Genes, environment, and eating disorders: twin study findings

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Eating disorders are highly hertable conditions. Body dissatisfaction and dieting-oriented behavior are common in young people and often predispose vulnerable individuals to eating disorders. We assessed pairwise twin correlations and heritability estimates of dieting frequency and Eating Disorder Inventory subscales body dissatisfaction and drive for thinness in a population sample of 936 female and 811 male Finnish twins aged 24-25. Body dissatisfaction was much influenced by genes, with different sets of genes operating in females and males, and with possible genetic dominance in males. Drive for thinness and dieting frequency had a moderate heritability in females and a lower heritability in males. Individual-specific environmental factors were relatively important for body dissatisfaction, drive for thinness, and dieting frequency in both males and females, but environmental factors shared by the twin pair were of negligible importance.

The genetic factors influencing body dissatisfaction and dieting-oriented behavior may constitute a part of the genetic vulnerability to eating disorders. These influences are likely to be age specific and sex specific.

Somatic consequences of eating disorders

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More than other psychiatric disorders eating disorders are conditions in which a disturbed psyche directly contributes to a disturbed soma.

This study aims to assess the status at admission and course of the somatic consequences and laboratory findings in a sample of patients with serious and long lasting eating disorders.

Data were analysed per diagnostic group. Associations with ED-symptom severity were examined. Survival analyses were conducted to examine whether the physical status at admission could predict treatment outcome.

The sample consisted of 16 DSM-IV ED patients (mean age 28 years, mean duration of illness 11 years) referred to a tertiary care centre for inpatient treatment or day care. A physical examination and an extensive laboratory investigation were carried out.

Abnormal findings included anaemia, leucopenia and disturbed liver and renal function tests especially for the AN-group and electrolyte disturbances especially for the AN B/P type patients and BN patients. Most abnormal findings improved during treatment.

Empirically based guidelines for routine laboratory investigations are presented.