

AGGRESSIVE AND AUTOAGGRESSIVE MANIFESTATIONS IN EATING DISORDERS

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Eating disorders (ED), especially anorexia nervosa (AN) and bulimia nervosa (BN), continue to attract the attention of psychiatrists in many countries due to the ever increasing number of patients. Pathomorphosis in the form of an extension of the age boundaries of the manifestation of the disease, the frequency of development of difficult bulimic symptoms and atypical forms of AN and BN, the tendency to increase in self-harm, persisting at a rather high level of suicidal risk, necessitate further study of all aspects of the ED and, in particular, aggressive and autoaggressive tendencies, weighting the course, treatment and rehabilitation of these patients.

In the process of long-term observation of patients with eating disorders, it was found that for the dynamics of both AN and BN, the formation of aggressive behavior is typical. Conditions for the development of aggressive trends were both biological and social factors. An important role belonged to the premorbid state, the appearance or sharpening of previously existing psychopathic traits of character with the increase in the process of disease of explosiveness and hysterical forms of response. Aggression in the form of rudeness, incontinence, infliction of bodily harm, was manifested most often when relatives tried to feed the patient, to follow her eating behavior, and was directed primarily at parents, less often - brothers, sisters, husbands. The fear of gaining weight (and / or fear of eating) characteristic for the clinic of anorexia nervosa was often accompanied by a desire to force-feed, feed mothers, younger brothers and sisters, and their own children.

In patients with BN aggression occur when trying family discourage overeating, and inducing vomiting. When it was impossible to obtain the necessary products, patients tried to resort to theft, which could lead to serious social consequences, in particular, several patients were brought to criminal liability.

In both groups, but more often in patients with bulimic disorders, there were auto-aggressive tendencies in the form of self-harm, suicidal thoughts, and even attempts. It should be noted that camp bridge action (cuts on the wrists, forearms, hips, abdomen, scratching of the skin, moxibustion, head banging against the wall) in recent years are much more common (20% now vs. 0.2% 15 years ago).

In conclusion, it should be noted that aggressive and autoaggressive disorders in anorexia nervosa and bulimia nervosa are a special type of aggression and are largely related to the specificity of these diseases.

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COMPARATIVE ASSESSMENT OF OVEREATING EPISODE PHENOMENOLOGY AMONG PATIENTS WITH EATING DISORDERS AND HEALTHY ADULTS

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Overeating episode can be assessed as a transdiagnostical symptom, which is considered to be specific for eating disorders but can also be observed in other mental states such as depression, anxiety disorders, addictions, etc.

The objective of the trial is to evaluate and compare dynamics of overeating episodes among patients with eating disorders, patients with depression and healthy adults.

Methods: A randomized sample of subjects (N=134, male and female, age 26-65), who reported at least one overeating episode in a last week, were examined with questionnaire, specially developed for assessment of phenomenological dynamics of overeating episode. The sample was composed out of three comparative groups. Patients of the first group (n=45, male and female) had diagnosis of depression (ICD-10), patients of the second group (n=37, male and female) were diagnosed with an eating disorder of bulimic type. Data was controlled by a sample of healthy adults (n=52, male and female). Assessment was performed once and included only one previous overeating episode.

Results: The overall dynamics of all overeating episodes included common phases: triggers, overeating itself and consequences. Episode itself could be characterized by impulsiveness, compulsiveness or both. All three phases were described in terms of thoughts, emotions, physical sensations and behavior for each patient.