Reviewer’s report

Title: Factors associated with dropout from treatment for Eating Disorders: a comprehensive review of literature.

Version: 1 Date: 13 June 2009

Reviewer: Michael Strober

Reviewer’s report:

In this ms, the authors reviewed published studies focused on the prevalence and predictors of dropping out of treatment in patients with eating disorders who were exposed to some form of psychological therapy. Three major data bases were searched over a 29 year period. Two definitions of drop out were applied and two temporal designation of dropping from treatment were distinguished, an early drop and a later drop. Papers surveyed included treatments applied in both inpatient and outpatient settings.

Results note the prevalence of the phenomenon as well as predictors, aggregating results by diagnostic subtype, psychological traits, demographic factors, nutritional status, eating disorder symptoms, co-occurring psychopathology, familial factors, life events.

The area fo this review is clinically important of interest to workers in the field. However, the ms is difficult to read due to generally poor English grammar and syntax, not doubt arising from the fact that english is not the authors’ native language. The ms must be reviewed by an editor conversant in english and revised accordingly.

Beyond this point, there are aspects of the review that are problematic in both substantive, and minor, ways.

Major compulsory revisions:

(1) A serious omission is the decision to exclude literature on pure adolescent samples. The rationale given is that drop out in younger samples is confounded by the necessity of parental consent for treatment initiation as well as treatment termination. Even so, this confounding variable applies to adolescent patients treated in mixed adult/adolescent units, yet such samples were included in the data extraction. Thus, no compelling rationale exists from including adolescent data if subjects were housed in such mixed units, but excluding data from younger patients if the study was conducted in a pure adolescent unit. Such pediatric age data are relevant notwithstanding the confounding influence; indeed a comparison of data by age of the sample is potentially illuminating.

(2) Interpretation of the data is obscured by the failure to examine predictors within the major diagnostic categories; specifically, predictors in samples of patients within AN, and predictors within samples of patients with BN. In cases
where no such distinction is given, this, then can be listed as such.

(3) The authors make the point that distinguishing between the two types of drop out is important. While I agree an administrative termination of treatment is clinically and conceptually different than patient termination of treatment, in fact the former is more properly considered a failure of treatment. It is thus problematic that the authors have aggregated these two types of data. It is recommended that they be separated whenever possible and report separately data in which both types of 'drop out' are comingled.

(4) A similar problem concerns the distinction between early versus later drop out. As it is not clear if this is being distinguished in the data making comment about this distinction has little value. If there is a distinction in the data, then the prevalences should be reported separately.

Minor Essential Revision

(1) Table 3 is superfluous and can be deleted.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

'I declare that I have no competing interests'