

## Anorexia nervosa patients with a prior history of bulimia nervosa

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### Abstract

**Objectives:** To investigate clinical and psychological features of patients with anorexia nervosa (AN) with a previous history of bulimia nervosa.

**Method:** Three hundred thirty-three patients with a full diagnosis of AN were assessed by the Structured Clinical Interview for the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, the Eating Disorders Inventory, and the Hopkins Symptom Checklist.

**Results:** Twenty-four patients (7%) reported a previous diagnosis of bulimia nervosa and were compared with a control group of 48 patients without a history of bulimia, matched for diagnostic subtype. Among the patients with a history of bulimia nervosa, 11 were of the restricting type and 13 of the binge eating/purging type. Among restricting anorexic patients, those with a history of bulimia reported greater age of onset, more psychiatric symptoms, more family psychiatric morbidity, and a higher rate of sexual abuse. On the contrary, among patients with the AN bingeing-purging subtype, the presence of a previous bulimia nervosa was not associated with any of the investigated variables.

**Conclusions:** Patients with restricting AN who report a history of previous bulimia nervosa are not frequent among those referring to an outpatient eating disorders unit. However, our findings in this small group of subjects confirm that a lifetime history of bingeing and purging in patients with eating disorder, irrespective of when it occurs, is always associated with more psychopathology compared with those restricting patients with AN who have never had a period of bingeing and purging.

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### 1. Introduction

A large proportion of patients with eating disorder tend not to adhere to their *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* diagnosis over time but migrate between the diagnostic categories [1,2].

One of the most common shifts from one diagnosis to another is from anorexia nervosa (AN) to bulimia nervosa (BN) [1,3]. It has been estimated that about 30% of patients with restricting AN develop BN [4,5]. In an epidemiological study performed on a general female population sample, about 33% of BN cases reported an episode of AN or subthreshold AN preceding the development of BN [2]. BN patients with a history of AN seem more often to have a lifetime comorbidity with anxiety disorders [3,6], to weigh less [3,7], to vomit more frequently, and to report an earlier age of onset of their bulimic symptoms [8].

Kassett et al [9] observed that the reverse shift is also possible. However, the development of AN among subjects who suffer from BN seems uncommon [10]. That is probably why this peculiar evolution between diagnostic categories has received little attention in the literature.

The main aim of the present study is to investigate the prevalence and clinical features of AN patients with a history of bulimia.

### 2. Methods

#### 2.1. Sample

We examined the records of all patients with a full diagnosis of AN, according to *DSM-IV* (APA, 1994), who consecutively referred to our eating disorders outpatient unit from July 1992 to December 1999. Criteria of exclusion were the lifetime presence of a diagnosis of a schizophrenia-spectrum disorder, of a substance/alcohol dependence disorder, and of an endocrinological illness (such as diabetes or hyperthyroidism). All the criteria of inclusion were

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Table 1  
Characteristics of AN subjects with previous BN: comparison of diagnostic subgroups

	Restricting AN (n = 11)	Binge eating/purging AN (n = 13)	<i>t</i> (21)	<i>P</i>
	Mean (SD)	Mean (SD)		
Age at presentation	24.0 (4.5)	24.8 (5.3)	0.38	ns
BMI at presentation	16.1 (1.0)	16.0 (1.2)	0.03	ns
Age at first dieting	14.7 (2.1)	18.3 (5.4)	1.59	ns
BMI at first dieting	21.4 (1.7)	20.6 (2.0)	0.83	ns
Age at first bingeing	16.2 (2.3)	18.8 (5.0)	1.63	ns
BMI at first bingeing	19.0 (2.6)	20.3 (1.8)	1.49	ns
Loss of BMI from first dieting to first bingeing	2.58 (1.4)	0.07 (1.1)	4.23	<.001
Duration of BN (mo)	58.0 (46.1)	35.4 (33.7)	1.39	ns
Duration of AN (mo)	40.5 (46.5)	44.4 (34.9)	0.23	ns
Dieting before the onset of binge eating	6 (55%)	12 (92%)	$\chi^2 = 2.74$	ns
Purging type BN	6 (55%)	11 (85%)	$\chi^2 = 1.36$	ns

ns indicates not significant.

fulfilled by 333 AN patients (221 restricting type and 112 binge eating/purging type). Among these subjects, we checked the presence of a diagnosis of lifetime BN (according to the *DSM-IV* criteria), excluding those who presented amenorrhea and/or a body mass index (BMI) lower than 17.5 at the time of BN. AN subjects with a previous episode of BN were then compared with a control group selected among the whole sample of 333 patients, choosing the 2 AN patients without previous bulimia, matched for diagnostic type, who referred to our eating disorders unit just before and just after the index cases.

## 2.2. Measures

All the subjects who presented from 1992 to 1994 were assessed by the Eating Disorders section of the *Structured Clinical Interview for DSM-III-R* [11]. For the purpose of the present study, *DSM-III-R* diagnoses were later converted into the *DSM-IV* diagnosis. Starting from 1994, the Eating Disorders section of the *Structured Clinical Interview for DSM-IV* [12] was used. All subjects also underwent a semistructured interview to gather anamnestic, clinical, and psychopathological data, and completed some questionnaires including the Eating Disorders Inventory [13] and the Hopkins Symptom Check-List 90 [14]. All subjects were weighed and measured in height, and the BMI was calculated. After at least 3 sessions of assessment and

motivation to therapy, each patient began outpatient nutritional rehabilitation and cognitive-behavioral therapy.

The clinical variables considered in our study were the following: age and BMI at presentation, age and BMI at the time of the first diet, age and BMI at the first binge episode, duration of BN (in months), duration of AN (in months), history of sexual abuse, presence of alcohol/substances abuse, history of suicide attempts, family psychiatric morbidity, and BMI after 3 months of treatment.

## 2.3. Statistical analysis

SPSS software (SPSS Inc, Chicago, Ill) was used.  $\chi^2$  (with Yates' continuity correction for  $2 \times 2$  tables) and *t* test were used to compare groups. Given the explorative nature of the study, we did not use any correction of *P* values for multiple comparisons.

## 3. Results

Of the 333 AN patients who fulfilled the criteria of inclusion, 24 (7%) reported a history of BN according to the *DSM-IV* criteria. Of the 24 AN patients with previous BN, 11 (5% of restricting AN patients) were AN cases of the restricting type, whereas 13 belonged to the binge eating/purging type (12% of binge eating/purging type AN patients). In most cases, the episode of BN was of the purging type (71%). To assess the presence of trends in the

Table 2  
Clinical and psychopathological characteristics of restricting AN patients with previous BN and those without previous BN

	Restricting AN with previous BN (n = 11)	Restricting AN without previous BN (n = 22)	<i>t</i> (31)	<i>P</i>
	Mean (SD)	Mean (SD)		
Age at presentation	24.0 (4.5)	22.0 (4.0)	1.31	ns
Age of onset	21.7 (3.9)	18.9 (3.8)	2.03	<.05
BMI at presentation	16.1 (1.0)	14.8 (2.1)	1.90	ns
BMI after 3 mo of treatment	17.3 (1.3)	15.9 (1.1)	3.27	<.005
Eating Disorders Inventory bulimia	5.5 (4.3)	2.2 (3.1)	2.46	<.02
SCL global score	1.8 (0.8)	1.1 (0.6)	2.75	<.01
SCL obsession-compulsion	2.2 (0.8)	1.1 (0.7)	3.90	<.001
SCL depression	2.2 (1.0)	1.4 (0.9)	2.27	<.03
SCL anxiety	2.0 (0.9)	1.3 (0.8)	2.38	<.02
Maternal psychiatric history	6 (55%)	3 (14%)	$\chi^2 = 4.30$	<.04
Paternal psychiatric history	2 (18%)	3 (14%)	$\chi^2 = 0.23$	ns
Sexual abuse	4 (36%)	0 (0%)	$\chi^2 = 6.01$	<.01
Attempted suicide	1 (9%)	0 (0%)	–	–
Suicidal ideation	8 (73%)	8 (36%)	$\chi^2 = 2.56$	ns

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