

THE PECULIARITIES OF CORRELATION OF THE SEVERITY OF SOMATO-ENDOCRIN DISORDERS AND OBSESSIVE-PHOBIC SYMPTOMS IN EATING DISORDERS (ANOREXIA NERVOSA AND BULIMIA NERVOSA)

Tatiana Lineva, Andrey Bryukhin, Viktor Karnozov & Elina Korovyakova
“Peoples’ Friendship University of Russia”, Moscow, Russia

Background: Eating disorders, in particular anorexia nervosa and bulimia nervosa, are accompanied by varying degrees of severity of somato-endocrine disorders, which are closely related to obsessive-phobic symptoms observed in almost all patients.

Aim: to trace the interaction (correlation) of obsessive-phobic and somatic-endocrine disorders in anorexia nervosa and bulimia nervosa.

Subjects and methods: 400 patients with anorexia nervosa and bulimia nervosa from 12 to 42 years were examined. The duration of the disorder ranged from 4 months to 20 years. There were 133 (33.2%) patients with anorexia nervosa and 267 (66.8%) patients with bulimia nervosa. In nine cases, catamnesis was 20 years. It was carried out in the form of outpatient observation or during repeated hospitalizations. From five patients, information was obtained when they asked for help about the eating disorder in their daughters.

Obsessive-phobic symptoms were investigated using clinical-psychopathological, clinical-catamnestic, clinical-statistical and clinical-psychological methods. A standard examination was used to identify concomitant somato-endocrine disorders. If necessary, additional studies (computed tomography, magnetic resonance imaging) were carried out.

Results: In the preparatory (prepubescent) phase of menarche against the background of intensive growth of the body, obsessive-phobic symptoms in the form of dysmorphophobia were detected in 53 (13.25%) patients. At this stage, intrusive experiences often related to the height, rarely to weight or "ugliness". Further puberty with hormonal changes, leading to the development of secondary sexual characteristics and the formation of femininity (breast augmentation, roundness of the hips and waistline, body hair growth) provoked the appearance or strengthening of previous dysmorphophobic experiences, obsessive ideas, fears associated with appearance and body shape. The final stage of this process, menarche, as a rule, was negatively perceived by patients as the main reason for changing the shape of the body and "chubbiness". At this point, obsessive-phobic symptoms associated with appearance are detected in 70-80% of patients with anorexia nervosa, and 30-40% - with bulimia nervosa.

At the stage of correction, the nature of somato-endocrine disorders directly depended on the method of weight loss. The loss of 15-25% of body weight from the age norm (if the decrease was rapid, then already with the loss of 10%), overcoming the weight threshold of menstruation, individual for each patient, led to cessation thereof. Since then, weight loss has accelerated, increased somato-endocrine disorders characteristic of dystrophy.

At the stage of cachexia or severe bulimic symptoms with massive vomiting behavior, severe somatic-endocrine complications were observed, which were reflected both in the nature and severity of the manifestation of obsessive-phobic disorders. The plot of obsessions varied in the cachectic patients (weight loss of more than 50%): in the food-related and appearance-related obsessions such as the fear of food, pain after taking even a very small amount of food, constipation, lost control over eating, weight gain etc. remained the most frequent. In particular, appearance at this stage of obsessions not related to the food theme, such as the desire for symmetry, order, massive often pretentious compulsive disorders up to stereotyping (as is typical for patients with evident bulimic disorders) attracted our academic interest.

At the stage of reduction of painful symptoms and exit from cachexia, it takes sometimes more than a year to restore menstrual function, provided that the weight increases above the weight threshold of menstruation by 1-3 kg. Before the restoration of menstruation cycle, mental state remains fragile, with periodic updates dysmorphophobia-dysmorphomania symptoms, explosive disorder, and tendency to hysterical reactions. With the positive dynamics of the treatment, normalization of endocrine and somatic parameters, we can also see the reduction of obsessive-phobic symptoms.

Conclusions: In the vast majority of cases, obsessive-phobic symptoms are an obligate manifestation of anorexia nervosa and bulimia nervosa. Obsessive-phobic disorders associated with nutrition and physical appearance are closely related to the nature and dynamics of the somatic-endocrine component of anorexia nervosa and bulimia nervosa.