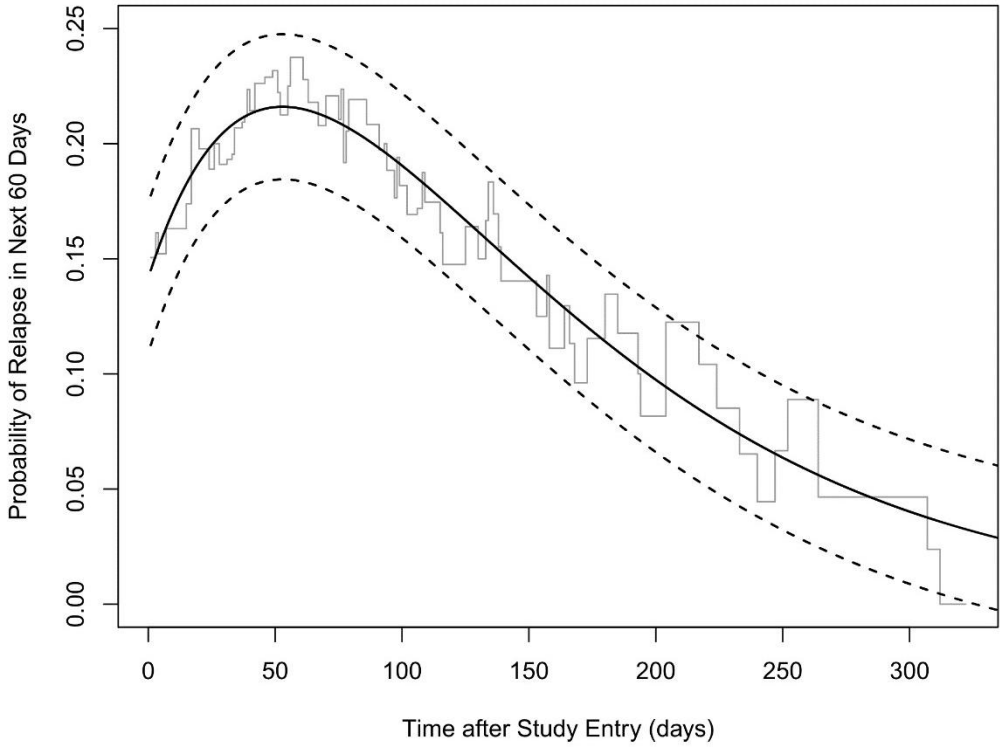
Data supplement for Walsh et al., Time Course of Relapse Following Acute Treatment for Anorexia Nervosa. Am J Psychiatry (doi: 10.1176/appi.ajp.2021.21010026)

Figures

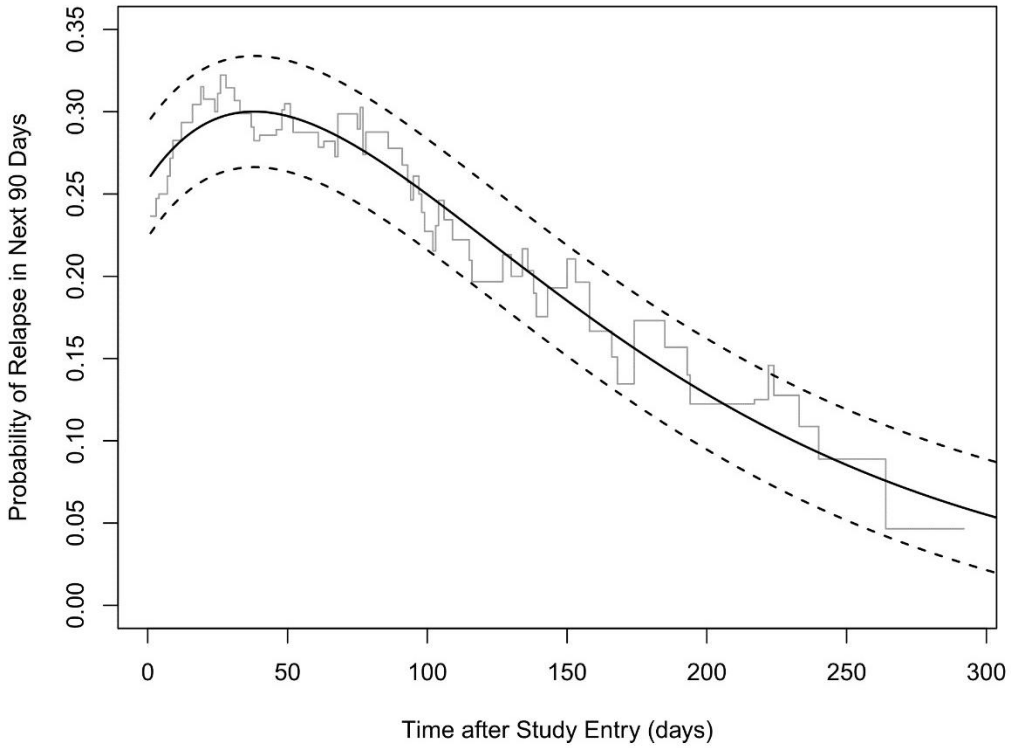
The analyses described in Figures S1 and S2 were based on the criterion that all 53 patients who failed to complete the full 52-week study were considered to have relapsed. This criterion was used in the primary analysis in the original study (Walsh et al., 2006).

FIGURE S1. Probability of relapse in the subsequent 60 days versus time after study entry[a]



[a] The line in gray is the step function showing the nonparametric Kaplan Meier estimator. The fitted gamma function is shown by the black line; the dashed lines show the 95% confidence intervals. The fitted parameters are $\hat{\alpha} = -0.0125$ (95% CI: −0.0129, −0.0122), $\hat{\gamma} = 0.0073$ (95% CI: 0.0071, 0.0076), and $\hat{c} = -27.03$ (95% CI: -30.35, −23.72). At day 0, the probability of relapse within next 60 days was 14.3% ± 3.3%. The maximum risk of relapse was on day 53 when the probability was 21.7% ± 3.2%. After day 272, the relapse risk declined to below 5%.

FIGURE S2. Probability of relapse in the subsequent 90 days versus time after study entry[a]



[a] The line in gray is the step function showing the nonparametric Kaplan Meier estimator. The fitted gamma function is shown by the black line; the dashed lines show the 95% confidence intervals. The fitted parameters are $\hat{\alpha}$ = −0.0119 (95% CI: −0.0122, −0.0115), $\hat{\gamma}$ = 0.0097 (95% CI: 0.0093, 0.0100), and $\hat{c}$ = −46.20 (95% CI: -50.88, −41.52). At day 0, the probability of relapse within next 90 days was 26.1% ± 3.5%. The maximum risk of relapse was on day 38 when the probability was 30.0% ± 3.4%. After day 311, the relapse risk declined to below 5%.

Additional Statistical Analyses

We compared the estimated peak relapse rates over the next 90 days for the following: relapse judged clinically at the time of study withdrawal versus any withdrawal viewed as a relapse, site (New York vs Toronto), and subtype (binge-eating/purging vs restricting). The peak risks of relapse for the two criteria for judging relapse (dropouts classified clinically versus all dropouts classified as having relapsed) did not differ significantly (26.8 ± 1.4(SD) vs 30.0 ± 1.7%, $p=0.07$). The peak risk of relapse at the New York site was significantly greater than that at the Toronto site (43.5 ± 2.4 vs 15.7 ± 3.0%, $p<0.001$), and the peak risk of relapse for patients with the binge-eating/purging subtype was significantly greater than for patients with the restricting subtype (34.4 ± 3.4 vs 21.3 ± 2.0%, $p<0.001$). The days of peak relapse differed significantly for all these comparisons. For study withdrawal judged clinically versus all withdrawals classified as having relapsed, the days of peak relapse were 54.3 ± 0.4 vs 38.1 ± 1.8 days, $p<0.001$. For New York versus Toronto, the days of peak relapse were 45.7 ± 0.3 vs 99.6 ± 2.3 days, $p<0.001$. For the binge-eating/purging versus the restricting subtype, the days of peak relapse were 60.9 ± 1.3 vs 49.5 ± 3.4 days, $p<0.002$.