Anorexia and Antidepressants

Sir: We wish to take up and extend Crisp’s theme (Journal, March 1987, 150, 355–358) regarding the mode of action of antidepressant drugs in patients with anorexia nervosa. We have recently studied a group of four male patients with eating disorder, depressive symptoms, and obsessionality behaviour.

All four have several features in common, including early age of onset (13–15 years), dietary restriction with consequential weight loss, and obsessive, repetitive exercise routines. One patient exercises with such force that he has sustained several muscle injuries. Three of the patients have been admitted to hospital in the past with transient weight gain. All patients have experienced marked anxiety in relation to loss of control by body weight. This has occurred, for example, when exercise was disrupted by injury or infection, and has led to anticipatory ruminations about the risk of contracting illness and losing control over body weight or body ‘fat content’.

In all four, obsessive behaviour has extended beyond the spheres of diet, preparation of food, and preoccupation with exercise to the extent that they are unable to make simple decisions—almost amounting to ‘folie de doute’. Three of the four patients are high-achievers academically, pursuing courses in tertiary education; the fourth has been sufficiently ill to interrupt his schooling, although he was regarded premorbidly as being of above average potential. Their academic success has been jeopardised by their obsessionality insistence on studying every subject in excessive detail, which leads to their falling behind in their study schedules, causing anxiety and precipitating further ruminations.

All four are currently improved in their academic and social functioning (but not in their core anorexic psychopathology) following the administration of drugs which block 5HT re-uptake with varying degrees of specificity (e.g. fluvoxamine or clomipramine).

Crisp justifies the use of clomipramine by drawing attention to the possible primary phobic and secondary avoidance behaviour and obsessionality features within anorexia nervosa. We concur with the view that in some anorexic patients obsessionality features play an important role (Daly, 1969), particularly in male patients (Beumont, 1972), and such symptoms contributed significantly to the difficulties encountered by our patients. Taking Crisp’s argument that tricyclic drugs have an immediate effect on drive behaviour further, we suggest that in addition they reduce repetitive, ‘stereotyped’ behaviour as manifested in impaired decision-making seen in these patients.

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Reference