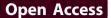
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Rural-metropolitan health differential for young persons with eating disorders referred for specialist treatment

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Objective

The aim was to explore associations between residing in a rural area and clinical characteristics of children and adolescents with eating disorders presenting to a specialist eating disorders program.

Method

The data source was the Helping to Outline Paediatric Eating Disorders (HOPE) Project registry (N ~ 1000), a prospective ongoing registry study comprising consecutive paediatric tertiary eating disorder referrals. The sample (N = 399) comprised children and adolescents presenting with a DSM-5 eating disorder, with ages ranging from 8 to 16 years (M = 14.49, 92% female).

Results

Consistent with the hypotheses, living in a rural area was associated with a lower body mass index z-score, and a higher likelihood of medical complications at intake assessment. Contrary to our hypothesis, eating pathology and living in a rural area were negatively associated. No relationship was observed between living in a rural area and duration of illness or greater percentage of bodyweight lost.

Conclusions

The results suggest that living in a rural area and being a greater distance from specialist services is associated with more severe malnutrition and medical complications by the time the young person and their family obtain specialist

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care. These findings have implications for service planning and provision for rural communities. The modifications to service delivery in the study setting will be described.

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