Eating Disorders in Adolescents With Chronic Pain

Leslie A. Sim, PhD, Jocelyn Lebow, PhD, Karen Weiss, PhD, Tracy Harrison, MD, & Barbara Bruce, PhD

ABSTRACT
Introduction: Given that youth with chronic pain frequently experience disruptions in eating patterns that may place them at risk for disordered eating, the purpose of this study was to examine the clinical characteristics and illness course of adolescents with chronic pain and comorbid eating disorders.

Methods: Using a retrospective chart review, 34 adolescents with chronic pain and concurrent eating disorders were identified. These adolescents were compared with 34 age-, gender-, and eating disorder symptom–matched adolescents who had an eating disorder without chronic pain.

Results: The majority of adolescents with chronic pain and an eating disorder had a primary medical diagnosis of abdominal pain (n = 14), followed by autonomic dysfunction (n = 10) and headache (n = 6). Although in 41.2% of teens with chronic pain, eating disorder symptoms developed after the onset of their pain, 35.3% reported having eating disorder symptoms before they experienced chronic pain. Body mass index did not differ between the groups, but the duration of eating disorder symptoms was significantly longer for the chronic pain group (p < .001).

Discussion: Despite comparable severity, eating disorders are undetected for longer periods in patients with chronic pain, which may contribute to a poorer prognosis. Implications for eating disorder conceptualization, detection, and treatment are discussed. J Pediatr Health Care. (2016)

KEY WORDS
Eating disorders, chronic pain, adolescents, autonomic dysfunction, anorexia nervosa, bulimia nervosa

Youth with chronic pain (e.g., abdominal pain and migraine) are at risk for physical disabilities, psychological comorbidities, and reduced quality of life (Hunfield et al., 2001; Kashikar-Zuck et al., 2013; Roth-Isigkeit, Thyen, Stoven, Schwarzenberger, & Schmucker, 2005). Pain-related disruptions in sleep, activity, and eating patterns frequently contribute to these difficulties. Eating patterns are influenced in numerous ways by chronic pain symptoms, including changes in appetite, dysregulated meals, vomiting, and sedentary behavior (Gold, Mahrer, Yee, & Palermo, 2010; Pell et al., 2005). Such symptoms and changes in eating patterns may interfere with adequate nutrition and influence weight fluctuation, all of which may place adolescents with chronic pain at risk for comorbid eating disorders.

The effects of human starvation and weight loss on physical and psychological functioning are well known (Keys, Brozek, Henschel, Mickelsen & Taylor, 1950). In particular, starvation has been shown to produce many of the physical, cognitive, and behavioral symptoms of
eating disorders such as changes in appetite, preoccupation with food, loss of social interest, isolation, depressed mood and irritability, poor concentration, and fatigue. Consequently, when adolescents decrease their food intake as a result of chronic pain, nausea, or fatigue, this may lead to the characteristic psychological and behavioral symptoms of an eating disorder.

Eating disorder symptoms may also develop in the context of weight gain. In response to increased opportunistic eating, sedentary behavior, and/or adverse effects from medication, adolescents with chronic pain frequently experience sharp increases in weight (Wilson, Samuelson, & Palermo, 2010). Research has found that adolescents with chronic pain have higher levels of obesity (Wilson et al., 2010). As a consequence of such weight gain, adolescents may experience significant body dissatisfaction and consequently engage in restrictive eating or dieting, a behavior that strongly predicts the development of eating disorders (Crow, Eisenberg, Story, & Neumark-Sztainer, 2006; Neumark-Sztainer et al., 2007; Neumark-Sztainer, Wall, Story, & Sherwood, 2009).

Another point of overlap between chronic pain and eating disorders are shared psychological characteristics that might place individuals at risk for both conditions. Both groups have been found to be high in perfectionism (Bastiani, Rao, Weltzin, & Kaye, 1995; Bottos & Dewey, 2004; Carter & Thelkeld, 2012; Hadjistavropoulos, Dash, Hadjistavropoulos, & Sullivan, 2006; Lilenfeld et al., 2000), harm avoidance (Brewerton, Hand & Bishop, 1993; Crombez, Eccleston, Van Damme, Vlaeyen, & Karoly, 2012; Klump et al., 2004; Vlaeyen & Linton, 2000; Waddell, Newton, Henderson, Somerville & Main, 1993), and alexithymia, or difficulty identifying or describing emotions (Hosoi et al., 2010; Lumley, Asselin & Norman, 1997; Lumley, Smith & Longo, 2002; Makino et al., 2013; Schmidt, Jiwany & Treasure, 1993). Moreover, research suggests that adolescents with chronic illness are at high risk for body dissatisfaction and unhealthy weight control practices (Neumark-Sztainer, Story, Resnick & Blum, 1998).

It is clear that there are numerous pathways and points of overlap between chronic pain and eating disorder symptoms. From a clinical perspective, having additional information about the clinical features and illness trajectory of patients with chronic pain and comorbid eating disorders may help providers in all specialties improve detection and intervention. As such, this study sought to examine the clinical characteristics and course of illness of patients with chronic pain and eating disorders compared with an age-, gender- and eating disorder symptom–matched sample with eating disorders and no chronic pain. Further, because disordered eating and weight changes may be overlooked in patients with chronic pain or dismissed as simply a component of the medical illness, it was hypothesized that patients with chronic pain and eating disorders would have a longer duration of illness, a greater decrease in body mass index (BMI), and a higher rate of amenorrhea than patients with eating disorders who did not have chronic pain.

METHODS

Procedure

A retrospective cohort review was performed on consecutive adolescent patients evaluated in an eating disorder clinic affiliated with a tertiary medical center between January 2007 and July 2013. A reviewer (J.L.) extracted data from medical records of eligible patients, including demographics, BMI at consultation, BMI decrease at consultation, physical symptoms, menstrual status, months between eating disorder onset and consult, and order of onset of eating disorder and chronic pain symptoms. The study was approved by the Institutional Review Board, and all participants provided a universal informed consent opting to participate in future chart reviews prior to beginning their clinical treatment.

Participants

Chronic pain and eating disorder

Forty-two patients with a diagnosis of chronic pain or autonomic dysfunction (e.g., postural orthostatic tachycardia syndrome) with a co-occurring report of pain or fatigue were identified from a retrospective chart review of 248 consecutive eating disorder evaluations (89.5% female; mean age, 15.48 years) at a pediatric eating disorders clinic over a 5-year period. Of the 42 identified patients with chronic pain (85.7% female; mean age, 16.45 years), 34 received an eating disorder diagnosis (82.4% female; mean age, 16.2 years). Of the 34 patients with chronic pain and an eating disorder, 79.4% reported dietary restriction and weight loss, and 20.6% experienced vomiting as their primary eating disorder symptom. Of the 34 patients, 61.8% were diagnosed with anorexia nervosa (AN), 35.2% were diagnosed with eating disorder not otherwise specified (EDNOS), and 2.9% were diagnosed with bulimia nervosa (BN), according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (American Psychiatric Association, 2000).
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات