

P14. Eating disorders

P14.01

Depression – suicidal ideation – bulimia nervosa

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Introduction: Eating disorders are a serious medical and psychiatric problem. They are often associated with depression, suicidal feelings and attempts. There has been little systematic comparison between the groups of eating disorder patients in terms of depressive history, suicidal feelings and suicidal attempts and other comorbid psychiatric illnesses. It has been suggested that eating disorders represent a form of affective disorder (Ranson et al., 1999). Therefore, we are interested in seriousness of the suicidal behaviour in bulimia nervosa and in major depression.

Methods: Subjects of this study were 30 female inpatients of the psychiatric hospital, Karl-Franzens-University, Graz, Austria, who met the DSM IV criteria for bulimia nervosa and 30 in-patients with a current major depression episode (diagnosed according to DSM IV). All subjects were interviewed with a standardized structured interview, the Modified Scale for Suicidal Ideation (MSSI; Miller et al., 1986), the Beck Depression Inventory (BDI; Hautzinger, 1993), the Symptom Check List of Derogatis (SCL-90R, Franke, 1995) and the Basic Suicidal Behavior Documentation (Schaller et al., 1987).

Results: 55 % of the patients report at least one suicide attempt and 45 % of the attempters report multiple attempts. 75 % of all interviewed females report current suicidal ideation. Women with bulimia nervosa and women with major depression show a similar level of suicidal ideation. The mean MSSI score (SD) for the bulimia nervosa sample is 17,70 (10,27) and for the depressive sample is 20,60 (11,51). There is no statistical significant difference. Therefore all these patients are at higher risk of attempting suicide. The BDI presents a similar result. In addition patients who reported current suicidal ideation have a higher score on the obsessive-compulsive-subscale of SCL-90-R (mean=18,50; SD=9,22) compared to patients without suicidal ideation (mean=13,30; SD=8,54; statistically significant $p < 0.05$).

Discussion: The aim of this study is to give an insight into the complexity of suicidal thoughts, depression and obsessive-compulsive symptoms of patients at the psychiatric hospital, Karl-Franzens-University, Graz, Austria. The data of this study suggests that suicidality and depression is equally common in women with bulimia nervosa and women with depressive disorders. Clinicians who treat eating disorders should therefore remain alert to this possibility. Both affective disorders and bulimia nervosa present a risk factor for suicide attempts. Obsessive-compulsive disorder symptoms are common in people who are ill with bulimia nervosa. In addition there is the frequent co-occurrence of obsessive-compulsive symptoms and suicidal ideation. This study supports these facts.

- (1) Ranson, K., Kaye, W. (1999). Obsessive-Compulsive Disorder Symptoms before and after recovery from Bulimia nervosa. *American Journal of Psychiatry*, 156, 1703-1708.

P14.02

Eating disorders co-morbidity in heroin addicts in MMT

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Introduction: in the last few years, psychiatric co-morbidity in substance abuse and dependence was well investigated for anxiety, depression, psychosis etc.

Nevertheless in international studies do not exist detailed epidemiological data about co-morbidity for other addictive behaviours like eating disorders, pathological gambling, sexual addiction and risk seeking behaviours.

Goals: to evaluate co-morbidity for eating disorders (ED) in a group of heroin addicted patients (according to DSM IV criteria) in stabilized Methadone maintenance treatment (MMT) (more than 3 months)

Methods: we studied all subjects in MMT in a specific week who gave us informed consent. We used EDI (Eating Disorder Inventory) a 64 items test which defines 8 different scales: drive for thinness (DT), bulimia (B), body dissatisfaction (BD), ineffectiveness (I), perfectionism (P), interpersonal distrust (ID), interoceptive awareness (IA) and maturity fears (MF). EDI was submitted by a trained professional.

Results:

MMT group	530
MMT group > 3 months	498
Tested group	83

	DT		B		BD		I		P		ID		IA		MF	
	n'	%	n'	%	n'	%	n'	%	n'	%	n'	%	n'	%	n'	%
low	71	85.6	77	92.8	57	68.7	74	89.2	54	65	58	69.9	71	85.5	44	53
medium	8	9.6	6	7.2	21	25.3	8	9.6	28	33.8	22	26.5	12	14.5	35	42.2
high	4	4.8	0	0	5	6	1	1.2	1	1.2	3	3.6	0	0	4	4.8

Conclusions: three scales are specific for ED (DT, B, BD) and these items show a prevalence for eating disorders that seems to be higher than general population. The other five scales are not specific for ED and needed to be compared with other experiences.

EDI is commonly used as a screening test for ED and obviously diagnosis must be confirmed; our results seem to be very interesting to confirm a very high eating disorders prevalence in this population. We could explain this suggestion in two way: (1) heroin use could hide ED that comes up when the patient is well stabilized with MMT (2) when MMT blocks heroin use, the addictive behaviour changes and drives for another feature.

P14.03

Leptin and its soluble receptor across the eating disorder spectrum

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Objectives: Leptin is involved in the modulation of feeding behaviour, body weight, energy balance and hormonal secretion by acting through specific transmembrane receptors. Altered leptin production has been reported in eating disorders (EDs), but no information about its receptors has been provided in these conditions.