

Research Review
30th Anniversary of the CUSAB

The future of research on eating disorders

B. Timothy Walsh^{a,b,*}

^aCollege of Physicians and Surgeons, Columbia University, New York, NY, USA

^bEating Disorders Research Unit, New York State Psychiatric Institute, 1051 Riverside Drive (Unit 98), New York, NY 10032, USA

Received 25 November 2002; accepted 18 January 2003

Abstract

In the last several decades, research on the eating disorders has yielded important new knowledge, especially regarding the clinical characteristics and the treatment of individuals with Bulimia Nervosa. Challenging issues now confronting the field include how the eating disorders should be categorized, what factors underlie their development and persistence, and how they are best treated. New efforts based on the analysis of genetic factors, on the use of brain imaging and on the detailed analysis of behavioral disturbances hold promise for significantly advancing our understanding of these disorders in the next decade.

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Keywords: Binge; Brain imaging; Genetics; Feeding; Nosology

Introduction

Research on the eating disorders in the last several decades has yielded significant progress in defining, understanding and treating eating disorders but also has failed to make inroads on some enduring and serious problems. This brief review will describe some thoughts about the future of eating disorders research in the next decade.

Nosology

Definitions of what constitutes an eating disorder, and of specific diagnostic categories, play a pivotal role in directing research. Clinical studies focus, almost exclusively, on individuals who meet accepted criteria for eating disorders. Therefore, changes in nosology may have a major impact on research directions and findings, and research in this arena remains active and important (Williamson et al., 2002).

Anorexia nervosa. Currently, two eating disorders, Anorexia Nervosa and Bulimia Nervosa, are defined in the

DSM-IV and generally well accepted by clinical researchers. The core features of Anorexia Nervosa, a relentless pursuit of thinness leading to an inappropriately low body weight, were clearly delineated in the late 19th century and are incorporated in the current diagnostic criteria. It is unlikely that major changes will occur in these criteria in the near future, but several provocative questions have begun to be raised.

Historically, amenorrhea has been a required diagnostic criterion for women, and is required by Criterion D in DSM-IV. However, several authors have described individuals meeting all other diagnostic criteria, including low body weight, who continue to menstruate (Cachelin & Maher, 1998; Garfinkel et al., 1996). A change in this diagnostic criterion might have the advantage for clinicians of including individuals with very similar behavioral characteristics and treatment needs, but add an element of physiological heterogeneity to research studies.

In the DSM-IV, two mutually exclusive subtypes of Anorexia Nervosa are described: the binge/purge type, to describe individuals who regularly engage in binge eating and/or purging behavior, and the restricting type, who do not engage in such behavior and maintain their low weights solely by dietary restriction and increased physical activity. Individuals with the binge eating/purging subtype are more likely to develop fluid and electrolyte disturbances and to

* Address: Eating Disorders Research Unit, Department of Psychiatry, New York State Psychiatric Institute, 1051 Riverside Drive (Unit 98), New York, NY 10032, USA.

E-mail address: btw1@columbia.edu

exhibit greater mood lability, and to engage in other ‘impulsive’ behavior, such as drug and alcohol abuse. In addition to the clinical implications of this subtyping, some investigators have focused biological and genetic research on the restricting subtype, hypothesizing that these individuals represent an especially homogeneous group which may possess relatively specific risk factors. Research in the next decade should help resolve whether this is so.

Bulimia nervosa. While humans have undoubtedly engaged in episodic binge eating for millennia, it was only at the end of the last century that a specific diagnostic category was proposed and accepted for individuals who regularly engage in binge eating and attempt to compensate via the use of inappropriate compensatory behavior, such as self-induced vomiting. The description of bulimia in 1979 (Russell, 1979), and its inclusion in the DSM-III in 1980 sparked the development of a substantial body of literature regarding the characteristics of this disorder and its treatment. This development, and the similar phenomenon which followed the definition of Binge Eating Disorder in the DSM-IV, dramatically illustrate how changes in nosology impact on, and can spur, clinical research.

Although the definition of Bulimia Nervosa has not been without controversy, it seems unlikely that there will be major changes in the diagnostic criteria in the near future. As was the case for Anorexia Nervosa, DSM-IV proposed two subtypes for Bulimia Nervosa: the purging subtype, to describe individuals who regularly utilize purging methods such as self-induced vomiting or laxative abuse, and the non-purging subtype which described individuals who compensate for binge eating by excessive exercise or fasting. Unresolved questions concerning the non-purging type include how best to define ‘excessive exercise’ and ‘fasting’ and how to distinguish non-purging Bulimia Nervosa from the latest proposed eating disorder, Binge Eating Disorder.

Binge Eating Disorder. Binge eating among the obese was clearly described in 1959 by Stunkard (Stunkard, 1959). However, this behavioral phenomenon received relatively little attention until discussions began in the 1990’s concerning DSM-IV. Prompted in part by the clinical and research utility of the promulgation of Bulimia Nervosa, investigators suggested a new diagnostic category be included in DSM-IV to describe individuals who engage in recurrent episodes of binge eating but who do not utilize the inappropriate compensatory mechanisms characteristic of Bulimia Nervosa. In the nosological arena, the greatest issues to be addressed in the next years surround Binge Eating Disorder.

While there are a number of important but relatively minor issues, such as the criterion for binge frequency, the major unresolved issue is the value of Binge Eating Disorder as a diagnostic category. When it was initially proposed, preliminary evidence suggested that individuals with Binge Eating Disorder, most of whom are obese in clinical samples, did less well in standard weight control programs than did similarly obese individuals without

Binge Eating Disorder (Walsh, 1992). More recent data, while limited, do not appear to support this finding (Gladis et al., 1998). On the other hand, with impressive consistency, investigators have found that individuals with Binge Eating differ from individuals without Binge Eating Disorder in exhibiting more symptoms of depression and anxiety, and in consuming more food under identical conditions in structured laboratory settings (Castonguay, Eldredge, & Agras, 1995; Goldfein, Walsh, LaChaussee, Kissileff, & Devlin, 1993; Yanovski, 1993; Yanovski et al., 1992). And, there are indications of differences in the functioning of the upper gastrointestinal tract (Geliebter & Hashim, 2001). Thus, it can be stated with confidence that there are significant differences between otherwise similar individuals with and without Binge Eating Disorder. However, the behavioral disturbances characteristic of Binge Eating Disorder are less severe than those of Anorexia Nervosa and Bulimia Nervosa, at least raising questions about whether individuals currently included in this category might be as well described as obese individuals with significant mood and anxiety disturbances. Critical questions about the natural course of Binge Eating Disorder, its psychological and physical characteristics and complications, and its response to treatment need to be answered in order to resolve the current uncertainty regarding the utility of the diagnosis.

Eating disorders not otherwise specified (EDNOS). A provocative characteristic of the DSM-IV system is that individuals with clinically significant disturbances of eating behavior who do not meet DSM-IV criteria for Anorexia Nervosa or Bulimia Nervosa are categorized nosologically as having an Eating Disorder Not Otherwise Specified. This is far from ideal, as a large number, perhaps a majority, of individuals presenting for treatment of what they perceive to be an eating disorder are classified, in the DSM-IV system as having an EDNOS. For example, Binge Eating Disorder is currently only a suggested category within EDNOS. Hopefully, the next revision of the diagnostic system will address this deficiency.

Treatment

Anorexia Nervosa. A major disappointment is that recent research has yielded relatively little that is new and useful in the treatment of Anorexia Nervosa. This oldest eating disorder remains impressively resistant to a wide range of interventions, and arguably has the highest death rate of any psychiatric disorder. Despite their abnormally low body weights, individuals with this disorder are irrationally distressed by the prospect of weight gain, and typically only reluctantly agree to treatment. No psychological or pharmacological intervention has been identified which dramatically and reliably alters this dysfunctional thinking.

Some recent developments are hopeful. There is evidence suggesting that a structured form of family intervention may

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