

## S45. Eating disorders: epidemiology, course and risk factors

Chairs: M. Fichter (D), W. Vandereycken (B)

### S45.01

#### EPIDEMIOLOGY OF EATING DISORDERS

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To examine the incidence and prevalence of eating disorders, we used several data sources. The prevalence rates in the population are derived from a meta analysis of two-stage studies in the young female population.<sup>1</sup> The incidence of eating disorders in primary care has been examined by a Dutch nationwide network of primary care physicians in 1985–1989<sup>2</sup> and 1995–1999. By examining medical records and psychiatric case registers we studied the epidemiology in (mental) health care in Curaçao<sup>3</sup> and the Netherlands.

The one year prevalence among young females in the general population is 0.4% for anorexia nervosa and 1.5% for bulimia nervosa. Only small percentages of patients with eating disorders are detected in primary care and referred to mental health care. The registered incidence rates for anorexia nervosa have increased sharply till the 1970's, but has been rather stable afterwards. Because bulimia nervosa has only been distinguished as a separate disorder after 1980, it is difficult to examine trends in the incidence of bulimia nervosa. The incidence of anorexia nervosa is around 8 per 100,000 in primary care and 5 per 100,000 in mental health care in the 1980's and 1990's. The incidence of bulimia nervosa is around 12 per 100,000 population in primary care and 6 per 100,000 in mental health care.

Results from the Curaçao study challenge the hypothesis that anorexia nervosa is a western culture bound syndrome occurring mainly in white women.

- (1) Hoeken D van, et al. Epidemiology. In: Hoek HW, Treasure JL, Katzman MA (eds). *Neurobiology in the Treatment of Eating Disorders*. John Wiley & Sons, 1998: 97–126;
- (2) Hoek HW, et al. *Am J Psychiatry* 1995; 152: 1272–8;
- (3) Hoek HW, et al. *New Engl J Med* 1998; 338 (17): 1231–2.

### S45.02

#### THE COURSE OF EATING DISORDERS (AN, BN, BED): PREDICTORS, RISK FACTORS AND CAUSAL MODELS

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No abstract was available at the time of printing.

### S45.03

#### EMOTIONAL MODELS IN EATING DISORDERS

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The aim of this talk is to present evidence from various studies on emotional processing in anorexia nervosa. Patients with eating disorders show high levels of disgust sensitivity when tested using standard questionnaire measures. The recognition of facial emotions in self and others is attenuated but disgust is relatively spared. Patient with anorexia nervosa perceive food to be frightening

and disgusting and they experience psychophysiological arousal when presented with food. In addition they show abnormal brain activation to food stimuli with MRI scanning. The brain areas activated by food related stimuli are close to areas activated by negative emotions, severely aversive smells, tastes and hunger. In conclusion, several aspects of emotional functioning are abnormal in anorexia nervosa. It appears that food, a rewarding stimuli, may be processed as if it is aversive and that this may be part of a more general aspect of emotional dysfunction.

### S45.04

#### BODY IMAGE IN EATING DISORDERS

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Common features in Eating disorders are the importance of physical appearance and the great fear of becoming fat. Most of studies were using various body size estimation techniques and the results were clearly contradictories. Beside the methodological problems involved in this type of research, few studies have been done about the impact of therapy on body image. The purpose of the current study was to determine the efficacy of a cognitive-behavioral (CBT) outpatient treatment in Eating Disorders, using a video-confrontation (VC) procedure.

**Method:** 120 patients diagnosed, according to the DSM-IV criteria, of Anorexia (AN, N = 60) or Bulimia nervosa (BN, N = 60), and who were consecutively treated in our Unit. All were female. The whole patients were randomly assigned to two different therapeutical approaches: (1) Experimental Group, EG (CBT + VC) or (2) Control group, CG (only CBT). Prior, after the treatment and at one-year follow-up several clinical and psychometrical measures were used for the assessment.

**Results:** Outpatient group therapy (CBT) was effective as well in AN as in BN (60–80% of cases). When compared improvements in EG vs. CG, there were not significant differences concerning this factor ( $p > .05$ ). Poor outcome was predicted by the following measures made at the time of admission: greater severity of illness, more frequent vomiting ( $p < .02$ ) and premorbid obesity ( $p < .04$ ).

**Conclusions:** There was no evidence for a major efficacy of CBT when VC procedures were additionally used in the outpatient treatment of eating disorders. Therapeutical implications of such a body-oriented therapy as well as the relevance of the construct body image will be discussed.

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### S45.05

#### BODY IMAGE DISTURBANCES IN OBESITY BEFORE AND AFTER WEIGHT LOSS

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**Background:** Many overweight persons have a negative body image: persistent preoccupation with the physical aspect that causes enduring distress and serious interference with personal functioning. Obese binge eaters (*O-BED*) present more serious body image disturbances than obese non binge eaters (*O-non-BED*). Body image dissatisfaction is the most common reported motivation for losing weight but body image change has been virtually ignored in obesity treatment outcome studies.

**Objective:** The purpose of this study was to explore the effects of weight loss on body image in a sample of obese subjects six and twelve months after bariatric surgery.