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AN ANALYSIS OF THE OUTCOME OF ANOREXIA NERVOSA AND BULIMIA NERVOSA

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OBJECTIVE. The study of the outcome and prognosis of the eating disorders.

METHOD: A total of 108 outcome studies on anorexia nervosa were analyzed with regard to recovery, improvement, chronicity, normalization of core symptoms, further psychiatric disorders, and prognostic factors.

RESULTS: 45% of anorexic patients recovered, 33% improved, and 20% had a chronic course. The mean crude mortality rate was 5.5%. Normalization of weight occurred in 60%, normalization of menstruation in 57%, whereas eating behavior normalized in only 46%. The most common other psychiatric disorders at follow-up were neurotic (26%) and affective disorders (22%). Various prognostic factors were identified. In bulimia nervosa there was a recovery rate of 48%, whereas 26% of the patients improved and another 26% had a chronic course. The mean crude mortality rate was 0.7%. The most common other psychiatric disorders were of an affective type (25%). Only few prognostic factors are known.

CONCLUSIONS. The eating disorders continue to be serious illnesses with unsatisfactory outcome in a substantial proportion of patients

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THE RELATIONSHIP BETWEEN ANOREXIA NERVOSA AND OBSESSIVE-COMPULSIVE DISORDER

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The relationship between anorexia nervosa and obsessive-compulsive disorder has stimulated debate for a considerable time . It is well recognized that subjects with anorexia nervosa may exhibit obsessive-compulsive symptoms. Conversely, subjects with obsessive-compulsive disorder report a higher than expected frequency of current or previous eating disorder symptomatology. The co-occurrence of obsessional and anorexic symptoms may reflect a co-morbidity of two distinct disorders. Alternatively, the disorders may be conceptualized using a dimensional approach, viewing OCD and anorexia nervosa as disorders of risk assessment and risk-aversive behaviour - so-called obsessive-compulsive spectrum disorder.

This paper examines the relationship between anorexia nervosa and obsessive-compulsive disorder. It will focus on specific aspects of the relationship between the two disorders: (1) the relationship between obsession symptomatology and weight status in anorexic subjects; (2) the nature of the eating disorder in subjects who recover from the eating disorder but progress to clinical obsessive-compulsive disorder; (3) assessment of similarities between the two disorders based on patterns of risk assessment and risk avoidance.

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THE MYOPATHY OF ANOREXIA NERVOSA

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OBJECTIVE: To investigate the clinical, biochemical and histological aspects of the myopathy of anorexia nervosa (AN)

METHODS: 8 patients with severe AN showed profound weakness of the proximal muscles of the shoulder and pelvic girdles The lactate response of the forearm muscles to ischaemic exercise was measured A needle biopsy specimen was obtained from the vastus lateralis Muscle sections were examined by light- and electron- microscopy.

RESULTS: Mean BMI was 12.6 and mean duration of AN was 6 8 years Only 2 patients showed hypokalaemia. Following forearm ischaemic exercise the increase in blood lactate was relatively low. Electromyography showed the presence of myopathy. Histochemically stained muscle sections showed atrophy of type II fibres. Electronmicroscopy revealed increased glycogen granules between the myofibrils and under the sarcolemma.

CONCLUSIONS: Proximal myopathy can complicate severe anorexia nervosa. No correlation was found between abnormalities of muscle structure or function, and eating behaviours or biochemical status

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BRIEF PSYCHOTHERAPY AND SELF-HELP IN BULIMIA NERVOSA

U. Schmidt

Cognitive-behavioural treatment (CBT) is now widely seen as the first-line treatment for bulimia nervosa in view of its broad and durable effects. It does, however, require specialised therapists and is labour-intensive. Particularly at times of shrinking resources the cost effectivenss of treatments is an important consideration. This paper reviews what is known about self-care, guided self-care and other minimal CBT interventions in bulimia nervosa.

A simplified form of CBT treatment has been developed (Waller et al, 1996). Several CBT manuals are now available for sufferers of bulimia nervosa (Cooper 1993, Fairburn 1995, Schmidt and Treasure, 1993) and have been evaluated in open and controlled studies. 20% of bulimic patients fully recover with the help of a self-care book only (Treasure et al, 1994). Compliance with the self-care approach is associated with a better outcome (Troop et al, 1996). 30% to 50% of patients become symptom free if a few therapist guided sessions are added after self-treatment (Treasure et al, 1996) or concurrently (Cooper et al, 1996, Thiels et al, 1997). Patients treated with a minimal intervention involving self-care continue to improve after the end of treatment with an abstinence rate comparable to that of full CBT (40% symptom free) at follow up (Thiels et al, 1997: Treasure et al, 1996). These minimal interventions may be less useful for those with a shorter duration and greater severity of illness (Turnbull et al, 1996).

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