OBSESSIONAL SYMPTOMS IN PATIENTS WITH EATING DISORDERS AND THEIR RELATIONSHIP TO OUTCOME

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Eating disorders have been linked to obsessive compulsive disorder (OCD) because of similarities in phenomenology, individual and family comorbidity, reports of high obsessional symptom scores among eating disordered patients, and their response to specific serotonin reuptake inhibitors.

The study measured obsessional symptoms prospectively in 101 consecutive new female patients referred to a national centre for eating disorders over one year, compared to age matched control women. The patients were reassessed at three months and one year. Diagnoses were made according to DSM III R criteria.

37 patients had anorexia nervosa, 40 bulimia nervosa and 24 eating disorder not otherwise specified. The mean obsessional symptom score (Maudsley Obsessive Compulsive Scale (MOCI)) was significantly higher in patients (11.1 sd 5.7) than in controls (4.2 sd. 3.5) at initial referral ($p < 0.001$, Wilcoxon signed ranks). At three months, of 80 responders, those who had an initial MOCI score of 7 or above had significantly higher Eating Attitudes Test (EAT) ($p < 0.05$) and Bulimic Investigatory Test, Edinburg (BITE) ($p < 0.05$) scores. Of 55 responders at one year, those patients with a good or moderate outcome had a significant reduction in their mean MOCI score compared to those who showed no change or disimproved, who showed a mean increase in MOCI Score ($p = 0.01$, Mann Whitney U = 218.0). There was also a significant association between outcome at 3 months and outcome at one year ($p < 0.01$, $X^1 = 10.6$, df = 1). Treatment duration, location, type of eating disorder, history of childhood abuse, impulsivity and referral agent were not significantly associated with outcome.

This study supports the view that eating disorders may be a gender specific OCD.

PREDICTION OF COURSE AND MORTALITY OF EATING DISORDERS IN DENMARK, 1970–93. A NATIONAL CASE REGISTER STUDY

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Follow-up studies of eating disorders have shown a tendency to high mortality and many chronic courses. Up to now most of these follow-up studies included patient populations that were too small to document prognostic factors.

The present record-linkage study includes all patients diagnosed as suffering from an eating disorder according to the ICD-8 classification system during the period 1970–93 at any Danish psychiatric (since 1970) and somatic department (since 1977).

By linking three national case registers, the Psychiatric Case Register, the Danish National Patient Register (covering all somatic admissions) and the Central Death Register, we describe mortality and prognostic factors with regard to death and chronic courses for patients with eating disorders. The study includes 2763 cases, of which 237 are males. Mean follow-up time is 10.3 years. A significant excess mortality is demonstrated, as the SMR of the total patient population is 5.7, and the highest SMR of 14 relates to women aged 25–29. Patients only admitted to psychiatric departments have the lowest SMR and these patients show a marked preponderance of suicide as death cause. The study shows that patients with an eating disorder first admitted to somatic departments are at an increased risk of death and chronic course. Alcohol and drug abuse at index admission for eating disorder has special importance with regard to excess mortality. Attempted suicide and compulsory admission at index admission for eating disorder are significantly related to an increased risk of a chronic course. Gender is not a predictor for mortality, but females are at an increased risk of running a chronic course measured by their frequency of contact with the treatment system. This study finds neither period effects nor rural-urban differences concerning the course of eating disorders.

DEPRESSION, FAMILY ENVIRONMENT AND ADOLESCENT SUICIDAL BEHAVIOUR

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Objective: To assess the specific influence of family relationship difficulties, over and above the effect of depression, on the risk of adolescent suicidal behaviour. *Method:* The study was based on the clinical data summaries, "item sheets", of children and adolescents who attended the Maudsley Hospital during the 1970s and 1980s. Two hundred and eighty-four cases of suicidal behaviour, defined as suicidal ideas, attempts or threats (mean age 13.9 years SD 2.6), were compared with 3,054 non-suicidal controls, using stepwise logistic regression controlling for age and sex. *Results:* The following variables were each independently associated with suicidal behaviour: an operationally defined depressive syndrome, odds ratio (OR) = 1.5 (95% CI 1.1–6.3), family discord, OR = 1.5 (95% CI 1.1–2.0), disturbed mother-child relationship, OR = 1.5 (95% CI 1.1–2.0), and familial lack of warmth, OR = 1.4 (95% CI 1.1–2.3). Twenty-seven percent of the suicidal cases met operational criteria for depression. In a separate analysis of nondepressed cases (n = 198), female gender, OR = 2.4 (95% CI 1.7–3.2), and conduct symptoms, OR 1.4 (95% CI 1.02–1.95), were independent risk factors for suicidal behaviour. Among the depressed cases (n = 73), gender and conduct symptoms did not affect the risk of suicidal behaviour. *Conclusions:* Although depression is the largest single risk factor for teenage suicidal behaviour, family relationship difficulties make a significant independent contribution to this risk. Depression also interacts with gender, so that the excess risk of suicidal behaviour in young females is confined to nondepressed cases.

ETUDE SUR LE DEVENIR Á LONG TERME DES ADOLESCENTS SUICIDANTS

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Objectif: Il s'agit d'une enquête catamnestique sur le devenir social, médical et psychologique de 552 enfants et adolescents hospitalisés au CHU de Grenoble, suite à une tentative de suicide, entre le 1/1/1982 et le 31/7/1992.

Matériel et méthode: Le taux de mortalité a été obtenu directement auprés des services de l'état civil et le devenir social, médical et psychologique par des autoquestionnaires adressés par courrier à l'adolescent, à ses parents et au médecin généraliste. Les résultats ont été comparés à ceux d'une population témoin (N = 273) constituée par des patients non suicidants hospitalisés en pédiatrie et en stomatologie. Les réponses des deux populations ont été appariées pour l'âge, le sexe et l'année d'hospitalisation.

Résultats: Le taux de mortalité, déterminé à partir de 446 suicidants et de 223 témoins est respectivement de 2.2% et de 0.9%. Le taux de récidives suicidaires connu pour 282 suicidants est de 34%. Aprés appariement des deux populations, les paramétres sociaux, médicaux et psychologiques ont été étudiés pour 221 suicidants et 105 témoins. Leur âge moyen est respectivement de 14.8 ± 1.7

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