Pergamon

CLINICAL PSYCHOLOGY REVIEW

Clinical Psychology Review 22 (2002) 647–669

Anorexia nervosa: Obsessive–compulsive disorder, obsessive–compulsive personality disorder, or neither?

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Received 8 February 2001; received in revised form 12 June 2001; accepted 12 June 2001

Abstract

Anorexia nervosa (AN) is a severe and often chronic disorder with uncertain aetiology and poor prognosis. New approaches to the understanding of the disorder are needed in order to aid the development of more effective treatments. Several authors have suggested that AN has a considerable overlap with obsessive–compulsive disorder (OCD) and that this may reflect common neurobiological, genetic, or psychological elements. However, more recent studies have suggested that AN may have a closer relationship with obsessive–compulsive personality traits such as those found in obsessive–compulsive personality disorder (OCPD). In this paper, evidence for links between the three conditions is reviewed, suggestions for further research are outlined and possible implications for the treatment of AN are presented.

Keywords: Eating disorders; OCD; Anorexia nervosa; OCPD; Early onset; Comorbidity

1. Introduction

Since the earliest descriptions of anorexia nervosa (AN), the presence of obsessive and compulsive symptoms in the disorder have been noted (Kaye, 1995). Additionally the

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0272-7358/02/$ – see front matter
PII: S0272-7358(01)00112-X

Table 1
Diagnostic criteria (adapted from DSM-IV, APA, 1994)

AN	OCD	OCPD
A. Refusal to maintain weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected gain during period of growth, leading to body weight less than 85% of that expected).	A. Either obsessions or compulsions: *Obsessions as defined by (1), (2), (3), and (4)*:	A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
B. Intense fear of gaining weight or becoming fat, even though underweight.	(1) Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.	(1) Is preoccupied with details, rules, lists, order, organisation, or schedules to the extent that the major point of the activity is lost.
C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.	(2) The thoughts, impulses, or images are not simply excessive worries about real life problems.	(2) Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
D. In postmenarcheal females, amenorrhea, i.e., The absence of at least three consecutive cycles. (a woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration)	(3) The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralise them with some other thought or action	(3) Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
Specify type:	(4) The person recognises that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)	(4) Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
Restricting type: during the current episode of AN, the person has not regularly engaged in binge-eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)	*Compulsions as defined by (1) and (2)*:	(5) Is unable to discard worn-out or worthless objects even when they have no sentimental value.