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An attempt to understand the paradox of anorexia nervosa without drive for thinness

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Abstract

The "atypical" subgroup of women with anorexia nervosa not characterized by drive for thinness (DT) was studied. The study group comprised 151 anorectic patients (restrictor anorectics [AN-R], $n=74$; binge-purging anorectics [AN-BP], $n=77$). Subjects completed the following self-administered questionnaires: Eating Disorder Inventory-2 (EDI-2), Temperament and Character Inventory (TCI), State-Trait Anger Expression Inventory (STAXI), and Beck Depression Inventory (BDI). Patients were subdivided into three groups on the basis of body mass index (BMI) and DT score: AN-I with a BMI < 15 and DT < 7 ($n=24$); AN-II with a BMI > 15 and DT < 7 ($n=34$); and AN-III with a BMI < 17.5 and DT > 7 ($n=93$). Patients belonging to the AN-III group had a more severe disorder and form of psychopathology based on their scores on several scales. No association emerged between personality disorders and any single subgroup. Three hypotheses emerge: (1) some patients (about 38%) deny DT and provide negative answers on the questionnaires; (2) patients without DT (even when malnourished) seem to show less severe psychopathologic and personality traits; and (3) patients without DT answer questions honestly, but they have developed a character structure that enables them to feel negative and ego-dystonic emotions regarding their condition. Implications for treatment are discussed.

Keywords: Eating disorders; Psychopathology; Partial syndrome; Atypical anorexia; Psychiatry; Starvation

1. Introduction

About 50% of persons with eating disorders (EDs) have partial-syndrome EDs or "atypical" EDs; therefore the study of these forms is a relevant and often neglected field of research (Fairburn and Harrison, 2003). In the research literature, the term "atypical" (or partial-syndrome) EDs refers to those patients who do not meet all the criteria required for a DSM-IV diagnosis (Strober et al., 1999) but also to those full-syndrome cases of anorexia nervosa (AN) who meet DSM-IV criteria but do not show some of the core psychological features of AN from a dimensional point of view (atypical anorexia nervosa). For example, a key psychopathological role in AN is played by a morbid and strong fear of fatness (American Psychiatric Association, 2000)

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and by the consequent drive for and pursuit of thinness. This fear/drive is often measured by self-report questionnaires as a drive for thinness (DT; Garner, 1984), which is a psychological variable implicated in the etiology and course of EDs (Striegel-Moore et al., 1995; Bizeul et al., 2001).

Recent investigations found a subgroup of anorectic patients with full-syndrome AN, according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994), but without a significant DT (Ramaciotti et al., 2002). The percentage of patients within this subgroup is variable, ranging from 0% to 20% in clinical samples (Ramaciotti et al., 2002; Garfinkel and Dorian, 2001). This subgroup of patients is difficult to define and has received little attention in the literature (Crow et al., 2002), although such patients display a clinical severity that requires treatment. Indeed, people with full-syndrome and partial-syndrome EDs usually do not differ with respect to DT (Dancyger and Garfinkel, 1995).

Interest in "atypical" anorectic patients increased after reports that patients with a low DT at baseline assessment have a more favorable outcome (Bizeul et al., 2001) and a less severe course (Strober et al., 1999). Some authors who investigated this subgroup did not distinguish between severely (body mass index < 15) and less severely (body mass index > 15) malnourished anorectic patients and did not focus on the personality characteristics of these subjects. Subjects with a body mass index (BMI) < 15 are so severely ill that an inpatient program is often necessary (American Psychiatric Association, 2000). Therefore, it seems a paradox that these patients do not have a high DT. This feature could be related to the difficulties in treating patients with AN associated with an ego-syntonic functioning of personality (Kaplan and Garfinkel, 1999).

The a priori hypothesis of this study was that AN patients with low DT deny their DT and their fat phobia when their physical condition is severe (BMI < 15), whereas the so-called "atypical anorectics" could be those with low DT but a BMI > 15. The study explored differences in personality and psychological functioning subgroups of AN women with low BMI (< 15) with low DT, anorectic women with BMI > 15 with low DT, and anorectic women with high DT.

2. Methods

2.1. Selection of subjects

The 151 anorectic patients included were recruited from all patients with EDs who applied to the ED Center of the University of Turin from October 1999 to October 2002. Inclusion criteria were the following: (1) full criteria diagnosis of AN (American Psychiatric Association, 1994); (2) no current Axis I comorbidity; (3) no previous adequate treatments; (4) informed consent; and (5) female gender. Criterion "2" was adopted because comorbid disorders may influence weight loss and the way body is perceived. A total of 38 anorectic women who applied to the center were excluded for the following reasons: (1) comorbidity of a current full-syndrome Axis I disorder ($n = 25$); (2) previous treatment in other ED centers ($n = 9$); and (3) refusal to take part to the study or to sign the informed consent ($n = 4$). Axis II disorders were not excluded, but instead investigated to select a more representative sample of ED patients (Mitchell et al., 1997).

2.2. Measures

Diagnostic assessment for Axis I disorders was carried out with the Structured Clinical Interview for DSM-IV (SCID-I/Outpatients version; First et al., 1996). Diagnostic assessment for Axis II comorbidity was performed with the SCID for DSM-IV Axis II Personality Disorders (SCID-II; First et al., 1997).

2.2.1. Assessment of nutritional state and eating disorder

2.2.1.1. Body mass index (BMI). The BMI (kg/m^2), is related to the nutritional state of the subject. A BMI between 18.7 and 23.8 is considered as normal (Mitchell, 1997).

2.2.1.2. Eating Disorder Inventory-2 (EDI-2). The EDI-2 (Garner, 1984) is a self-report interview that measures disordered eating attitudes and behaviors as well as personality traits common to individuals with EDs. The DT subscale measures preoccupation with body weight, excessive concern with dieting, and a morbid fear of becoming fat.

2.2.2. Psychopathologic assessment

2.2.2.1. Beck Depression Inventory (BDI). The BDI (Beck and Steer, 1987) is a 13-item self-report questionnaire that is used to assess the severity of depression symptoms.

2.2.2.2. State-Trait Anger Expression Inventory (STAXI). The 44-item STAXI (Spielberger, 1994) measures the intensity of anger as an emotional state (State-anger) and