Research Landscape of Intensive Outpatient Programmes for Eating Disorders

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WHAT DO WE KNOW ABOUT SUCH A MODEL?

Intensive Outpatient Programmes (IOPs)

- Bridge the gap between outpatient and inpatient care, offering enhanced levels of support whilst allowing patients to remain within their community settings (Beat, 2019)
- Are particularly suited for patients who need *more than* standard outpatient care but not the 24/7 inpatient treatment.
- Also support step-down from inpatient care, facilitating community reintegration.
- Offer flexible, creative and intensive care, closer to home, aligning with the NHS Long Term Plan (NHS, 2019)
- High levels of patient and their family satisfaction reported (Beat, 2024)

KEY PRINCIPLES AND PURPOSE OF IOP

Providing **enhanced care** to eating disorder patients in the **community** setting.

Supporting **inpatient** admissions through **in-reach** to facilitate earlier discharge, as clinically appropriate.

Offers a more **integrated, holistic, patient-centred** healthcare system and one that is **responsive** to the **young person's needs.**

Intensive community and home-based treatments for eating disorders: A scoping review

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Protocol paper (Basak et al., 2023)

[Ince-2025-Intensive-community-and-home-based-.pdf]

Aim

What is the extent of the available literature on intensive community and home-based treatments for children, adolescents and adults with eating disorders (EDs)?

How are intensive community and home-based treatments for EDs conceptualised and implemented across the age range?

What is the available evidence on the efficacy, acceptability, and cost-effectiveness of intensive community and home-based treatments for EDs?

Abstract

Background Intensive community treatment (ICT) and home-based treatment (HBT) have emerged as valuable alternatives to institution-based intensive treatments (inpatient or day patient) for severe mental illnesses. Although potential benefits of ICT and HBT for eating disorders (EDs) have been proposed, this area of research remains largely unexplored.

Method A scoping review was conducted to map the available literature. Four databases (PubMed, PsycInfo, MEDLINE, Web of Science), grey literature, and trial registries were searched. Sources were included if they presented treatments offering more than two planned therapeutic contacts per week for at least part of the program, excluding physical monitoring contacts, for patients diagnosed with any ED across all ages.

Results Forty-six sources met the inclusion criteria (ICT: n = 31; HBT: n = 15), with most studies from Europe (n = 23) and the USA (n = 18). Among these, 28 reported quantitative data, six reported qualitative data, and three employed a mixed-methods approach. The remainder were either protocol papers or service descriptions only. The majority focused on anorexia nervosa (AN) or mixed EDs, with varying study designs and predominantly low to moderate evidence quality. There were no randomized controlled trials. HBTs primarily targeted children and adolescents with AN, emphasizing family-based approaches, while ICTs exhibited greater variability in age groups and diagnoses, frequently combining cognitive behavioral and dialectical behavioral therapies, often alongside family-based components for children and adolescents. Despite high variability in design, quality, and measurements, studies frequently reported improvements in clinical outcomes. Programs were often described as feasible and acceptable, noting patient satisfaction, strong adherence, and cost-effectiveness due to reduced hospital admissions.

Conclusions Even though there was variability in implementation and methodologies, ICTs and HBTs appear to be promising alternatives to traditional institution-based intensive treatments. Future research requires higher-quality large-scale randomized trials with improved reporting of treatment characteristics and outcomes to enable robust investigations of effectiveness.

Results: Conceptualisation & Implementation

Programs for Children & Adolescents

- Psychotherapeutic approaches: Family-Based Treatment (FBT) as a standalone or combined with Cognitive Behavioural Therapy (CBT) and/or Dialectical Behaviour Therapy (DBT).
- Family/carer involvement was vital.
- Mostly involved meal support and/or supervised meals.
- Treatments were provided by multidisciplinary teams.
- Intensity ranged from 1-4 sessions/week to 10 HV/week for HBTs and 3 to 10 hours per week for ICTs.

Programs for Adults

- Psychotherapeutic approaches: Mostly a combination of CBT and DBT: 1 each of: Schema Therapy, 'Feminist Conscious' approach.
- Family/carer involvement was rare (n=2).
- Mostly involved meal support and/or supervised meals.
- Treatments were mostly provided by multidisciplinary teams.
- Intensity ranged from 3 to 15 hours per week for ICTs.

Results: Conceptualisation & Implementation

Programs for All Age Populations

Home-based Treatment (n=1)

- Psychotherapeutic approaches: MANTA, combined with meal support and/or supervised meals
  - Length: 18 weeks
- Family/carer involvement was integral
  - Focus on family therapy
  - Supporting families during meal times
- Treatments were provided by multidisciplinary teams.

Intensive Community Treatments (n=5)

- Any type of ED
- Psychotherapeutic approaches: CBT (n=1); CBT + other psychotherapeutic approaches such as DBT or ACT (n=4)
- Meal support and/or supervised meals

Results: Evidence on the efficacy, acceptability and cost-effectiveness

- Studies varied in design, and most had moderate to low rating for the quality of evidence for effectiveness.
  - L1 ‘experimental design’: 1 study - pseudo-RCT design
  - L2 ‘quasi-experimental design’: 6 studies
  - L3 ‘observational-analytic designs’: 17 studies
    - Includes studies reporting on evidence of meaningfulness
  - L4 ‘observational descriptive designs’: 9 studies
  - L6 ‘Single economic evaluation of moderate or poor quality’: 6 studies

Results: Evidence on the efficacy, acceptability and cost-effectiveness

Programs for Children & Adolescents

- Significant improvements in BMI and/or weight-related outcomes (HBT: 6; ICT: 5) and ED psychopathology (HBT: n=4; ICT: n=5) were reported.
- Continued or maintained improvement over time was noted in the 7 studies that reported on follow-up data (1 month to 1 year).
- High levels of satisfaction and good levels of treatment adherence were shown in studies (HBT: 5; ICT: 2).
- Reductions treatment cost and/or number of/LOS were also reported (HBT: 4; ICT:1).

Results: Evidence on the efficacy, acceptability and cost-effectiveness

Programs for Adults

- Significant improvements in BMI and/or weight-related outcomes (ICT: 8) and ED psychopathology (HBT: n=1; ICT: n=11) were reported.
  - Except 1 case study in a non-underweight patient, documented stable BMI over the course of the treatment.
- Continued or maintained improvement over time was noted in the 5 studies that reported on follow-up data (1 month to 1 year).
- High levels of satisfaction and good levels of treatment adherence were shown in studies (HBT: 1; ICT: 9).
  - Except for 1 investigating at-home tube feeding for adults with BN, which most participants rated as a difficult experience.
- Reductions in treatment cost and/or number of/LOS were also reported (ICT:2).

Results: Evidence on the efficacy, acceptability and cost-effectiveness

Programmes for All Age Populations

- Outcome data were limited.
- Improvements in ED psychopathology (ICT: n=1) were reported.
- High levels of treatment adherence were shown in 1 study.
- No papers reported cost-effectiveness.

Qualitative Outcomes

Reported in 9 papers (4: C&A, 4: adults; 1: all age)

Positive Aspects:

- Increased hopefulness, enhanced understanding of the illness, active involvement in treatment planning, acquisition of new skills, reduced isolationand decreased hospital admissions.

Percieved challenges/areas for improvement:

- Logistical and practical difficulties (e.g. room bookings, family logistics, technical/connection difficulties, concerns around the impact of the programme on other family members and staff turnover.changes during treatment.

Discussion: Gaps in the Literature

- Inconsistent or missing descriptions of treatment components, such as overall duration, weekly intensity, and session length.
- Underreporting of race and ethnicity.
- Almost non-existent reporting of gender identity.
- Predominant inclusion of white female participants.
- Variability in outcome measures complicates the interpretation and comparison of findings.

Conclusion

- HBTs mainly targeted children and adolescents with anorexia nervosa, integrating family-based approaches.
- ICTs showed greater variability in age and diagnosis, and treatment approaches.
- Evidence-base for efficacy, acceptability and cost-effectiveness is limited by a lack of RCTs. However, the heterogeneous studies suggests that ICTs and HBTs for EDs may be promising alternatives to traditional institution-based intensive treatments, particularly for improving treatment experiences and reducing treatment costs and hospital admissions.
- Large randomized clinical trials are needed to identify predictors of treatment outcomes and determine the best modalities for specific patient populations.

A report on Service Leads' Views of Existing Intensive Outpatient Programmes (IOPs) for Children and Adolescents with Eating Disorders

Erica Cini [†] and Katie Salucci[†]

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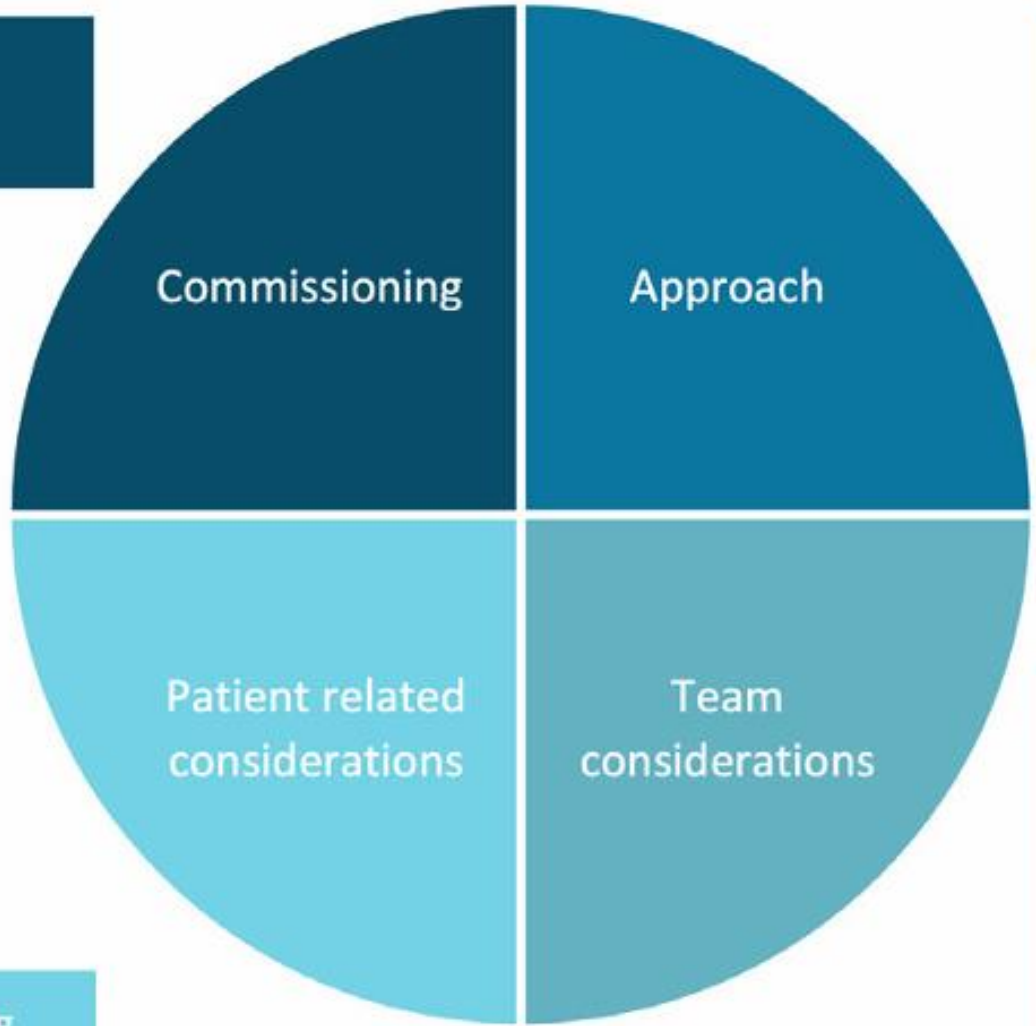
[(PDF) Informing the development of intensive outpatient programmes for eating disorders in children and young people: learning from service leads' experience]

- Financial aspects
- Systems factors



- Helpful approach
- Flexibility
- Collaborative needs-led
- Family approach considerations
- Communication

- Patient presentations (including eligibility/exclusion criteria)
- Specific patient considerations

- Aims
- Service development
- Service specification components
- Therapeutic modalities
- Setting
- Staffing
- Training
- Wellbeing

Clinician's Experience of Working with an Intensive Outpatient Programme for Child and Adolescent Eating Disorders – A reflexive Thematic Analysis

Cliona Brennan, Ellen McAdams, Elena Pears, Amy Chimes, Anna Kostantellou, Mima Simic, Julian Baudinet

[Clinicians_Experience_of_Working_with_an_Intensive Outpatient Programme.pdf]

Results

N=15 clinicians, 1 service

Themes	Subthemes
1. Tri-directional Collaboration	1a. All in it together 1b. Collaboration as a dynamic process 1c. Therapeutic alliance as a mechanism of change
2. Creating Space for Change	2a. Pressing pause 2b. A safety net 2c. Bespoke treatment planning
3. Transitions as Turning Points	3a. Endings as opportunities for reflection and review 3b. Living with uncertainty: 'What happens next?' 3c. Clinician confidence as a source of containment

Young Person and Parent Experience of an Intensive Outreach Programme for Eating Disorders: a reflexive thematic analysis

Cliona Brennan, Ellen McAdams, Amy Chimes, Anna Kostantellou, Mima Simic, Julian Baudinet

[Euro Eating Disorders Rev - 2026 - Brennan - Young Person and Parent Experience of an Intensive Outreach Programme.pdf]

Results

N=9 adolescent patients
N=13 caregivers
1 service

Themes	Subthemes
1. From despair to direction	1a. Sirens
	1b. Rock bottom
	1c. Reclaiming control and hope
2. Support that fitted our family	2a. Collaboration as a key mechanism for change
	2b. Care adapted to individual needs
	2c. Fostering engagement
3. No quick fix	3a. The realisation
	3b. Paving the way
	3b. A new chapter

The patient experience of illness, treatment, and change, during intensive community treatment for severe anorexia nervosa

Julia Hannon, Lindsey Eunson, Calum Munro

[The patient experience of illness treatment and change during intensive community treatment for severe anorexia nervosa.pdf]

Results

N=5 adults
1 service
Interpretative Phenomenological Analysis

- Treatment experience
- Function of anorexia
- Self-criticism vs self-acceptance
- Isolation vs connection
- Hopelessness vs hope
- Stuckness vs change

CONCLUSION

- IOPs offer a promising middle ground between outpatient and inpatient care
- Associated with improved outcomes, experience and reduced hospital use
- Evidence base remains limited (low-moderate quality; no RCTs)
- Need to identify what works, for whom and in which contexts

From promise to practice: refining and implementing IOPs at scale

Watch the Space

A Mapping Exercise of Existing Intensive Outpatient Programme (IOP) Services across London (UCL REC: 2026-2312)

Exploring The Eating Disorder Intensive Outpatient Programmes (IOP) Stakeholders' Perspective From Across England: A Qualitative Study (IRAS Number: 366855)

Patient characteristics and outcomes following an 8-week eating disorder intensive outpatient programme: A Service Evaluation (Ref: G230H)

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