
IMPULSIVITY & ADOLESCENCE : EVOLUTION AND TREATMENT OF A TEENAGER WITH AN EATING DISORDER AND COMORBIDITY WITH ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY, IN THE CONTEXT OF A DYSFUNCTIONAL FAMILY.

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INTRODUCTION:

Eating disorders, represented in the Spanish adolescent population a prevalence of 3,5% to 5,5% (Labrador and Raich, 2007), increasing day by day in our treatment centres. Multiple diseases are based on the pattern of impulsivity, which must be studied in their overall comorbidity, because the general approach to their different etiologies, could have a focus on a Unique Therapeutic Plan (UTP).

BACKGROUND:

There is a high comorbidity between the impulsivity seen in Eating Disorders (ED) such as Bulimia Nervosa, Obesity, Binge (ED), Pica, among others, and externalizing disorders, because of their low tolerance to frustration and low awareness of delimit, and many times there is also the presence of disorders related to substance use.

OBJECTIVE:

Demonstrate by reviewing a case, the diagnostic comorbidity between Bulimia Nervosa and one type of Attention Deficit Disorder with Hyperactivity, associated with a pattern of substance abuse, with the same effective psychotherapeutic and psychopharmacological treatment, and demonstrating the possible same Neurobiological root.

METHODOLOGY:

Adolescent with 16 years old, with four years ago of hyporexia, vomits and binge, with hyperactivity, inattention and impulsivity (BMI=17), in the context of greater family dysfunction and school bullying. There was cannabis abuse. He had received treatment with antipsychotics, antidepressives and mood stabilizers. By age 14, he was diagnosed of Bulimia Nervosa in comorbidity with Attention Deficit Disorder with Hyperactivity in the Eating Disorders Institute (ITA). The new psychopharmacological treatment was with Methylphenidate, but he had tachycardia, also it suspend, and started Atomoxetine, associated with psychotherapeutic management and family therapy. Now the evolution is excellent (CHIP-AE), and there is absence of substance use over 12 months.

CONCLUSIONS:

The eating disorders, with impulse control deficits, keep high etiopathogenic relationship with externalizing disorders-ADHD-, and could be effective the same psychotherapeutic and psychopharmacological treatment.