S35 *Eating disorders*

MASCULINE BULIMIA: CLINICAL ASPECTS

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Although the literature concerning eating disorders among young girls is numerous, only about ten studies have been published about male bulimics (between 5 and 27 patients) since 1984.

Our study concerns 2 groups of 30 men divided according to three diagnostic categories using DSM-IV criteria (anorexic-vomiting and use of purgative, bulimia vomiting and use of purgative and binge-eating disorders).

Different clinical aspects such as beginning of the disorders, whether previously overweight, characteristic of binges, associated psychic disorders, and the psychopathological aspects from SCL-90 data of BECK, from MMPI and Rorschach test were investigated.

The different components of the prognosis and frequent incidence of the psychic disorders associated with the eating disorders are discussed.

S36 *Continuity and discontinuity: ..*

PSYCHOPATHOLOGIE DE L'ENFANT ET PSYCHOPATHOLOGIE DE L'ADULTE

Une étude prospective et rétrospective

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Nous avons étudié une population de patients ayant consulté les services psychiatriques en tant qu'enfants et en tant qu'adultes Les pathologies adultes retenues correspondent aux diagnostics DSM-III de «schizophrénie», «troubles anxieux», «dysthymie», «trouble de la personnalité (comme diagnostic principal)», «utilisation de substances psychoactives opiacées» et «paraphilie». Les caractéristiques cliniques des enfants correspondant à chacun de ces groupes diagnostiques adultes ont été étudiées et comparées statistiquement et nous avons obtenu des «profils différentiels» («*clusters*») spécifiques et significatifs propres aux enfants qui ont évolué vers chacune de ces pathologies adultes. Nous décrivons ces résultats que nous comparons avec des données de la littérature scientifique et nous relevons leurs implications pronostiques et thérapeutiques pour les enfants consultants.

S36 *Continuity and discontinuity: ...*

LONG TERM FOLLOW-UP IN ANOREXIA NERVOSA WITH CHILDHOOD ONSET

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58 subjects aged 13 or less, who met DSM-III-R criteria for AN, and who had been treated at the Departments of Child and Adolescent Psychiatry at the University of Marburg and Wurzburg were asked to participate in a follow up investigation. They were interviewed personally using the Structured Interview for Anorexia and Bulimia Nervosa (Fichter 1991). Comorbid psychiatric disorders were assessed using the Composite International Diagnostic Interview (WHO 1990). In addition, subjects completed questionnaires on eating disorder psychopathology, and too part in a medical examination. All the patients were traced - and 43 of them qualified to participate in the study. At follow-up, four subjects (9%) still suffered from anorexia nervosa, three (7%) from anorexia and bulimia nervosa, five (11%) from bulimia nervosa and eight (18%) from an eating disroder not otherwise specified. Twelve (29%) suffered from another psychiatric disorder. The study concluded that the psychiatric outcome of childhood onset anorexia disorder is not good in the sense that many patients still suffer from some kind of eating disorder at the time of follow-up.

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LONG TERM OUTCOME OF ADOLESCENTS WITH ANOREXIA NERVOSA

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The outcome of 75 female adolescents diagnosed with anorexia nervosa (AN) was evaluated four years from initial diagnosis. The assessment methods included semistructured psychiatric interviews for detecting axis I psychopathology, eating disorders and the patients' general functioning. Assessment scales for depression, suicidal potential, eating behaviour and general psychopathology were also performed. Physical parameters were evaluated using the Body Mass Index (BMI). At the time of assessment, two patients were dead - one because of heart disease unrelated to AN, the other committed suicide related to her AN. Ten other patients wre hospitalised at psychiatric facilities with severe psychopathologies (seven with AN, one with bulimia, one with schiyophrenia, one with major depression). 15 patients only agreed to provide details of their condition over the phone. As a result, 48 patients were subjected to the complete evaluation protocol. At the time of assessment, none of them (mean age $\pm$ S.D., 18.9 $\pm$ 2.5y) fulfilled the axis I criteria for AN. The mean GAS score was 88 $\pm$ 11.5. Nine had suicidal throughts. The mean EAT, BECK, BELL and SCL-90 scores were 9 $\pm$ 11.2, 6.1 $\pm$ 8.4, 37.6 $\pm$ 26.5 and 50 $\pm$ 43.2 respectively. The implications of these findings are discussed.

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