

Perfectionism in anorexia nervosa: a 624-month follow-up study by standar- pinnock...

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In the research, a retrospective study examining perfectionism at admission, discharge, and in the period between 6-24-month follow-up after in-patient treatment forms the basis of comparing the relationship between perfectionism and the clinical status of Anorexia Nervosa patients. The sample studied consisted of 71 women and 2 men with an average age of 27. 2 years and mean illness duration of 62. 4 months at the time of admission. The samples mean BMI was 14. 8kg/m.

The study variables included the following:

EDI Perfectionism score for patients (independent) -Pretreatment EDI Perfectionism scores, Post-treatment EDI Perfectionism scores, and Follow-up EDI Perfectionism scores

Multi-dimensional perfectionism (Independent) - Total Perfectionism, Concern over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubting of Action.

Outcome categories (dependent) - Good outcome, Poor outcome, Healthy control.

Tested hypotheses

1. EDI perfectionism scores differ across patients
2. EDI scores are the difference between good and bad outcomes and between completers and non-completers
3. There are significant changes in EDI Perfectionism between the good and poor outcome groups at admission, discharge, and follow-up
4. Outcome recorded differs based on the recorded MDI perfection

Statistical procedures

One sample t-tests were used to compare EDI Perfectionism scores among

participants while an independent sample t-test was used to compare EDI scores between the good and poor outcome groups and between treatment completers and non-completers. On the other hand, analysis of variance (ANOVA) was used in the examination of changes in EDI perfectionism between good and poor outcome groups at admission, discharge, and follow-up. MPS total perfectionism comparisons were analyzed using one-way ANOVA while posthoc comparisons were conducted using Dunnett's C test. Additionally, comparisons of the MPS subscales between the groups were made using a one-way multivariate analysis of variance (MANOVA).

Overall findings

The mean Perfectionism score for patients at pre-treatment was found to be significantly higher compared to that of published control female college comparison sample, $t(54) = 4.89, p < .001$ while the mean score at post-treatment for weight-restored participants was not significantly different from healthy control mean score, $t(26) = 1.44, p < .16$ while at follow-up, the good outcome group was found to have a significantly lower perfectionism score as compared to poor outcome group, $t(45) = 2.56, p < .01$ (Standar-Pinnock, Woodside, Carter, Olmsted, & Kaplan, 2002). The good outcome group showed no significant difference from the healthy controls, $t(20) = 0.43, p < .68$. On the contrary, the poor outcome group was found to have significantly higher scores compared to healthy controls, $t(27) = 3.43, p < .002$ (Standar-Pinnock, Woodside, Carter, Olmsted, & Kaplan, 2002). Of the participants, 23 completed the EDI at all three times. At follow-up, 13 had a good outcome and 10 poor outcomes. Their scores at pre-treatment, post-

treatment, and follow-up were compared to examine Group Time interactions which were found to approach statistical significance, $F(2, 40) = 2.84$, $p < .07$ with Post-hoc comparisons revealing that for good outcome group only, decrease in perfectionism from pretreatment to post-treatment to follow-up approached significance, $F(2, 11) = 3.63$, $p < .06$ (Standar-Pinnock, Woodside, Carter, Olmsted, & Kaplan, 2002). A further comparison between completers and non-completers revealed that treatment completers were more likely to have a good outcome at follow-up.