

Eating disorders: need for a broader assessment

Transtornos alimentares: necessidade de uma avaliação mais ampla

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Eating disorders are associated with notable severity and disability. In addition, they represent a public health concern in view of their frequent relationship with other psychiatric disorders, and often receive inappropriate treatment. The high morbidity and mortality associated with both poor nutrition and suicidal behavior highlight the need to expand the knowledge of causes, associated features, and consequently treatment of these conditions.

Although eating disorders are traditionally considered as a less common type of psychiatric condition, epidemiological studies have shown that their occurrence may be underestimated. Prevalence rates range from 0.5 to 3.7% for anorexia nervosa (AN) and from 1.1 to 4.2% for bulimia nervosa (BN),¹ and they increase when incomplete manifestations of the syndromes are taken into account: 2.4% for partial AN (without amenorrhea), 2.9% for binge eating disorder, and 5.3% for purging disorder without binge.² Long-term studies indicate that about one third of the patients with AN present only a partial improvement of symptoms, whereas 20% remain chronically ill.³

It is believed that social, psychological and biological causes are related to eating disorders. According to the psychodynamic perspective, there are several

mechanisms associated with altered eating behavior; in this scenario, the patients' relationships with their parents play a key role. In this issue of Trends in Psychiatry and Psychotherapy, Campos et al. describe recurrent characteristics of patients with AN with regard to mother-daughter relationships, with emphasis on the issue of mutual control and the dialectic between omnipotence and impotence, which may be important targets for interventions.⁴

One previous study of ours designed to evaluate patients with eating disorders treated at a tertiary center showed that this population is clinically severe and that comorbidity with other psychiatric disorders is the rule, especially mood and substance use disorders.⁵ This is a population with a complex phenomenology involving the distortion of body image, impulsivity, and impaired social adjustment requiring an approach that addresses these facets.

We are heading towards a refinement of the therapeutic approaches available to this population. Future research needs to include extensive clinical evaluation of the various aspects involved in eating disorders, such as the underlying biological changes or psychodynamic characteristics of family relationships in these families.

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