatient Programs

Outcome Report: May 2012-September 2014

Christopher D. Keiper, MA • Patricia Pitts, PhD

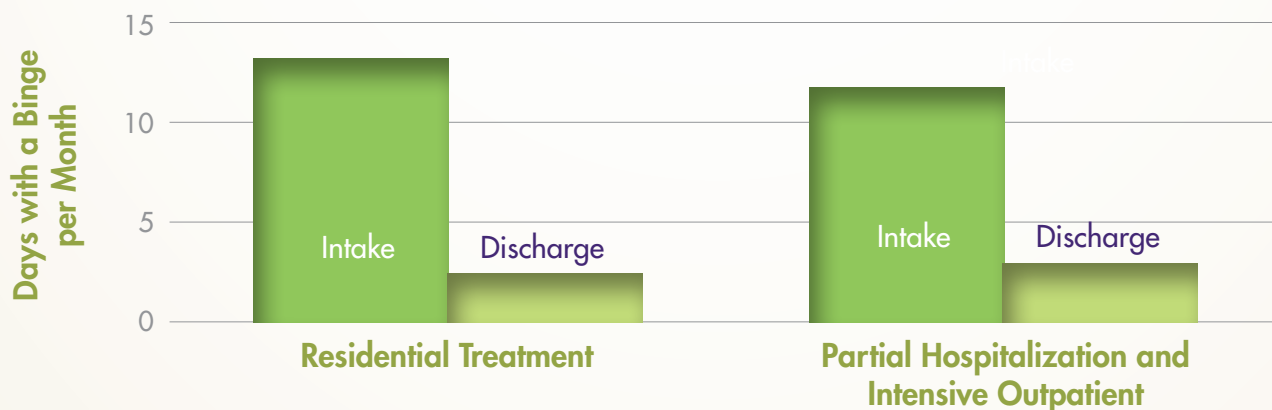
The body mass indexes (BMI) of The Bella Vita clients diagnosed with anorexia nervosa were compared at intake and discharge from the program. Body mass index is a measure of weight while controlling for someone's height, and is a way to approximate whether someone may be thinner than expected. Gaining weight is a key indicator of recovering from anorexia. In our center, on average clients entering Residential Treatment had a BMI of 17.4 KG/M<sup>2</sup>, and when discharged this increased to 18.6 17.4 KG/M<sup>2</sup>. Many of these clients went on to receive Partial Hospitalization or Intensive Outpatient treatment. People entering this program, either stepping down from Residential or entering as new clients on average had a BMI of 17.7 KG/M<sup>2</sup>, and when discharged were able to increase to healthier weights averaging 19.3 KG/M<sup>2</sup>.

## Weight Restoration in Anorexia Nervosa



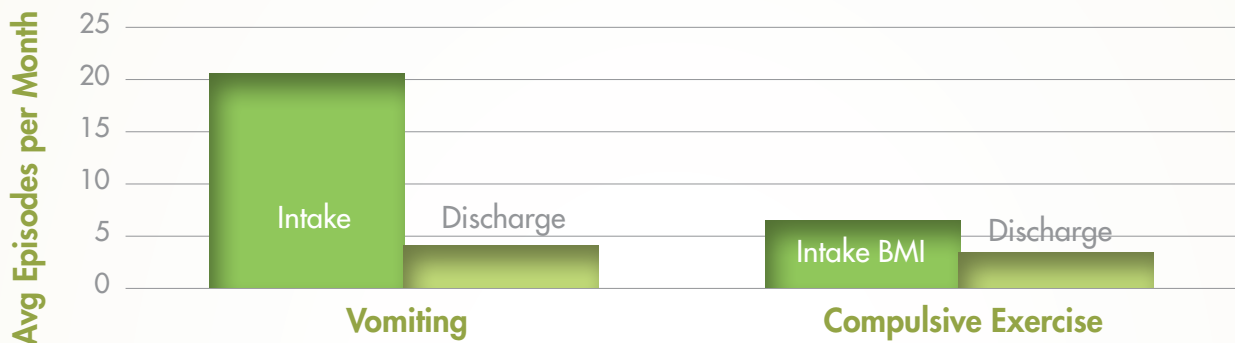
Binge eating, or the inability to stop oneself from eating a larger amount of food than normal, is a characteristic of bulimia nervosa, binge eating disorder, and one type of anorexia. When entering Residential Treatment at The Bella Vita, on average these people binged just over 13 days per month. When they left treatment, on average clients were bingeing about 2 days per month. Similarly, when entering Partial Hospitalization or Intensive Outpatient Treatment, patients binged 11 days per month, while upon discharging patients binged about 2 days per month.

## Reduction in Days of Bingeing

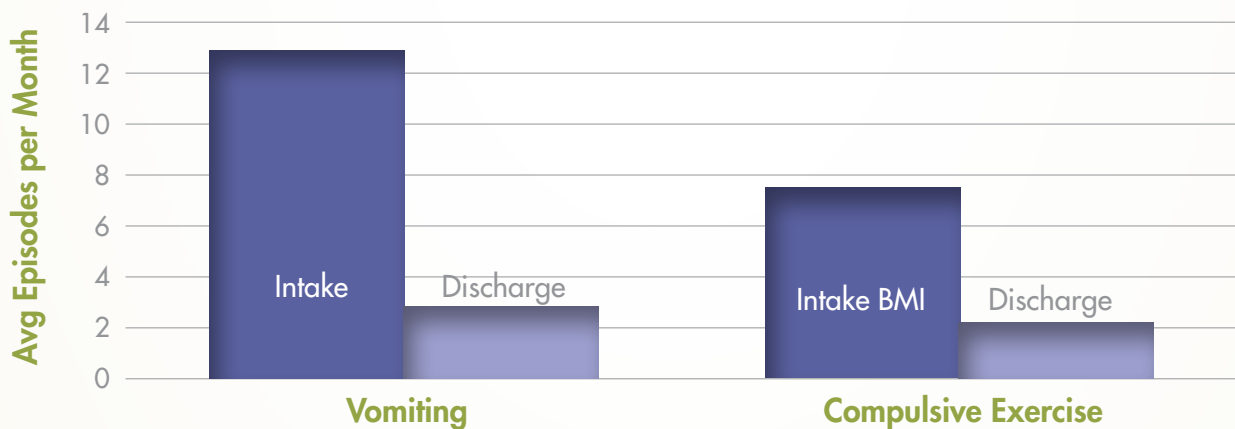


For individuals with eating disorders, “purging” episodes are their attempts to compensate for their perception of eating too much. Purging includes vomiting and compulsive exercise in an attempt to “get rid” of calories. Purging is associated with long-term health consequences, such as cardiac problems and gastrointestinal problems. On average, clients that struggled with purging entering Residential treatment vomited 21 times per month and exercised compulsively 6 times per month to purge calories. Upon discharge clients purged less than 3 times per month through either method, marking significant change. Similarly, while clients that entered Partial Hospitalization or Intensive Outpatient treatment vomited on averaged 12 times per month and compulsively exercised 6 times per month, and upon discharging used either method 3 times or less per month. These reductions in purging behavior indicate significant recovery from ED symptoms.

## Residential Treatment Purging Reductions

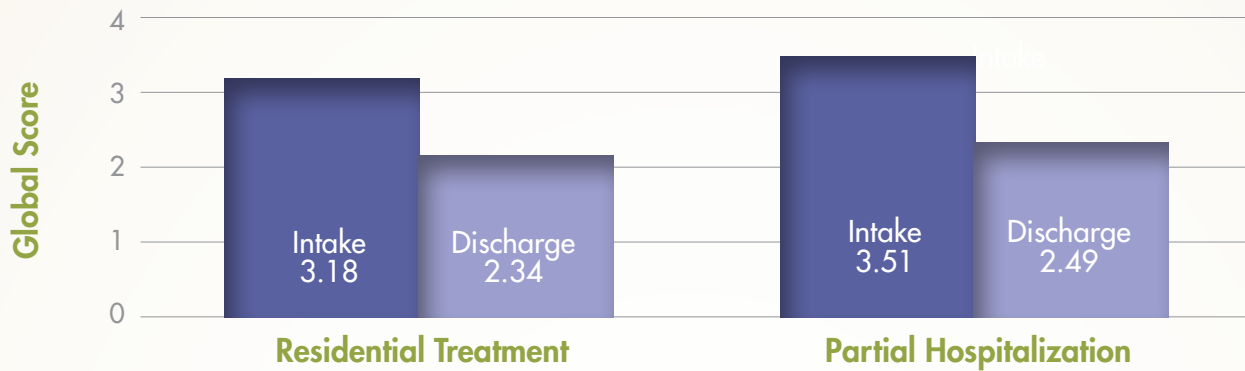


## Partial Hospitalization & Intensive Outpatient Purging Reductions



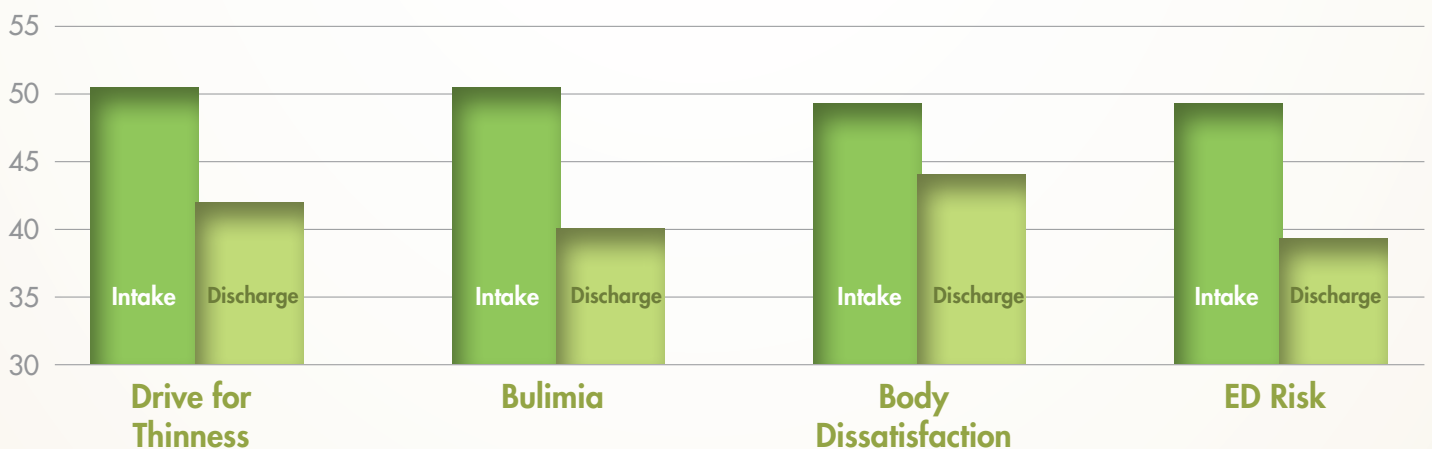
To qualify clinically for eating disorders, a score of 4.0 or greater is typical on the Eating Disorder Examination-Questionnaire (EDE-Q; Fairburn & Beglin, 1994). This standard instrument measures common features of eating disorders, such as restricting calories, intense fear of being fat, eating in secret, discomfort with one’s body, and preoccupation with weight and body shape. On average, patients admitting to residential treatment had a score of 3.18, and left with an average score of 2.34 over 35 days of treatment. Patients who admitted to the partial hospitalization program (PHP) and intensive outpatient program (IOP) on average entered with a score of 3.51 on the EDE-Q, and left with a score of 2.49 over an average of 24 days of treatment. This suggested that patients leaving treatment had significantly lower scores.

## Eating Disorder Symptoms (EDE-Q)

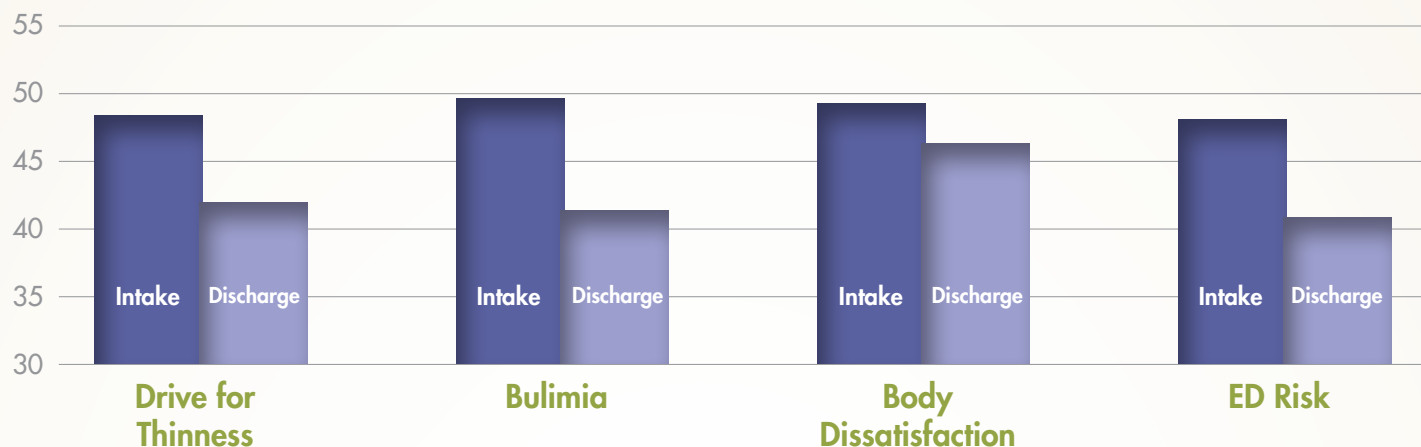


The Eating Disorder Inventory-3 (Garner, 2004) was given to patients when they entered treatment to The Bella Vita Residential Treatment (RTC) or our Partial Hospitalization Program/Intensive Outpatient Program (PHP). Patients were also given the test when they completed treatment. The EDI-3 measures Drive for Thinness (an extreme desire for weight loss), Bulimia thoughts and behaviors (desire and thoughts to binge eat and vomit), and Body Dissatisfaction (disgust or lack of satisfaction with body parts, including waist and stomach size). An increased Drive for Thinness, bulimia, or Body Dissatisfaction score means a greater tendency towards eating disordered thoughts and behaviors, and these scores together create an overall Eating Disorder Risk composite. In Residential Treatment clients significantly reduced bulimia, Drive for Thinness, and Eating Disorder Risk below clinical levels. Although Body Dissatisfaction was still elevated for those leaving Residential, this represents an opportunity for our program to improve, and many clients continued to complete Partial Hospitalization or Intensive Outpatient treatment to maximize their recoveries. Clients who completed these programs all had normal EDI-3 scores by the time they discharged.

## Partial Hospitalization Eating Disorder Symptom Change

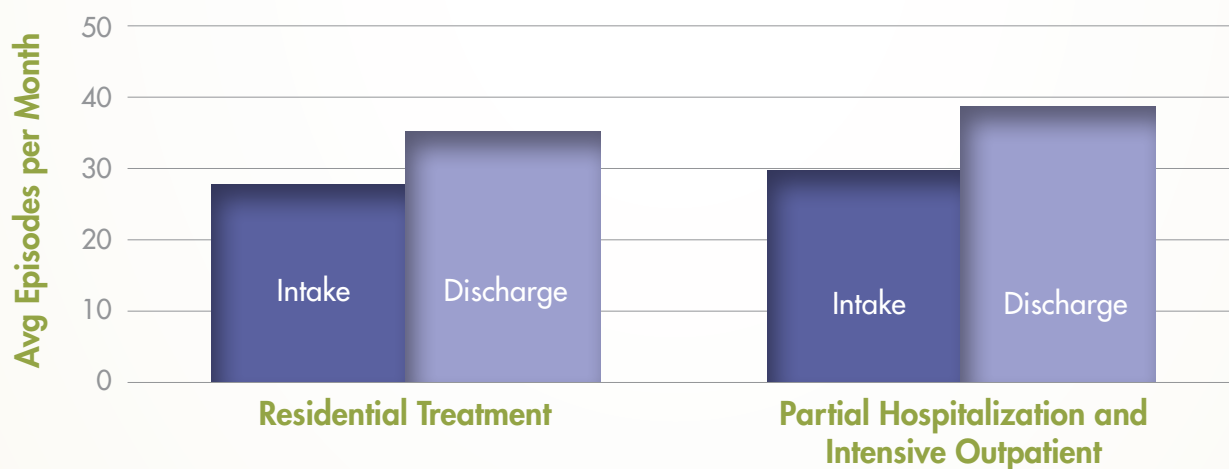


## Residential Eating Disorder Symptom Change



Patients were also given a Quality of Life Inventory, which measures the satisfaction with multiple areas of life, including occupation, relationships, health, creativity, and goals. Higher scores mean a greater overall quality of life endorsed by the client. In Residential Treatment and Partial Hospitalization/Intensive Outpatient, clients endorsed significant increases in quality of life.

## Quality of Life



When patients were discharged, they were asked a series of questions related to how useful they found the treatment program on a scale of 1 to 5, 1 being "Strongly Disagree" and 5 being "Strongly Agree." Out of 116 patients surveyed, **96% said they would recommend TBV services to a family member or a friend in need** and **92% said they would use our services again if needed.**

## Patient Satisfaction (%)

