

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.