

Impulse control disorders in women with eating disorders

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Abstract

We compared symptom patterns, severity of illness, and comorbidity in individuals with eating disorders with and without impulse control disorders (ICD), and documented the temporal pattern of illness onset. Lifetime ICD were present in 16.6% of 709 women with a history of eating disorders. The most common syndromes were compulsive buying disorder and kleptomania. ICD occurred more in individuals with binge eating subtypes, and were associated with significantly greater use of laxatives, diuretics, appetite suppressants and fasting, and with greater body image disturbance, higher harm avoidance, neuroticism, cognitive impulsivity, and lower self-directedness. In addition, individuals with ICD were more likely to have obsessive-compulsive disorder, any anxiety disorder, specific phobia, depression, cluster B personality disorder, avoidant personality disorder, and to use psychoactive substances. Among those with ICD, 62% reported the ICD predated the eating disorder and 45% reported the onset of both disorders within the same 3-year window. The presence of a lifetime ICD appears to be limited to eating disorders marked by binge eating and to be associated with worse eating-related psychopathology, more pathological personality traits, and more frequent comorbid Axis I and II conditions. Untreated ICD may complicate recovery from eating disorders.

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1. Introduction

Impulse control disorders (ICD) are characterized by the repetitive occurrence of impulsive behavior. Included among the core features of these disorders are repetitive or compulsive engagement in a behavior despite adverse consequences, failure to resist the impulse, urge or craving state before engagement in the impulsive act, and sense of pleasure and gratification or release at the time the behavior is committed. In DSM-IV (American Psychiatric Association, 1994), ICD are classified as pathological gambling, kleptomania, intermittent explosive disorder, trichotillomania, pyromania, and ICD not otherwise specified, which may include compulsive internet use, compulsive sexual behavior, and compulsive buying.

Although accurate figures for the prevalence of ICD in the general population are not available, there is some evidence to suggest that these disorders are not rare. For example, estimates of the prevalence of pathological gambling approximate those of bipolar disorder and schizophrenia, with a lifetime prevalence of 1.6% (Schaffer et al., 1999). Preliminary data for the lifetime prevalence of kleptomania and compulsive buying suggest prevalence estimates of 0.6% and 1.1%–5.9%, respectively (Goldman, 1991; McElroy et al., 1994). A recent study on the prevalence of intermittent explosive disorder with a nationally representative sample of 9282 individuals 18 years and older indicated lifetime and 12-month prevalence estimates of 7.3% and 3.9%, respectively (Kessler et al., 2006).

ICD are commonly observed in several psychiatric disorders. In a recent study with 204 adult psychiatric inpatients, Grant et al. (2005) reported that although one-third of the adult patients admitted for inpatient psychiatric treatment suffered from a co-occurring ICD, only 1.5% of the inpatients carried an admission diagnosis of an ICD, suggesting that these disorders frequently go unrecognized. In a report from the Rhode Island Methods to Improve Diagnosis and Services (MIDAS) project, the lifetime prevalence of pathological gambling was examined in a sample of 1709 psychiatric outpatients, with a rate of 2.3% (Zimmermann et al., 2006). Lejoyeux et al. (2002) reported a frequency of 29% of all ICD among 107 depressed patients. This same group of authors reported a prevalence of 38% of ICD in a sample of 79 alcoholic patients (Lejoyeux et al., 1999a,b), and showed that 21 out of 52 patients with major depressive disorder were diagnosed as compulsive buyers (Lejoyeux et al., 1999a,b). In addition, Christenson and Crow (1996) observed that 52% of patients with major depressive disorder had trichotillo-

mania. In individuals with major depressive or obsessive-compulsive disorder, those who also present with ICD tend to report earlier age of onset and greater severity of the primary disorder, greater comorbidity, and poorer prognosis (Lejoyeux et al., 2002; Fontenelle et al., 2005).

Our knowledge on the relation between eating disorders and diagnosed ICD is limited to a few case studies on kleptomania (Leygraf and Windgassen, 1990; Bayle et al., 1996) and trichotillomania (Hall and McGill, 1986), as well as isolated case series examining compulsive buying disorder (Mitchell et al., 2002). Several studies have reported high rates of binge eating and a higher prevalence of bulimia nervosa (BN) in a series of compulsive buyers compared with controls (Christenson et al., 1994; Black, 1996; Black et al., 1998; Lejoyeux et al., 1999a,b). More recently, Mitchell et al. (Mitchell et al., 2002) failed to demonstrate significant differences between healthy controls and compulsive buyers in prevalence of current or lifetime eating disorders and eating-related psychopathology. The few studies where this topic was examined specifically (Fernández-Aranda et al., 2006) showed that those with BN and lifetime ICD presented more extreme personality profiles, especially on novelty seeking and impulsivity, and greater general psychopathology than individuals with BN without ICD. The observed prevalence of lifetime ICD among 227 BN patients in the aforementioned study was 23.8%, with compulsive buying and intermittent explosive disorder as the most frequently reported ICD. Furthermore, an analysis of personality profiles in individuals with BN and ICD revealed that while some personality traits were shared between pathological gambling and BN (low self-directedness, higher harm avoidance and cooperativeness), sex- and diagnosis-specific personality traits also emerged (higher novelty seeking in ICD) (Alvarez-Moya et al., submitted for publication).

However, knowledge regarding the extent to which ICD complicate the clinical picture of eating disorders and the distribution of these disorders across eating disorder subtypes remains limited.

Even though research on ICD in eating disorders is scarce, a vast literature exists on the relation between eating disorders and impulsivity (Lacey, 1993; Newton et al., 1993; Bulik et al., 2004; Cassin and von Ranson, 2005; Duncan et al., 2005). Briefly, impulsivity has been defined as a person's predisposition to proceed rapidly, without being cautious or weighing the outcomes of actions. Previous research has examined the association between eating disorders and impulsivity either as a behavior or a personality trait, focusing on a subgroup of

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