Eating Recovery Center

Recovery is possible. Our data shows it.

Eating Recovery Center 2025 Outcomes Report

A Letter to Our Community

Our Commitment to Measurable Healing

I've treated people with eating disorders for over 40 years, and one thing has remained constant: **Our patients are brave.** Reaching out for help is never easy. We see patients and families come to us during some of the hardest moments of their lives, and we don't take that trust lightly.

Outcomes are often presented as graphs, numbers and clinical terminology. For us, they represent a tangible way to see what's working, where we can do better and how we can continue to evolve in service of the people who come to us for help.

Recovery is not linear, and progress looks different for everyone. Our goal is to meet people where they are, support them as they are and create the conditions for meaningful, lasting change. We remain deeply grateful to our patients and families for their trust, to our referring providers for their partnership, and to our teams whose expertise and compassion make this work possible every day.

Thank you for taking the time to review our outcomes. We are committed to learning from this data so we can continue to advance care for eating disorders and mental health with integrity.

With gratitude,

Ken Weiner, MD, CEDS, FAED
Founder & Chief Medical Officer
Eating Recovery Center

Experts in Eating Disorder Care for Complex, Co-Occurring Needs

Thousands of Recovery Stories Guide Our Care

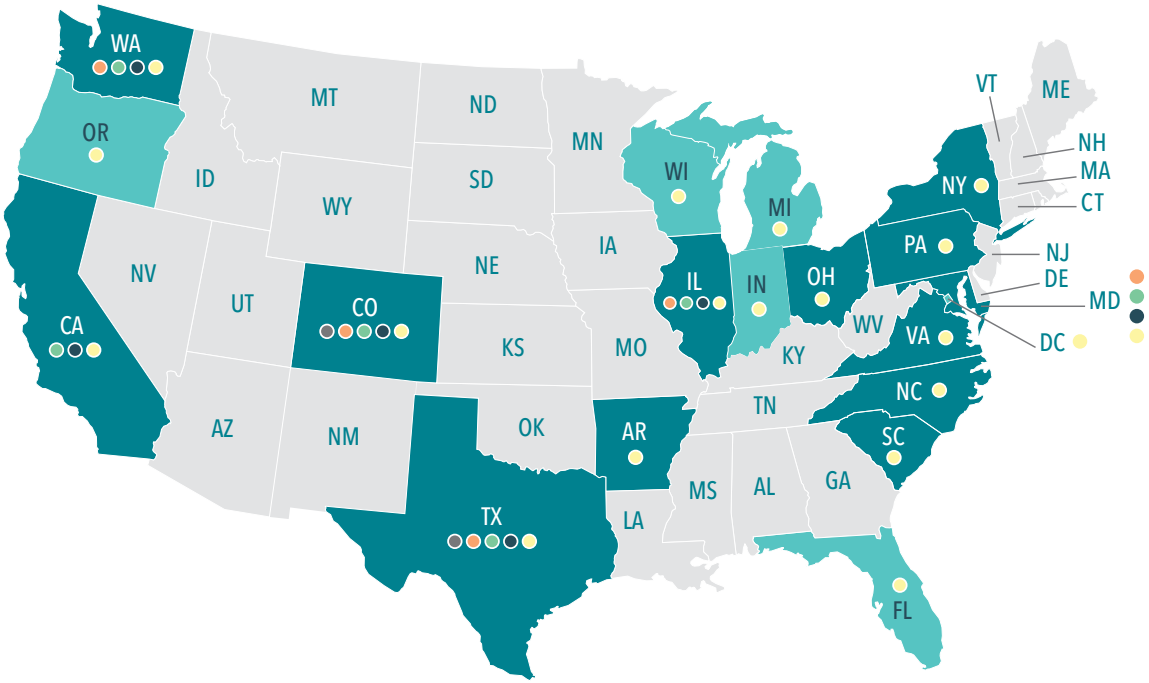
Eating Recovery Center and Pathlight Mood & Anxiety Center have been pioneers in eating disorder treatment and co-occurring conditions for nearly two decades. We've remained steadfast in our evidence-based treatment, constantly shaping and reshaping our care to fit a constantly evolving landscape of mental health needs.

This work isn't easy, but it matters.

Patients of all ages, genders and backgrounds find care with us, along with lifelong alumni support after treatment ends. We know how stark eating disorder statistics can be. Our hope is that these outcomes help you see what's possible with the right support.

The Only Fully Vertically Integrated Eating Disorder Program in the World

Our nationwide locations allow more patients to access specialized care and move through treatment with continuity across every level of care.



Comprehensive Levels of Care

- INPATIENT - ERC ONLY
- RESIDENTIAL
- PARTIAL HOSPITALIZATION
- INTENSIVE OUTPATIENT (IOP)
- VIRTUAL IOP

Treatment Centers

- ERC & PATHLIGHT
- ERC

Program availability and offerings reflect our services as of 2025 and may evolve over time to meet patient needs.

For the most current treatment locations, call 1-877-825-8584.

26
CENTERS NATIONWIDE

40+
VIRTUAL PROGRAMS

57,000+
PATIENTS TREATED

400+
FULL-TIME MULTIDISCIPLINARY STAFF

Data Backed by Industry Standards

No misinformation, no inflated results, no confusion

Our outcomes data is collected under protocols reviewed and approved by an independent institutional review board (IRB), reinforcing our commitment to ethical research standards and transparency.

Outcomes Are Measured Using Validated Clinical Thresholds

Eating Disorder Symptoms We Track

From admission to discharge, we track key clinical thresholds to measure progress and guide care.

ARFID Symptoms (EDY-Q)

Food avoidance, low interest in eating or sensory sensitivities that make eating difficult for children ages 8-13.

Eating Disorder Symptoms (EDE-Q)

Eating concern:	Preoccupation with food and eating, including guilt, secrecy or anxiety around eating.
Restraint:	Efforts to limit or control eating, including avoiding certain foods or following strict food rules.
Weight concern:	Preoccupation with weight, including fear of weight gain and dissatisfaction with weight.
Shape concern:	Distress related to body shape, including dissatisfaction and negative body perception.

Global score: A combined measure that reflects overall eating disorder symptom severity across the other areas.

Co-Occurring Conditions Measured Alongside Them

Anxiety Symptoms (GAD-7)

Measures symptoms of general anxiety.
Score range: 0–21

- 0–4: Minimal anxiety
- 5–9: Mild anxiety
- 10–14: Moderate anxiety (clinical range)
- 15–21: Severe anxiety

Depression Symptoms (PHQ-9)

Measures symptoms of depression such as low mood, loss of interest and emotional distress.
Score range: 0–27

- 0–4: Minimal depression
- 5–9: Mild depression
- 10–14: Moderate depression (clinical range)
- 15–19: Moderately severe depression
- 20–27: Severe depression

Post-Traumatic Stress Symptoms (PCL-5)

Measures symptoms related to post-traumatic stress, including intrusive memories, avoidance, changes in mood, and heightened stress responses.
Score range: 0–80

- 0–30: Minimal to mild PTSD symptoms
- 31–33: Symptoms may reach the clinical threshold for PTSD
- 34+: Likely PTSD symptoms in the clinical range

Obsessive-Compulsive Symptoms (OCI-R)

Measures symptoms of obsessive thoughts and compulsive behaviors, such as checking, ordering, washing and intrusive thoughts.
Score range: 0–72

- 0–20: Minimal symptoms
- 21+: Indicates probable OCD

Nationwide Programs

Specialized Care for Eating Disorders

Conditions We Treat:

- Anorexia Nervosa (AN)
- Atypical Anorexia Nervosa
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Binge Eating Disorder (BED)
- Bulimia Nervosa (BN)
- Compulsive Overeating
- Diabulimia
- Orthorexia
- Other Specified Feeding or Eating Disorder (OSFED)

Treating Co-Occurring Mental Health Conditions

Mood and Anxiety Disorders We Treat:

- Anxiety Disorders
- Depressive Disorders
- Bipolar Disorders
- Other Mood Disorders
- Obsessive-Compulsive Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Other Trauma Related Disorders

Our Outcomes Show Recovery Is Possible

These outcomes show how our treatment supports recovery across eating disorders and co-occurring mental health conditions.

Child & Adolescent Eating Disorders

Reduction in percentage of patients screening in the clinical range

EDE-Q clinical range: ≥ 2.8

57% ADMISSION → **26%** DISCHARGE

Increase in average ideal body weight

86% ADMISSION → **93%** DISCHARGE

Average number of pounds gained per week

1.6 lbs

143 **Children screened positive for ARFID and showed symptom improvement (EDY-Q)**

Including specialized care for children ages 8–13

Adult Eating Disorders

Reduction in percentage of patients screening in the clinical range

EDE-Q clinical range: ≥ 2.8

70% ADMISSION → **30%** DISCHARGE

Increase in average ideal body weight

81% ADMISSION → **93%** DISCHARGE

Average number of pounds gained per week

1.7 lbs

A Full Picture of Recovery

Child & Adolescent Co-Occurring Conditions

Reduction in percentage of patients screening positive for anxiety
GAD-7 clinical range: ≥ 10

61% ADMISSION → **37%** DISCHARGE

Reduction in percentage of patients screening positive for depression
PHQ-9 clinical range: ≥ 10

64% ADMISSION → **39%** DISCHARGE

Parents reporting improvement
Based on 1,169 surveys taken

89% EXPERIENCE WAS HELPFUL

88% MET EXPECTATIONS

Adult Co-Occurring Conditions

Reduction in percentage of patients screening positive for anxiety
GAD-7 clinical range: ≥ 10

75% ADMISSION → **30%** DISCHARGE

Reduction in percentage of patients screening positive for depression
PHQ-9 clinical range: ≥ 10

82% ADMISSION → **34%** DISCHARGE

Patients reporting improvement
Based on 6,293 surveys taken

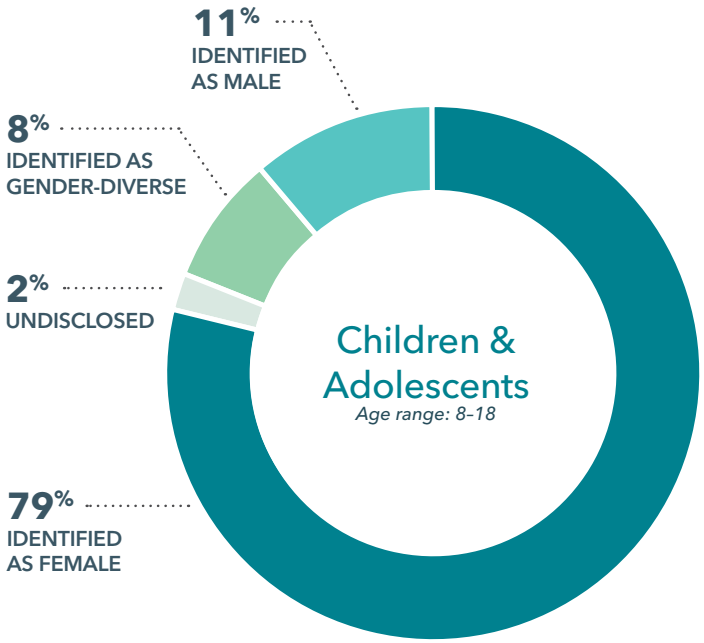
75% EXPERIENCE WAS HELPFUL

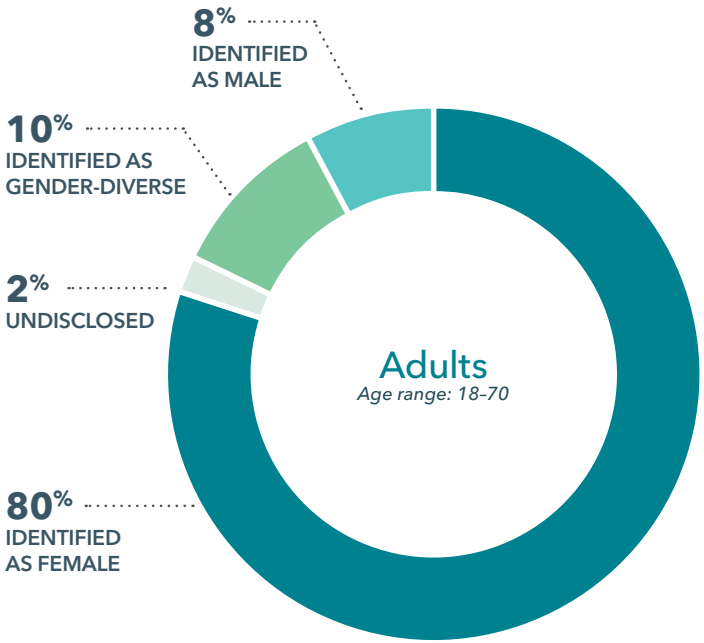
75% MET EXPECTATIONS

Eating and Mood Disorders Impact **Everyone**

Our patient population reflects the diversity of individuals and families who seek care and recovery with us.

Gender Identity

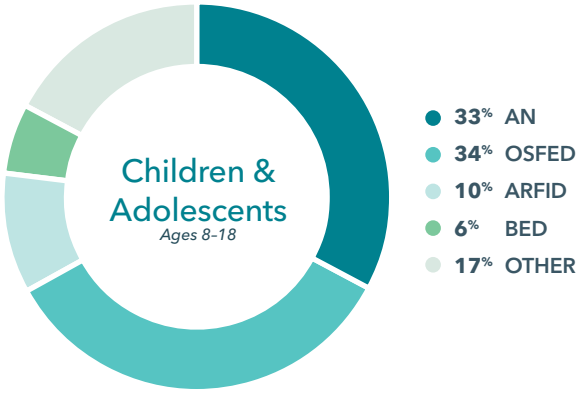


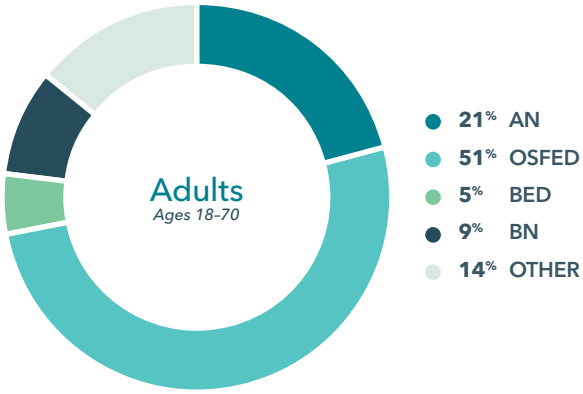


Representation Across Our Patients

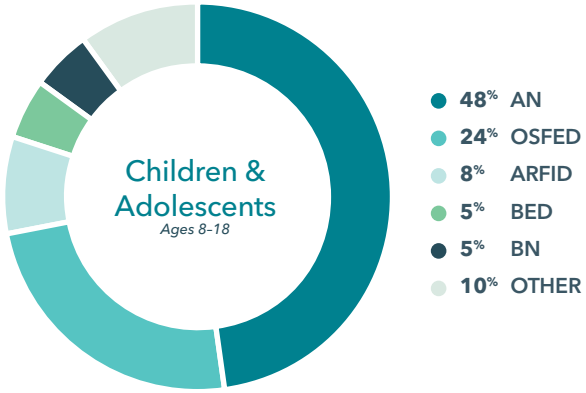
Eating disorders affect people of all backgrounds.
This data highlights the most common diagnoses across our patient population.

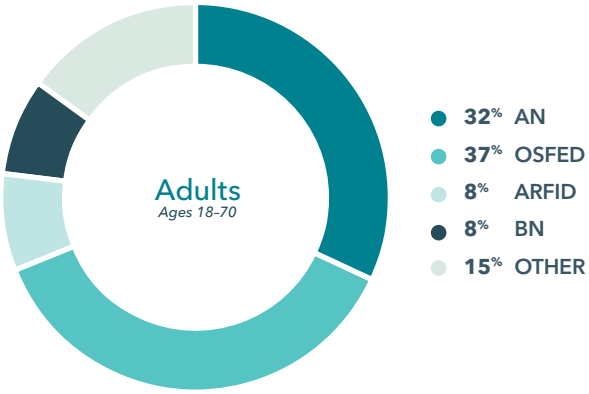
Black/African American Patients





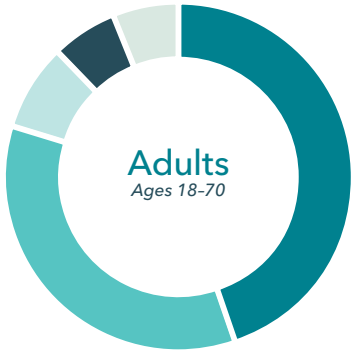
Latina/o/x Patients





Asian, Native Hawaiian and Pacific Islander Patients

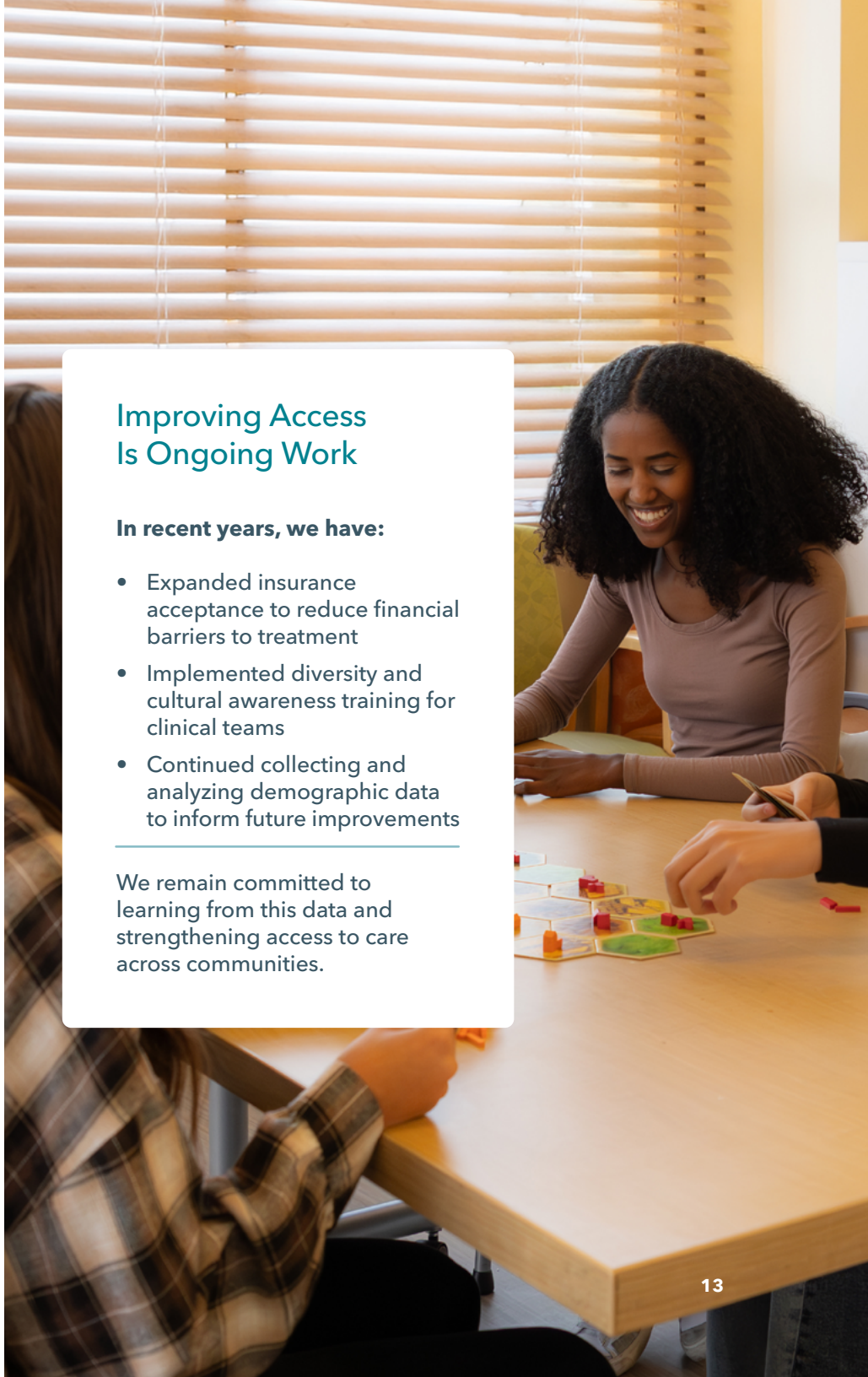
- 58% AN
- 19% OSFED
- 6% ARFID
- 8% BED
- 9% OTHER



- 45% AN
- 35% OSFED
- 8% ARFID
- 6% BN
- 6% OTHER

Multiracial Patients

- 47% AN
- 29% OSFED
- 7% ARFID
- 17% OTHER



Improving Access Is Ongoing Work

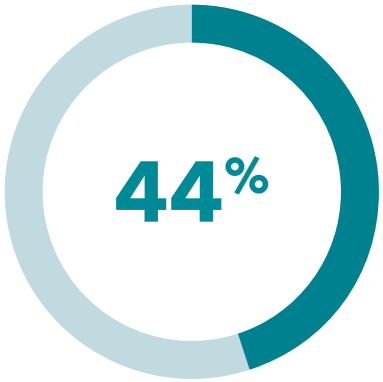
In recent years, we have:

- Expanded insurance acceptance to reduce financial barriers to treatment
- Implemented diversity and cultural awareness training for clinical teams
- Continued collecting and analyzing demographic data to inform future improvements

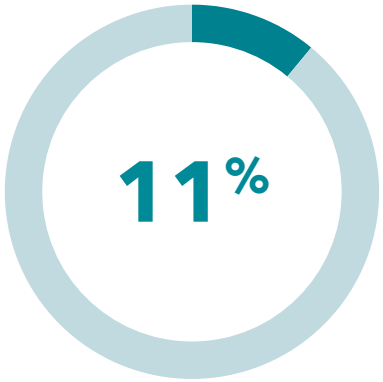
We remain committed to learning from this data and strengthening access to care across communities.

Eating Disorder Diagnoses

Children and adolescents entered care with a wide range of eating disorder presentations.

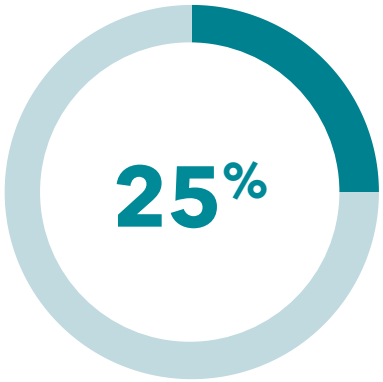


ANOREXIA NERVOSA RESTRICTING SUBTYPE

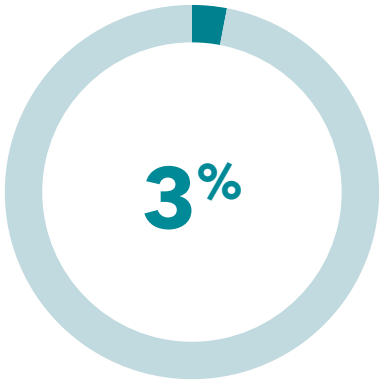


ANOREXIA NERVOSA BINGE EATING/PURGING SUBTYPE

AVOIDANT/RESTRICTIVE FOOD INTAKE DISORDER



OTHER SPECIFIED FEEDING OR EATING DISORDER



BULIMIA NERVOSA

OTHER

Clinically Meaningful Reductions in Eating Disorder Symptoms

Children and adolescents showed improvement across all core symptom areas, including eating concerns, restraint, weight concerns and shape concerns.

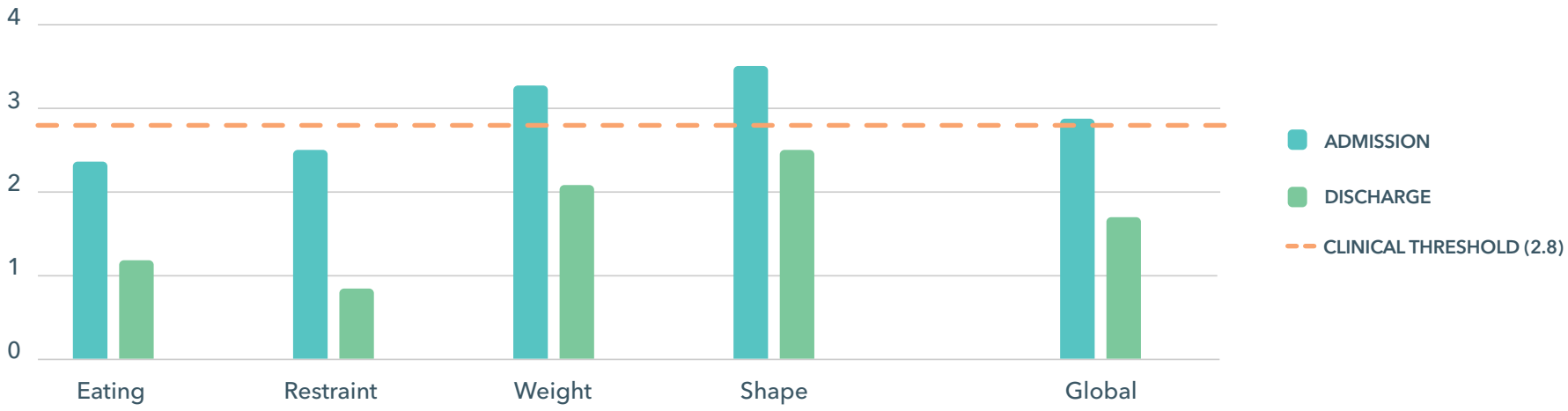
By discharge, far fewer patients reported clinical or severe symptoms.

57%
ADMISSION

→

26%
DISCHARGE

Reduction in Eating Disorder Symptoms from Admission to Discharge



EDE-Q clinical range for global score: 2.8–4.0

Meaningful Progress Toward Weight Restoration

Restoring weight helps stabilize physical health and supports children and teens as they move toward recovery.

AT ADMISSION

63%

OF PATIENTS WERE MEDICALLY UNDERWEIGHT

Average IBW: 86%

AT DISCHARGE

58%

OF PATIENTS REACHED THEIR TARGET WEIGHT

Average IBW: 93%

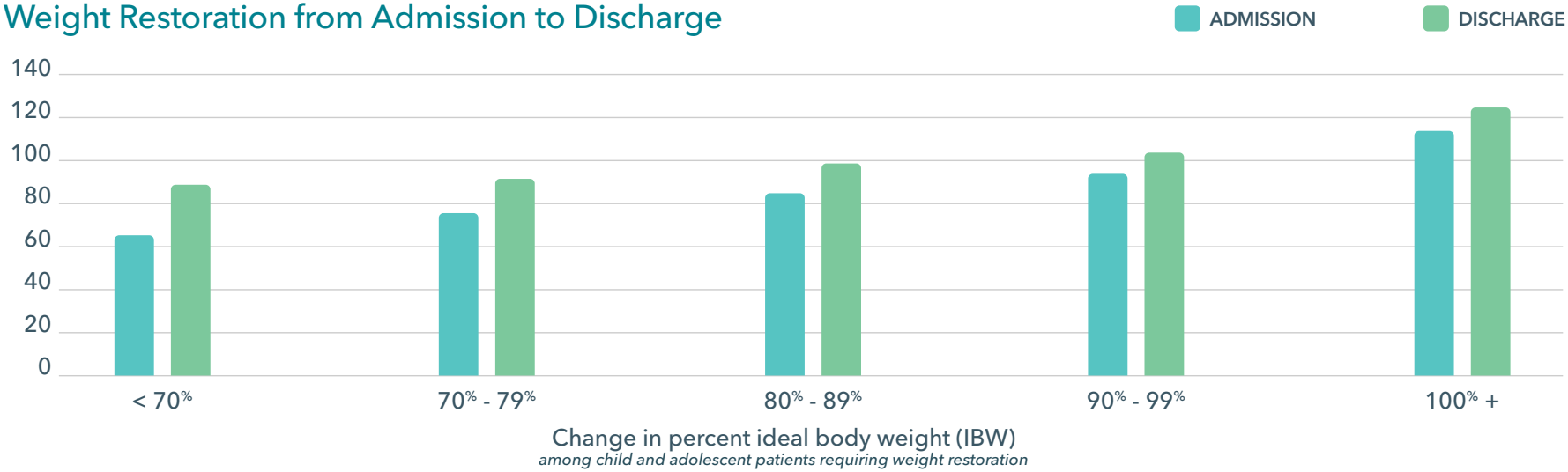
AVG. WEIGHT GAIN

1.6

LBS PER WEEK

> Our 16-year-old daughter's anorexia and depression left us afraid for her life. Her team at ERC turned all that around. She is now medically and psychologically stable and we are all ready to continue recovery and do life again.
>
> Sheree C.

Weight Restoration from Admission to Discharge

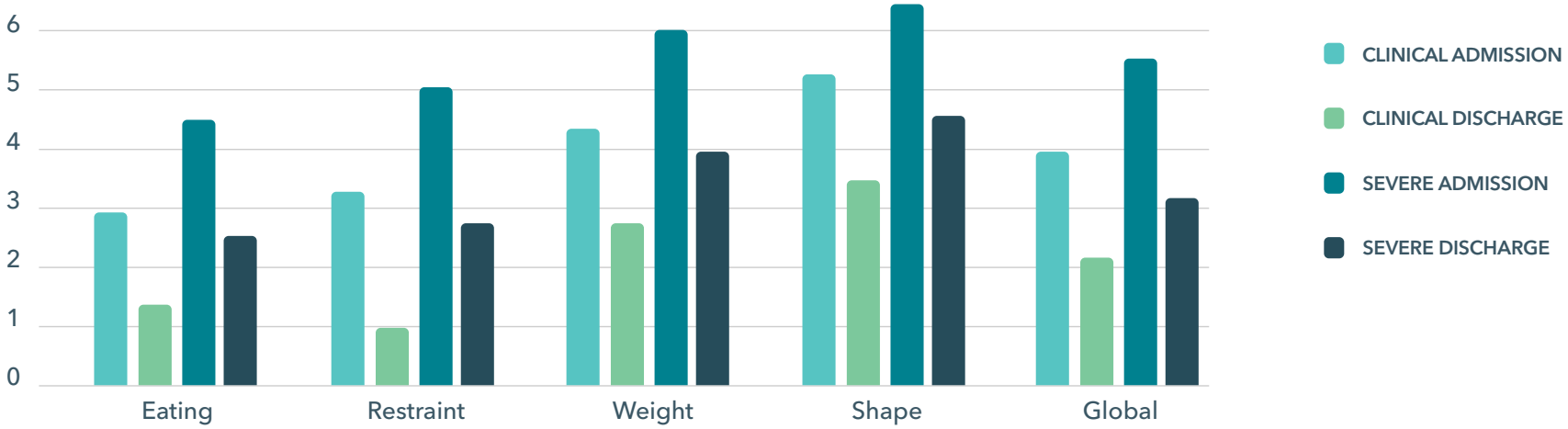


Developmentally Appropriate Care for Younger Children

Even among children presenting with eating disorder symptoms, **EDE-Q scores improved across all symptom domains by discharge.**

We use age-appropriate assessments to better understand eating challenges in children ages 8–12 because they often present differently than in adolescents or adults. This allows our clinical teams to distinguish between different types of eating and feeding concerns and provide care that aligns with each child's developmental stage.

Reduction in Eating Disorder Symptoms in Children Ages 8-12



Clear Improvements for Children with ARFID

Children with ARFID showed meaningful symptom and weight improvement

ARFID often presents differently than other eating disorders, particularly in younger children. Many children with ARFID struggle with eating due to sensory sensitivities, fear of adverse experiences, or limited food variety rather than concerns about weight or body shape.

To accurately identify ARFID and distinguish it from other eating disorders, Eating Recovery Center uses a validated, age-appropriate assessment designed specifically for children ages 8–13.

Weight Restoration Among ARFID Patients

8%
Avg. IBW increase

94%
of ARFID patients gained weight during treatment

1.5 lbs
Avg. weight gain per week
about 15 lbs total

Reduction in ARFID symptoms
EDY-Q

4.4 ADMISSION → **2.9** DISCHARGE

Brave Bites 812

Child-Tailored Eating Disorder Track for Children Ages 8-12

Eating disorders in children under 12 present differently and often go overlooked. We launched Brave Bites 812 to better serve younger children in a way that's appropriate for their developmental needs.

- ✓ On-site pediatric specialists and 24/7 nursing support
- ✓ Sensory-informed spaces
- ✓ Family therapy and caregiver involvement
- ✓ Academic support throughout care

When care is designed for children, recovery can begin earlier and feel safer for the whole family.

Co-Occurring Conditions

Children and adolescents entered care with a wide range of co-occurring conditions.

Our care model looks at the full picture rather than treating one condition.

Percentage of pediatric patients with more than one diagnosis

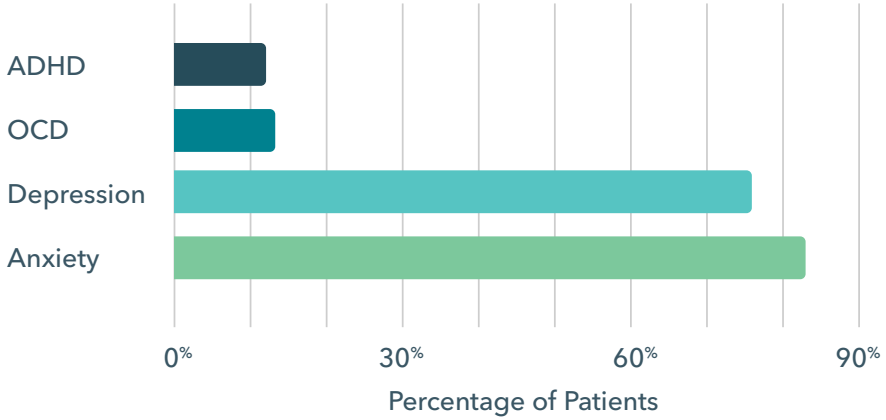
84%

Anxiety and depression were the most common

83%
ANXIETY

76%
DEPRESSION

Co-Occurring Diagnoses: Children and Adolescents



Patients Showed Significant Reductions in Depression and Anxiety

Even patients who remained in the clinical range showed meaningful improvement.

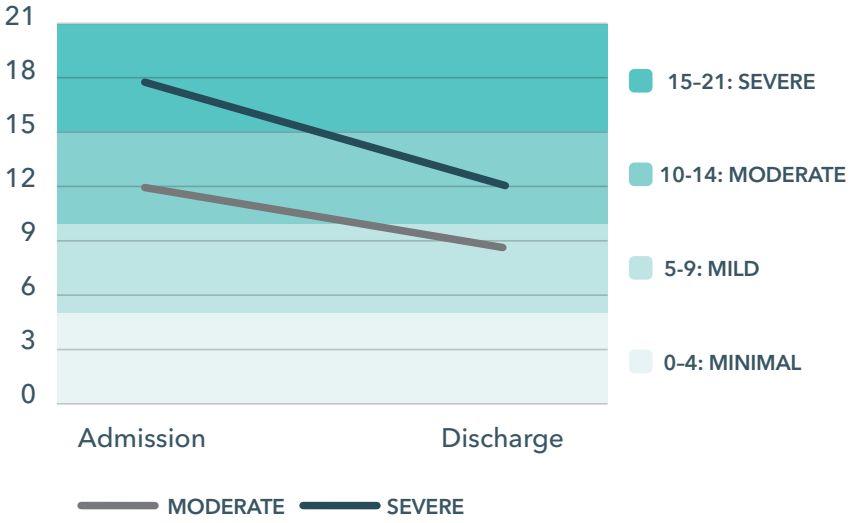
Anxiety

Reduction in patients screening in the clinical range

Anxiety measured using GAD-7 clinical range: ≥10

61% ADMISSION → **37%** DISCHARGE

Change in Reported Anxiety Symptoms from Admission to Discharge



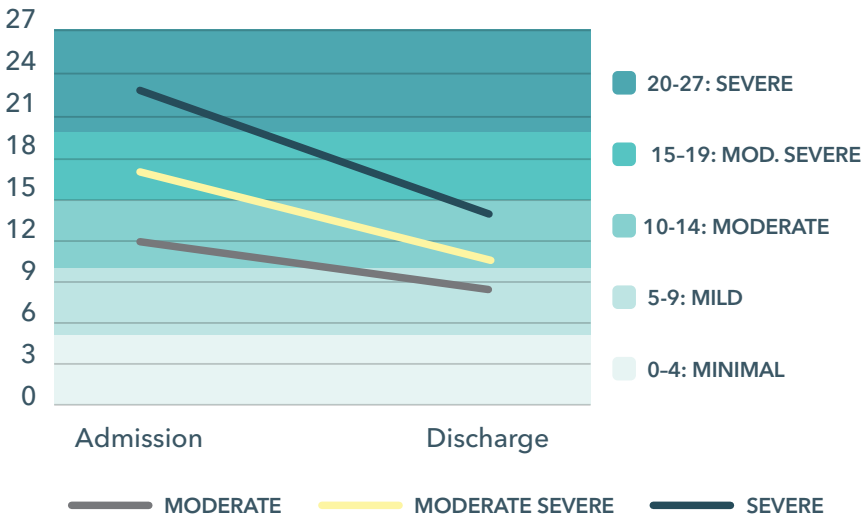
Depression

Reduction in patients screening in the clinical range

Depression measured using the PHQ-9 clinical range: ≥10

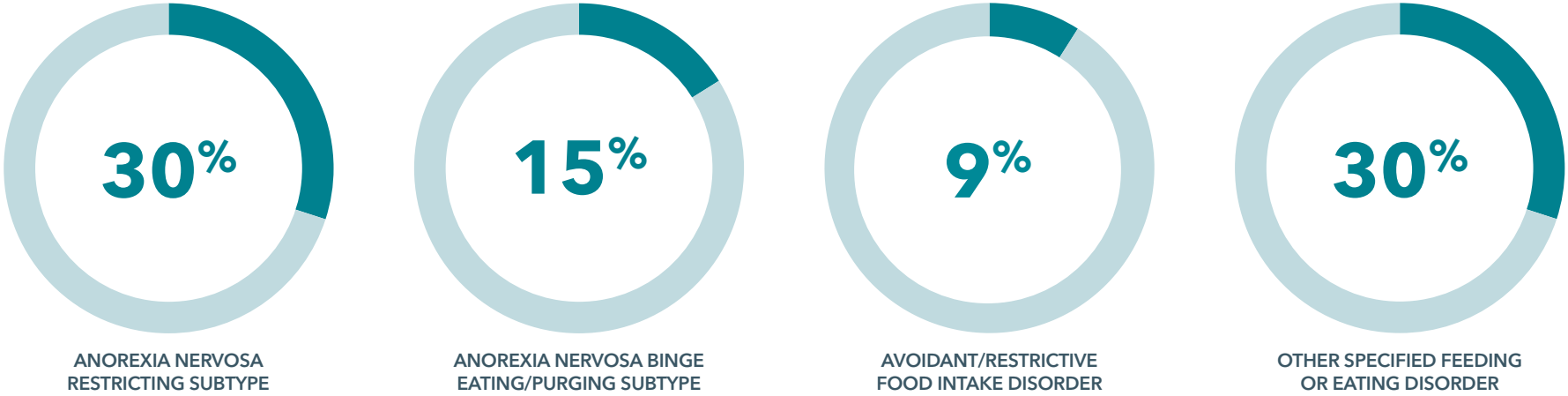
64% ADMISSION → **39%** DISCHARGE

Change in Reported Depressive Symptoms from Admission to Discharge



Eating Disorder Presentations

Adults entered care with a wide range of eating disorder presentations.



Clinically Meaningful Reductions in Eating Disorder Symptoms

Patients showed meaningful improvement across all core symptom areas, including:

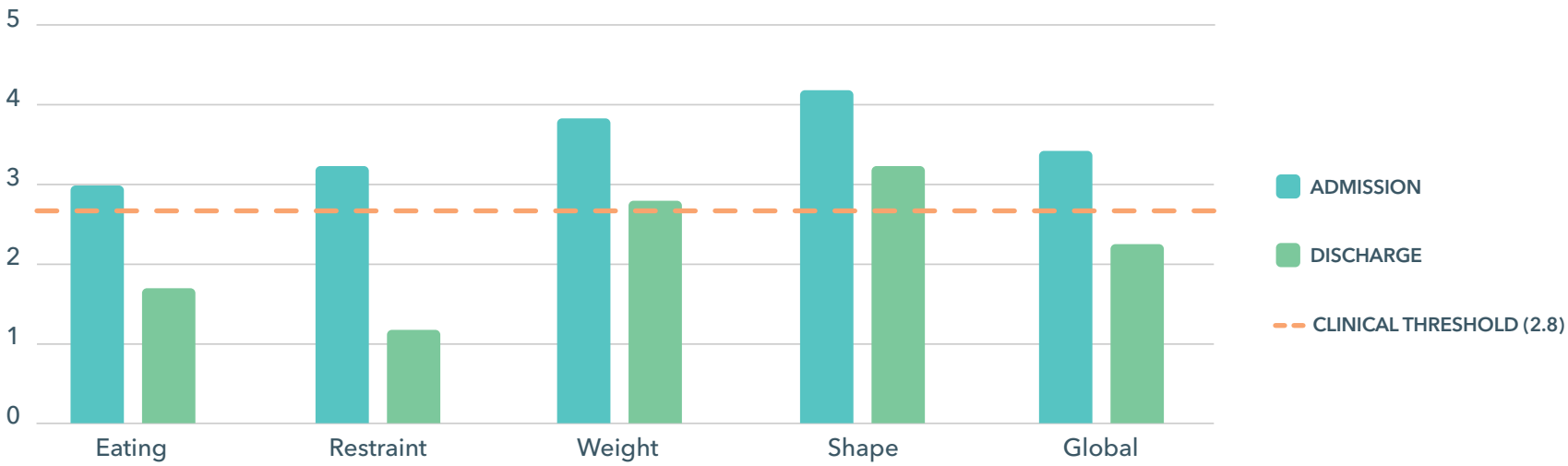
- Eating concerns
- Restraint
- Weight concerns
- Shape concerns
- Global score

Reduction in adults screening within the clinical range for eating disorder symptoms

70% ADMISSION → **30%** DISCHARGE

> Due to our location and insurance, our only option was to move to another state for the follow-up care my son needed. Financially, this would have crippled us.
>
> **Eating Recovery At Home was a LIFELINE for us!**
>
> Leila W.

Eating Disorder Symptoms



EDE-Q clinical range for global score: 2.8 - 4.0

Weight Restoration is the Foundation for Recovery

Weight and body size are not always indicators of an eating disorder. Many patients come to us without being considered medically underweight. When patients are medically underweight, however, restoring weight is an essential part of care at Eating Recovery Center. A healthy body is not one size; it's a body that is nourished and medically stable.

AT ADMISSION

61%

Underweight and needing weight restoration

LBS PER WEEK

1.7

Avg. weight gain during treatment

Average Patient Ideal Body Weight (IBW)

81%

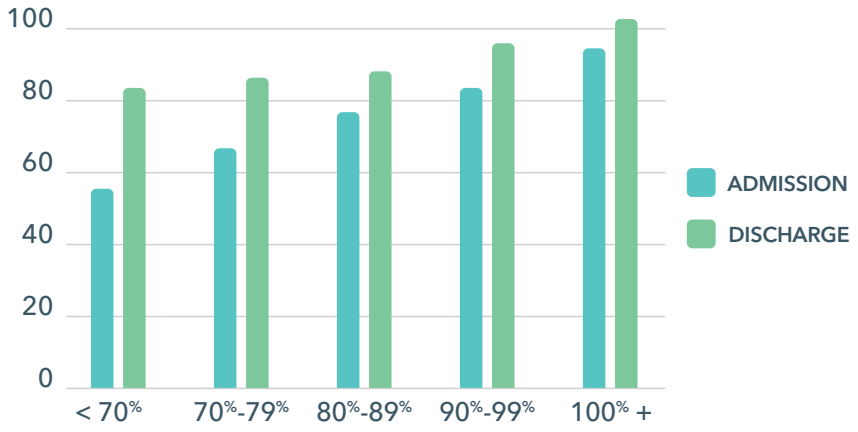
ADMISSION

→

93%

DISCHARGE

Weight Restoration from Admission to Discharge

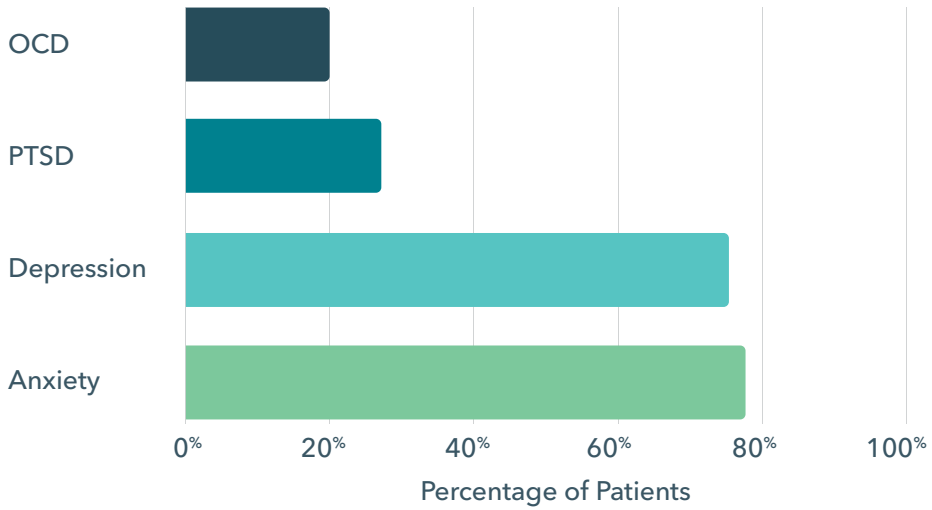


Change in percent ideal body weight (IBW)
among adult patients requiring weight restoration

Co-Occurring Conditions

We treated adult patients with a wide range of co-occurring conditions.

Mental health conditions are rarely straightforward. Our care model looks at the full picture rather than treating one condition. The most common co-occurring conditions were anxiety disorders, followed by depressive disorders and PTSD.



92%

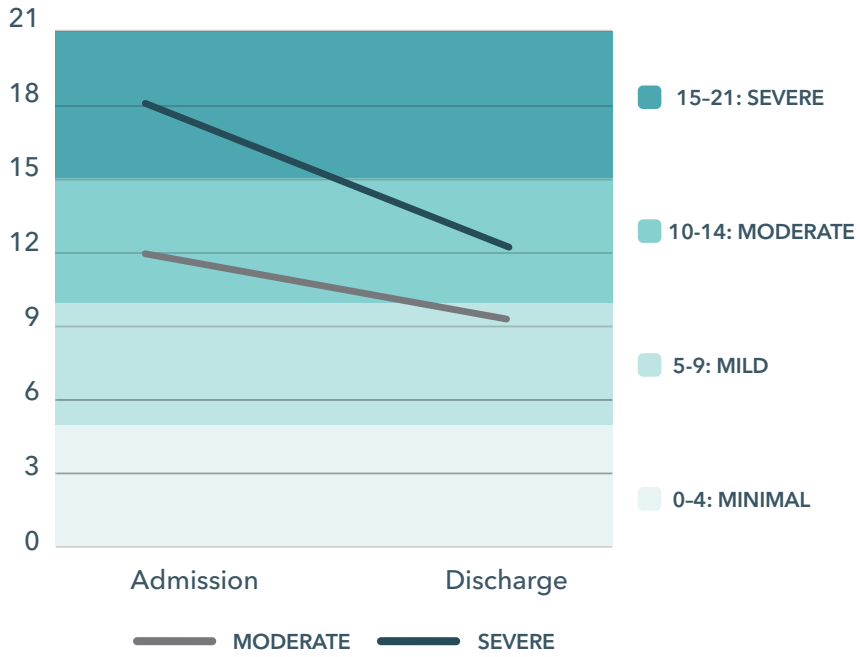
diagnosed with at least one co-occurring mental health condition

Meaningful Improvement in Patients with Anxiety

Reduction in adult patients screening positive for anxiety
Anxiety measured using GAD-7 clinical range: ≥10

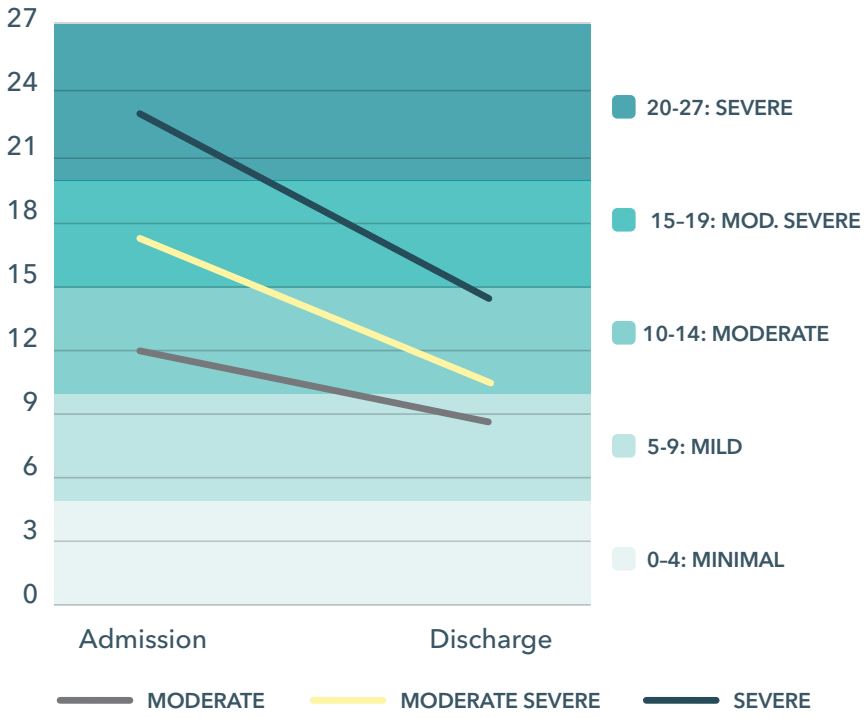
75% ADMISSION → **30%** DISCHARGE

Change in Reported Anxiety Symptoms from Admission to Discharge



Meaningful Improvement in Patients with Depression

Change in Reported Depressive Symptoms from Admission to Discharge



Even patients who remained in the clinical range showed significant improvement.

Reduction in adult patients screening positive for depression
Depression measured using the PHQ-9 clinical range: ≥10

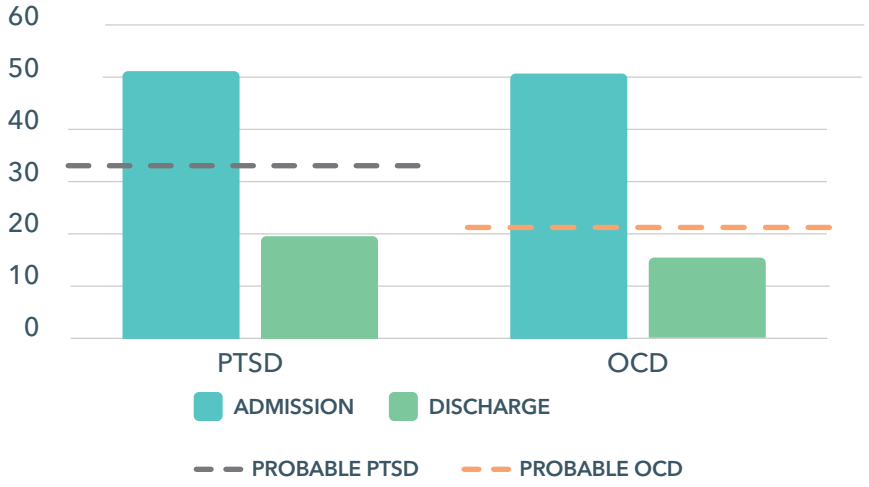
82% ADMISSION → **34%** DISCHARGE

PTSD & OCD

Many adults entering treatment present with trauma or OCD-related symptoms alongside eating disorders.

PTSD and OCD are two common co-occurring conditions we routinely screen for to better understand each patient's needs.

Reported PTSD and OCD Symptoms from Admission to Discharge



PTSD measured using the PCL-5: 0–80
≥ 34 indicates probable PTSD

OCD measured using the OCI-R: 0–72
≥ 21 indicates probable OCD

Substantial Reductions in PTSD and OCD Symptoms

Many adults entering eating disorder treatment also struggle with trauma-related or obsessive-compulsive symptoms. By discharge, the percentage of adults screening in the clinical range for both PTSD and OCD was significantly reduced.

Reduction in percentage of patients screening positive for PTSD

52% ADMISSION → **19%** DISCHARGE

Reduction in percentage of patients screening positive for OCD

51% ADMISSION → **16%** DISCHARGE

Serving Our Patients Better

ERC StrongHer

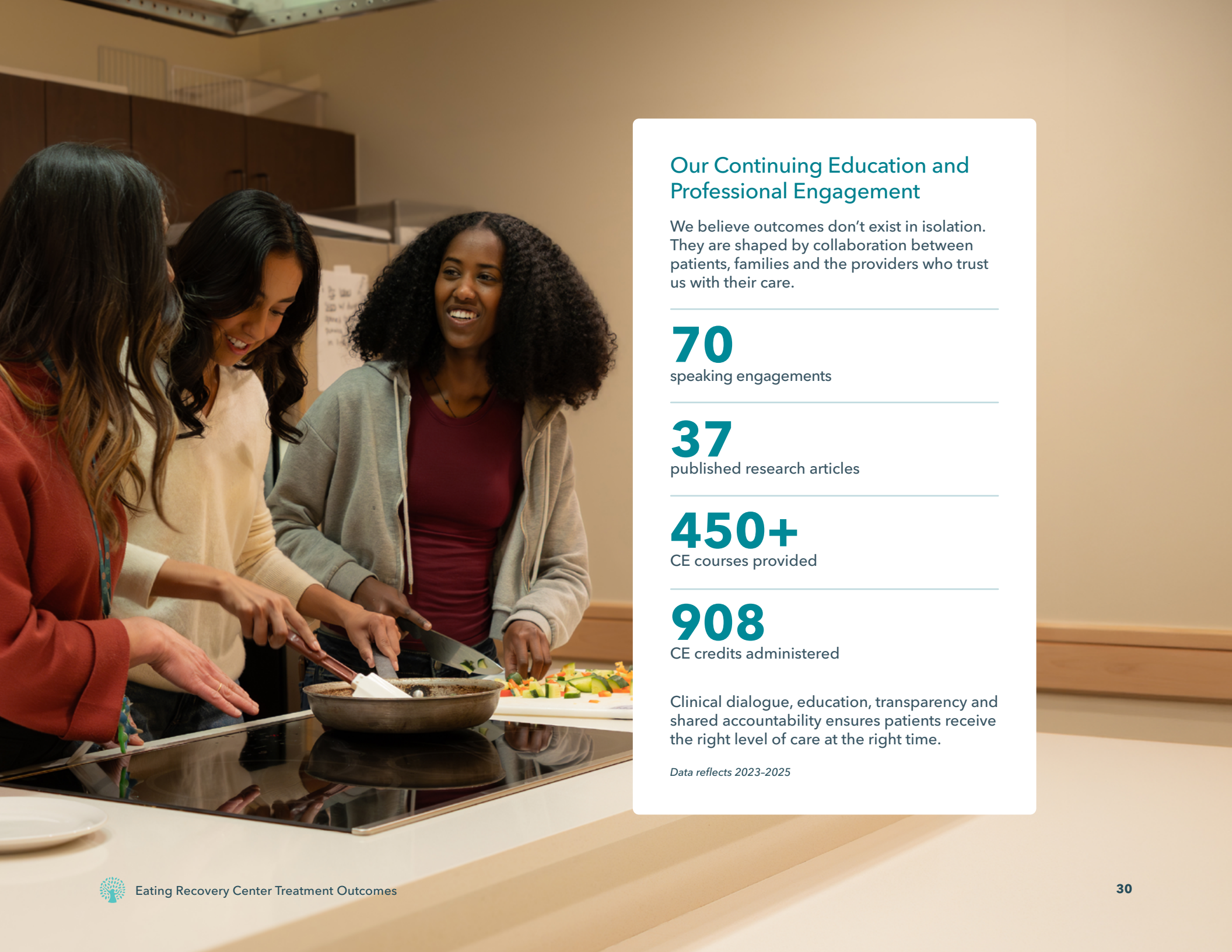
This year, we launched StrongHer, one of the only specialized eating disorder programs exclusively for women 40+. To better serve women in midlife, StrongHer provides:

- Peer groups with women going through similar life stages.
- Therapy tailored to midlife realities.
- The same clinical specialists through levels of care.

Nutrition Recharge Two-Week Program

Recovery fatigue is very real for many of our patients. Our two-week nutrition program was created by our dietitians as a simple, low-barrier way to promote healthy eating habits and encouragement for patient alumni.

- 100% said it was helpful.
- Created and led by registered dietitians.
- Virtual for adults and teens.



Our Continuing Education and Professional Engagement

We believe outcomes don't exist in isolation. They are shaped by collaboration between patients, families and the providers who trust us with their care.

70
speaking engagements

37
published research articles

450+
CE courses provided

908
CE credits administered

Clinical dialogue, education, transparency and shared accountability ensures patients receive the right level of care at the right time.

Data reflects 2023–2025

To our patients, families, providers and partners:
Thank you for trusting us with something deeply personal.

Every data point in this report represents a person, a family and a moment of choosing care. We remain committed to learning from these outcomes so we can continue showing up with compassion, integrity and evidence-based care for those we serve.

Eating Recovery Center

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EatingRecovery.com