Supplementary Table 1. Description of the DHP of the TPED

| Descriptor | Treatment Program for Eating Disorders |
|------------|---------------------------------------|
| In operation since | 2001 |
| Days a week | 5 (Monday to Friday; from 9 am to 21 pm) |
| Duration of treatment | 18–20 weeks generally (depending on the individual evolution of each patient) |
| Treatment orientations | Cognitive behavior |
| Group/individual treatment | Mostly group (individual sessions in parallel with the psychiatrist and the staff in charge) |
| Group size | 8–10 |
| Group structure | Open |
| Behavioral contract | Yes (patients and legal guardians) |
| Inclusion criteria | DSM-5 eating disorder: AN, BN and EDNOS |
| | Patients between 0 and 16 years old |
| | State of severe malnutrition and/or somatic complications |
| | Negative attitude toward the ingestion of food |
| | Failure in outpatient treatment |
| | High probability of failure due to the degree of chronicity |
| | Excessive and uncontrolled physical exercise |
| Exclusion criteria | Acute medical risk that requires total hospitalization |
| | Acute risk of suicide and/or very serious psychopathology that requires total hospitalization |
| | Serious abuse of substances/toxins that clearly interfere with the normalization of weight, appetite and meal |
| Goals of treatment | Normalization of weight or weight gain (nutritional rehabilitation through adequate caloric intake) |
| | Reeducation and normalization of eating behavior |
| | Identification and resolution of perpetuating factors |
| | Control of constants and analytics according to patient’s evolution |
| | Restoration and stabilization of healthy eating patterns (e.g., promoting a more social meal) |
| | Improvement of aspects associated with ED (emotional regulation, self-esteem, interpersonal relationships, motivation, etc.) |
| | Identification of the underlying pathological processes, both psychological and family relationships. |
| Weight control | Individual weight measurement twice a week (Monday and Friday) |
| Eating and compensation behavior | Meal plan |
| | Supervised meals |
| | Self-monitoring (food diary) |
| | Supervised cooking |
| | Psychoeducation |
| Body attitude | Body awareness group |
| | Positive reinforcement |
| | Clothing control |
| | Relaxation training |
| Coping skills | Social skills training |
| | Health education |
| | Food education |
| | Leisure activities weekly: visits to the beach, cinema, factories, etc. |
| Interpersonal functioning | Group psychotherapy |
| Nonverbal expression | Art therapy |
| | Music therapy |
| Family functioning | Family therapy |
| Biology | Medication/medical monitoring weekly |
| Treatment planning | Re-evaluation of treatment plan weekly |
| Other | School follow-up and motivational group |

Based on the descriptors proposed by Lammers et al.¹ to compare different DHPs for TPED

REFERENCE

¹. Lammers MW, Exterkate CC, De Jong CA. A Dutch day treatment program for anorexia and bulimia nervosa in comparison with internationally described programs. Eur Eat Disord Rev 2007;15:98-111.