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Trends in eating disorder symptomatology in an outpatient clinic: 1988–1998

Suzanne E. Mazzeo^{a,*}, Dorothy L. Espelage^b,
Roberta Sherman^c, Ron Thompson^c

^a*Department of Psychology, Virginia Commonwealth University, 808 W. Franklin Street, P.O. Box 842018, Richmond, VA 23284-2018, USA*

^b*University of Illinois at Urbana-Champaign, Champaign, IL, USA*

^c*Bloomington Hospital Eating Disorders Program, Bloomington, IN, USA*

Abstract

Eating disorders treatment has been altered by changes in the health care system. In addition, there has been a major emphasis on prevention in recent years. Yet, there are few investigations of the effects of these changes on the severity of patients' symptomatology at intake. This study examined differences in symptoms among women who presented to an outpatient clinic between 1988 and 1998. Patients were divided into Cohort 1 (1988–1992) and Cohort 2 (1993–1998). Patients with anorexia nervosa (AN) in Cohort 2 had significantly lower body mass indices (BMIs) at intake. Moreover, a greater number of patients with AN in Cohort 2 had BMIs ≤ 15 , suggesting severe malnourishment. Cohort 2 patients with bulimia nervosa obtained higher scores on the Interpersonal Distrust, Interoceptive Awareness, and Maturity Fears subscales of the Eating Disorder Inventory. There were no cohort differences in eating disorder duration, exercising, laxative or diuretic use, or self-induced vomiting. These results provide some evidence that the severity of eating symptomatology has increased in recent years.

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* Corresponding author. Tel.: +1-804-827-1708.

E-mail address: semazzeo@vcu.edu (S.E. Mazzeo).

1. Introduction

Anorexia nervosa (AN) and bulimia nervosa (BN) are complex and often chronic disorders that typically require lengthy, multidisciplinary treatment (Bravender, Robertson, Woods, Gordon, & Forman, 1999; Hill & Maloney, 1997; Kaye, Kaplan, & Zucker, 1996). Recent changes in the health care delivery system have had a substantial impact on eating disorders treatment (e.g., Andersen, 1998; Bravender et al., 1999; Franko & Erb, 1998; Garvin & Striegel-Moore, 2001; Kaye et al., 1996; Ortmeier, 2001; Wiseman, Sunday, Harris, & Halmi, 2001). For example, Wiseman et al. (2001) evaluated changes in the average length of inpatient psychiatric hospitalization for a patient with AN treated at their hospital between 1984 and 1998 and found that the average stay decreased from 149.5 days in 1984 to 23.7 days in 1998. In addition, readmissions increased dramatically over the same period (from 1 in 1984 to 53 in 1998). These data suggest that the average patient presenting in a clinical setting today might manifest more severe symptomatology than the average patient did in the past, as shorter lengths of stay may be less effective in treating these often chronic disorders.

On the other hand, there has been an increased emphasis, particularly within the last decade, on the prevention and early detection of eating problems (e.g., Mussell, Binford, & Fulkerson, 2000; Pawluck & Gorey, 1998). For example, because of programs such as National Eating Disorders Screening Day (National Eating Disorders Screening Program, 2000), public awareness of eating disorders has increased. Thus, eating problems might be recognized more quickly, and affected individuals may be referred to appropriate treatment at an earlier stage in their illness. These prevention and outreach interventions might, therefore, be associated with a trend toward less severe symptomatology among individuals seeking treatment.

Nonetheless, despite anecdotal reports of changes in the initial clinical presentation of patients with eating disorders, there have been relatively few empirical investigations of trends in patient characteristics and symptomatology. Perhaps the most comprehensive study of trends in eating disorder symptomatology was conducted by Ash and Piazza (1995) who reviewed charts of patients admitted to the inpatient psychosomatic/psychiatric unit of a children's hospital in the 1970s ($n=32$), 1980s ($n=31$), and 1990s ($n=31$). In contrast to their expectations, these researchers found no differences in patients' age at admission, age at eating disorder onset, socioeconomic status, sex, or race across the 3 decades. However, there was a significant difference in the duration of patients' eating disorders across groups: mean duration increased from 8 months in the 1970s to 22.3 months in the 1990s. Patients from the 1990s were also more likely to have a previous psychiatric hospitalization compared to patients from earlier decades. Interestingly, patients' weight at admission (as well as their previous lowest weight) increased significantly from the 1970s to the 1990s. Although the authors do not directly address this issue, these results could be attributable to the fact that patients were less likely to be diagnosed with AN (and more likely to be diagnosed with BN) in the 1990s compared to the 1970s or 1980s.

In addition, Ash and Piazza (1995) found that patients' weight phobia and desire to attain extreme thinness increased significantly over time. Patients from the 1990s also manifested

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