

### Prognosis of Anorexia Nervosa

TO THE EDITOR: In his review of outcome studies concerning patients with anorexia nervosa, Hans-Christoph Steinhausen, M.D., Ph.D. (1), concluded that the disorder “did not lose its relatively poor prognosis in the 20th century” (p. 1284). Such a conclusion is pessimistic, as Theander (2) warned: “A weather forecast cannot influence the predicted events themselves. On the other hand, a prognosis concerning human problems may influence the further course considerably. A pessimistic prognosis for a line of business may start a negative trend.” Indeed, this influential Swedish researcher was the first to publish long-term outcome data that appear to be in line with Steinhausen’s conclusion but also “may restore hope and confidence in patients and their relatives, as well as their therapists, as they supply clear evidence that recovery may eventually occur even after a very long and severe illness” (2). For this reason, Theander rightly cautioned against flippant use of the term “chronicity” and proposed discussion of a “long-lasting” or “protracted” eating disorder (3).

In this respect, Dr. Steinhausen’s notion of chronicity should be seriously questioned (1). In fact, he used it as a synonym for “poor outcome.” This may lead to illogical and confusing labeling of young adolescents as patients with “chronic” illness (Figure 1), even if their follow-up was for less than 4 years! I am also puzzled by his use of chronicity as a prognostic factor (Table 5) and his tautological conclusion that “chronicity leads to poor outcome” (p. 1288). In view of the expectation that his otherwise very instructive review will be often quoted, I wished that Dr. Steinhausen had been more prudent in his phrasing. In fact, his own data have shown that with increasing duration of follow-up, the rate of recovery can rise to more than 70%. The prognostic picture of anorexia nervosa should include this more optimistic conclusion, in reference to Theander’s wise words, although I do not underestimate the seriousness of the disorder.

#### References

1. Steinhausen H-C: The outcome of anorexia nervosa in the 20th century. *Am J Psychiatry* 2002; 159:1284–1293
2. Theander S: Outcome and prognosis in anorexia nervosa and bulimia: some results of previous investigations, compared with those of a Swedish long-term study. *J Psychiatr Res* 1985; 19:493–508
3. Theander S: Chronicity in anorexia nervosa: results from the Swedish long-term study, in *The Course of Eating Disorders: Long-Term Follow-Up Studies of Anorexia and Bulimia Nervosa*. Edited by Herzog W, Deter HC, Vandereycken W. Berlin, Springer, 1992, pp 214–227

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### Dr. Steinhausen Replies

TO THE EDITOR: The comment by my distinguished colleague Dr. Vandereycken is much appreciated. However, I feel that his reasoning is faulty. In my article, I warned that both the variability in my findings regarding prognostic factors and the likely nature of the data precluded any delineation of rules as to individual prognosis in a patient suffering from anorexia nervosa. Unfortunately, Dr. Vandereycken did not take this warning seriously and used a statement by Theander to argue against the potentially detrimental effects of outcome research findings for individual prognosis.

Furthermore, Dr. Vandereycken is mistaken regarding the findings presented in Figure 1 that show a subgroup of patients with adolescent onset of anorexia nervosa who developed a chronic course. It is reasonable to calculate the number of patients who had a chronic or protracted course less than 4 years after adolescent onset. This has been done repeatedly in various outcome studies that formed the basic data set of my review.

Similarly, “chronicity” has not been used only as a prognostic factor in various outcome studies. The association with outcome is also not tautological. Although the probability seems to be lower, protracted illnesses may show some improvement. In fact, the data shown in my Figure 1 indicated that with increasing duration of follow-up, the outcome of anorexia nervosa does improve.

In quoting my research on the outcome of subjects with adolescent-onset anorexia (1), Dr. Vandereycken kindly provided me with the opportunity to emphasize the variability of outcome findings, as documented in my review. However, the statistical analyses of the entire body of outcome studies in the last century, including the high rates of mortality, chronicity, and impairment and the relatively stable pattern across five decades, lead to the conclusion that anorexia nervosa did not lose its relatively poor prognosis in the 20th century.

#### Reference

1. Steinhausen H-C, Seidel R, Winkler Metzke C: Evaluation of treatment and intermediate and long-term outcome of adolescent eating disorders. *Psychol Med* 2000; 30:1089–1098

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