In the breakout room **Combination treatments**, the discussion first sought to clarify details of the HAPIFED study presented by Phillipa Hay. For example, it was highlighted that the HAPIFED program addressed weight management through healthy eating, but not through energy restriction. Therefore, portion control or calorie counting were not part of the HAPIFED program, but an enhanced self-monitoring, mindfulness interventions, and delivery through a multiprofessional team. The HAPIFED program was also combined with home visits. Further research will consist of analyzing metabolic parameters. Future studies may address a reduced treatment length, concentration of HAPIFED interventions instead of cognitive-behavioral therapy interventions, potential combination with antiobesity medication such as lisdexamfetamin, and inclusion of patients with high body mass index (e.g., superobesity). The second part of the discussion consisted of an exchange on simultaneous therapeutic work on binge eating and weight loss in patients with eating disorders and obesity. Attendants were referred to a conceptual paper by Cooper Z, Calugi S, Dalle Grave R, Eat Weight Disord, 2020). Clinically, attendants expressed that the treatment should primarily address binge eating which could partially be achieved through healthy eating with adequate energy intake. While simultaneous achievement of binge-eating remission and weight loss was considered difficult, it was highlighted that there are highly efficacious behavioral weight loss treatments for patients with binge-eating disorder with good efficacy for binge eating and weight loss (e.g., SMART trial by Grilo CM et al., 2020, Am Psychol), however, it remains to be clarified why response to behavioral weight loss treatment varies considerably across studies. Potential avenues for increasing efficacy were described, for example, digital smartphone-based interventions or augmentation through rTMS.

In the breakout room on **Technology-enhanced interventions** for eating disorder patients, the attendees predominantly discussed design aspects of interventions targeting body image, specifically with a focus on using virtual reality applications. Topics of the discussion first entailed more technical details, e.g. sharing experiences on how to design VR-based bodies / avatars best to target specific aspects of body image difficulties. It was discussed how to implement principles from exposure therapy to VR-based interventions, e.g. one question was with which “virtual body” exposure works best or what makes sense e.g. if one should chose a body with a low normal BMI or if it makes sense to use a higher BMI virtual body which might be even more anxiety-provoking. The discussion then also turned to the question on which control conditions can be used to test the efficacy of VR-based body image interventions, such control conditions could entail mirror exposure or imaginary body exposure. Moreover, the attendees talked about which feelings and cognitions should be targeted (e.g. shame) and how technology-enhanced interventions can be used to focus on such potential core mechanisms of disturbed body image.
In the breakout room Treatment of children and adolescents with eating and feeding disorders, the conversation was (1) how FBT might look like for ARFID compared to AN, (2) what adding the UP to this treatment forum looks like, (3) where ARFID ‘sits’ within the eating disorder diagnoses in the DSM-5 and its significant overlap with ASD, and (4) the lack of recognition and treatment of ARFID in Europe.