Objective: Eating disorders patients often report severe sexual dysfunctions. However, only few studies have provided longitudinal information on sexual functioning in patients with eating disorders. The aim of the present study was to evaluate the role of sexual functioning in predicting the outcome of eating disorders patients.

Methods: A total of 32 patients with Anorexia Nervosa (AN) and 24 with Bulimia Nervosa (BN) were assessed at baseline, at one year follow-up after a standard individual cognitive behavioral therapy (CBT), and one year after this first follow up. Subjects were studied by means of a clinical interview and several self-reported questionnaires, including the Female Sexual Function Index (FSFI), the Eating Disorder Examination Questionnaire (EDE-Q), the Beck Depression Inventory (BDI), Spielberg’s State–Trait Anxiety Inventory (STAI), Symptom Checklist-90 (SCL-90).

Results: After treatment, both patients with AN and BN showed a significant improvement in the FSFI total score and all FSFI subscales (all \( p < 0.01 \)), without significant differences between groups. For both AN and BN groups, patients who met recovery at first follow up had higher FSFI total scores (\( p = 0.001 \) and \( p = 0.031 \) respectively). In AN group patients reporting higher FSFI total score and regular menses at first follow up were more likely to show recovery at the second follow up.

Conclusion: Even though amenorrhea was removed from the last version of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) and sexuality is not mentioned in the diagnostic criteria, they both appeared to be relevant moderators of long term outcome of AN and to a certain extent in BN.

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