
Pergamon

CLINICAL PSYCHOLOGY REVIEW

Clinical Psychology Review 23 (2003) 57–74

Psychiatric comorbidity in anorexia and bulimia nervosa: nature, prevalence, and causal relationships

Karina M. O'Brien[a], Norah K. Vincent[b,*]

[a]*Department of Psychology, University of Manitoba, Canada*
[b]*Department of Clinical Health Psychology, University of Manitoba, Canada*

Received 6 December 2001; received in revised form 22 March 2002; accepted 24 June 2002

Abstract

Eating disorders are complex, multifactorially determined phenomena. When individuals with eating disorders present for treatment with comorbid conditions, case conceptualization is further complicated and, as a result, it may be difficult to determine optimal psychological or pharmacological treatment. This article reviews the evidence of the association between eating disorders (anorexia nervosa [AN] and bulimia nervosa [BN]) and Axis I depression, obsessive–compulsive disorder (OCD), substance abuse, and Axis II personality disorders, for the purposes of increasing awareness about the different options for case conceptualization. Although other diagnoses comorbid with eating disorders are of interest to clinicians (e.g., posttraumatic stress disorder [PTSD] and social phobia), their comprehensive review is currently premature due to a lack of empirical scrutiny. Finally, future directions for research, including suggestions for the use of particular assessment tools and more sophisticated research designs, are discussed.

Keywords: Eating disorders; Anorexia; Bulimia; Comorbidity

1. Introduction

The clinician working with individuals who have eating disorders is all too aware of the fact that comorbid psychiatric diagnoses often complicate case conceptualization and

* Corresponding author. PZ-251, 771 Bannatyne Ave., Winnipeg, MB, Canada R3E 3N4.
E-mail address: Nvincent@exchange.hsc.mb.ca (N.K. Vincent).

0272-7358/03/$ – see front matter © 2003 Published by Elsevier Science Ltd.
PII: S0272-7358(02)00201-5

treatment planning. To assist in clarifying the nature of psychiatric comorbidity in anorexia nervosa (AN) and bulimia nervosa (BN), this review will describe their most commonly co-occurring Axis I and Axis II conditions, and will review the evidence as to the nature of these relationships. While other Axis I and Axis II conditions are of interest, we included only those disorders in which there is a sufficient quantity of data to allow for thorough discussion and generation of tentative statements regarding causality.

A large body of recent research has attempted to define risk factors for development of general psychopathology and specific risk factors for eating disorders (e.g., Fairburn, Cooper, Doll, & Welch, 1999; Fairburn, Welch, Doll, Davies, & O'Connor, 1997). Some researchers have analyzed and condensed the results of this research to form etiological models for the development of eating disorders (e.g., Crowther & Mizes, 1992). Other researchers have utilized twin studies as a way of determining the relative contributions of genetic and environmental risk factors to the development of eating disorders. For example, Bulik, Wade, and Kendler (2001) evaluated monozygotic twins discordant for BN in order to clarify environmental risk factors for the disorder. However, twin studies have demonstrated divergent findings and are difficult to interpret when considered as a group (Fairburn, Cowen, & Harrison, 1999).

In this review, we emphasize the discussion of Axis I and II comorbidity with eating disorders, rather than categorization of variables into general and specific risk factors for development of eating pathology. We provide a comprehensive descriptive analysis of the extant comorbidity literature, and discuss possible relationships between disorders while making tentative statements regarding causality. A considerable body of evidence, both empirically and clinically based, suggests a relationship between the eating disorders and specific Axis I and II psychopathology. While there is a wealth of empirical data in this area, heterogeneity in research results makes drawing clear conclusions about the nature of these associations challenging. Reasons for the diversity of findings in this area are that the diagnostic criteria for both AN and BN have changed over time (Halmi, Kleifield, Braun, & Sunday, 1999), discrepant methods of diagnosis are used across studies (e.g., structured clinical interview versus psychometric data only), small sample sizes, and a lack of comparison group data. Even with these caveats, it is possible to say that some disorders frequently coexist with particular subtypes of eating disorders (e.g., binge eating vs. restricting), and even make tentative statements about causality. Although eating disorders affect both males and females, the literature on males with eating disorders is sparse and will not be reviewed here. In the occasional instances in which males are included in a study, this will be noted.

In this review, we have considered studies which use psychometric data to determine levels of psychopathology, as well as studies which use clinical interview-based methods. Although interview-based methods have advantages in terms of greater diagnostic specificity, they are not always practical in research settings. In contrast, psychometric evaluations provide quantitative information about the relative severity of a problem, but do not speak to diagnosis and often do not capture the real-life impairments associated with a problem (e.g., days missed at work). Consequently, neither method is viewed as flawless and both approaches will be considered here. Multimodal assessment (both interview and self-report) is suggested as preferable for research in this area. In the latter part of the paper, additional