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SEXUALITY AND REPRODUCTION IN BULIMIA NERVOSA PATIENTS OVER 10 YEARS

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Abstract—The reproductive and sexual histories of women who had recovered or were recovering from bulimia nervosa were examined. Of 48 consecutive female patients, 43 were studied 10–15 years after first presenting for treatment. At follow-up, 74% were considered recovered and 26% still had an eating disorder. Only 2 women fulfilled the criteria for bulimia nervosa. A history of amenorrhea was common (81% of women), 63% of women being without their menstrual periods for more than 12 months. Menstruation was present in women at a body mass index of 19 or more who were no longer using the weight loss practices of self-induced vomiting, laxative abuse, and starvation. Bulimia nervosa women are more likely to be investigated for infertility when their eating disorder is active. Bulimia sufferers are sexually active, but have times of withdrawing from their partners and ceasing sexual behavior. They associate their sexual feeling with body weight, pregnancy, breastfeeding, and status of their relationships. Marital breakdown is also more common but only if the eating disorder was active at the time of marriage. Forty-five percent felt their relationship had a negative effect on their eating disorder. Short-term episodes of bulimic-free behavior are associated with pregnancy and breastfeeding in some pregnancies. Termination of pregnancy occurs more often. The prevalence of miscarriage, hyperemesis gravidarum, and postnatal depression was greater among women who had not recovered from their eating disorder at the time of their pregnancy. Recovery from eating disorder behavior before attempting conception reduces the prevalence of the gynecologic, obstetric, and psychiatric problems associated with eating disorder behavior. © 1998 Elsevier Science Inc.

Keywords: Bulimia nervosa; Eating disorders; Outcome; Pregnancy; Pregnancy complications; Sexuality.

INTRODUCTION

Little is known about the reproductive and sexual histories of women who have or are recovering from bulimia nervosa. The psychosexual histories of 20 young women with bulimia nervosa showed a wide range of sexual knowledge, attitudes, and practices [1]. When compared with other young women who were matched for age, marital status, occupation, and parity, the groups were similar. Their ages at their first significant relationship and at first sexual intercourse were similar to women who had no eating disorder, in contrast to anorexia nervosa patients who had sexual intercourse at a younger age. The bulimic group was more sexually experienced and more sexually experimental. A small number of bulimic patients were very sexually active, three of whom had had more than 10 sexual partners. The menstrual histories of the bulimia women only differed in the frequency of amenorrhea

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secondary to weight loss. The bulimia patients were more likely than control women to achieve orgasm through masturbation and less likely to achieve orgasm during sexual intercourse. They were more likely to believe their libido to be above average (40%) and to believe that their body weight influences their libido (65%).

The psychosexual histories of anorexia nervosa patients who binge eat are similar to those of women with bulimia nervosa [2, 3].

Pregnancy is a challenge to women's body shape and weight. Conflicts about bodily changes, alterations in roles, and concerns about a woman's own mothering and psychological separation are considered to be of paramount importance in the psychology of eating disorders [4]. The effect of pregnancy on women suffering from bulimia nervosa is not clear.

A combination of the results of our studies suggests that anorexic and bulimic behaviors during pregnancy may impair maternal and fetal health [5].

The studies suggest that the maternal complications of bulimia nervosa include: increased symptoms during pregnancy; low and high maternal weight gain; miscarriage; and hypertension. The birth complications of infants born to bulimia nervosa women suggested by the studies include: stillbirth; low infant birth weight; low Apgar scores; breech delivery; and cleft palate. Unfortunately, these studies contain data from both anorexia and bulimia nervosa women and the numbers of bulimic patients in each study are small.

This is a predominantly descriptive study. Its aims are to describe the reproductive and sexual histories of bulimia nervosa on women after 10 years and to investigate what aspects of women's reproductive and sexual histories need research in the future.

METHOD

Subjects

Of 48 consecutive female bulimia nervosa patients, 43 were available for this study 10–15 years after their first presentation for treatment of bulimia nervosa. One patient had died of a drug overdose, two patients did not wish to take part, and two could not be traced. These women had been followed up 5 years after first presentation for treatment [6].

A group of 43 "well" women attending for routine pap smears, who had no other major medical or gynecological problems and no psychiatric problems that required regular medication, was used as a reference group (CTRL). The women were matched for age and parity (nulliparous, multiparous). One of these women gave a prior history of 14 months of bulimia nervosa.

Procedure

Data were collected using a semistructured interview. Two measures were used to assess the women's eating disorder status: the Eating Disorders Examination (EDE) [7] and an interview based on the *DSM-IV* criteria [8]. These were conducted by two different interviewers.

Analysis

For analysis the patients were divided into two groups: those who continued to have an active eating disorder (active ED), and those who had recovered (RECOV). Comparison between groups was done by the Kruskal–Wallis test followed by the Mann–Whitney *U*-test for significant results and chi-square with Yates correction where appropriate. The remaining data are presented as simple frequencies and percentages, as many of the factors occurred infrequently in the active ED, RECOV, or CTRL groups. When indicated, the active ED group was examined for the onset of a variable in relation to the presence or absence of the eating disorder.

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