LATE ONSET IN EATING DISORDERS:
CLINICAL AND THERAPEUTIC IMPLICATIONS


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INTRODUCTION

- Although most ED patients report Typical Age of Onset (TAO) (ranging between 13 and 24 years), Later Age of Onset (LAO) do occur.
- Understanding of these cases is however limited to a few isolated case series examining LAO in AN and BN.
- Age of onset: AN<BN;BED.
- Characteristics of LAO patients: ↓ED symptoms (e.g., weight, fear of food, body image distortion), ↓family history of major psychiatric disorders, ↑comorbidity, bereavement, marital conflicts, and ↓prognosis and outcome.
- However, no differences were observed between LAO and TAO ED on several dimensions including: age at menarche or duration of illness and weight control methods.
OBJECTIVES

1.) to explore differential features (clinical, psychopathological, and personality) between individuals with LAO and TAO EDs.

2.) to assess whether LAO and TAO patients differ on these measures across EDs subtypes (AN, BN, and EDNOS).

HYPOTHESES: LAO < TAO
DEFINITION OF LAO

- The definition of LAO in EDs has been inconsistent.
- Many of the existing studies anchor their definition in Feighner’s criteria (1972), which defines five necessary conditions for the diagnosis of AN, including onset before 25 years of age.
- In addition to the literature we tried to help determine the optimal definition of LAO vs. TAO, by assessing data from an independent study, the Genetics of AN (Fernandez-Aranda et al., 2008).
- The mean age of onset in this study was 16.9 (SD=4.3) for the 841 female participants with a lifetime history of AN.
- with an age of onset of 25 or older had an age of onset, in general, at least two SDs above the mean.
PARTICIPANTS

- 855 Eating disorder (ED) patients.
- ED subtypes: 175 (20.5%) AN, 452 (52.9%) BN, and 228 (26.7%) EDNOS [excluding BED].
- 96 ED patients with LAO, were compared with the remaining 759 female ED individuals, with TAO.
- All participants were female and diagnosed according to DSM-IV criteria.
- Participants were consecutive referrals at the Dept. of Psychiatry of Bellvitge University Hospital in Barcelona.
METHOD

Age of onset distribution

LAO: mean age = 32.0 yr (SD = 6.4);

12.2% (N = 95)

TAO: mean age = 17.4 yr (SD = 3.4)
ASSESSMENT

- Eating Attitudes Test [EAT-40],
- Eating Disorders Inventory-2 [EDI-2]
- Bulimic Investigatory Test Edinburgh [(BITE]
- SCID-I (for ED, ICD and substance abuse disorders).
- Temperament and Character Inventory-revised (TCI-R)
- Symptom Checklist-90 revised (SCL-90-R).
- Other demographic-clinical information by semi-structured interview.
No statistically significant differences were found between age of onset and ED subtype.
RESULTS I

Sociodemographical and clinical features

<table>
<thead>
<tr>
<th></th>
<th>Late age of onset (&gt;25 yrs)</th>
<th>Typical age of onset (≤25 yrs)</th>
<th>p-values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AN (n=18)</td>
<td>BN (n=59)</td>
<td>EDNOS (n=19)</td>
</tr>
<tr>
<td>Nº previous treat.</td>
<td>0.89 (0.96)</td>
<td>0.57 (0.99)</td>
<td>0.42 (0.61)</td>
</tr>
<tr>
<td>Weekly binges</td>
<td>0 (0)</td>
<td>8.09 (7.27)</td>
<td>0.06 (0.24)</td>
</tr>
<tr>
<td>Weekly vomits</td>
<td>1.00 (2.38)</td>
<td>6.33 (8.74)</td>
<td>1.68 (2.54)</td>
</tr>
<tr>
<td>Weekly laxative use</td>
<td>1.94 (5.3)</td>
<td>4.59 (10.5)</td>
<td>3.58 (7.0)</td>
</tr>
<tr>
<td>Weekly diuretic use</td>
<td>0 (0)</td>
<td>2.73 (7.44)</td>
<td>2.37 (9.62)</td>
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<tr>
<td>Current BMI</td>
<td>15.20 (1.03)</td>
<td>28.21 (6.42)</td>
<td>20.99 (2.99)</td>
</tr>
</tbody>
</table>

- Weekly vomiting: LAO < TAO
- BMI: Only for BN patients, LAO > TAO
RESULTS II

ED Psychopathology (EDI-2)

EDI-2 Drive for thinness

- LAO < TAO
- AN < (BN = EDNOS)
RESULTS III

Personality traits and obesity

Harm Avoidance-TCI-R

- AN: LAO < TAO
- BN: LAO > TAO
- EDNOS: LAO > TAO

Only in AN: LAO < TAO

LAO > TAO
RESULTS III

Impulsive behaviours

- TAO > LAO
- No differences across ED subtypes
CONCLUSIONS

- LAO ED-patients present with lower ED symptomatology, lower drug abuse and self-harming behaviours.
- Obesity plays an important role in the development and course of LAO ED.
- Differences across ED subtypes and age of onset:
  1.) LAO BN patients reporting higher current BMI than their TAO BN counterparts.
  2.) LAO AN group scoring significantly lower on the TCI-R Harm Avoidance scale than the LAO AN group.
- Future research could expand the present results by:
  a.) employing longitudinal designs addressing the potential mediating role of age of onset in the etiological factors and clinical course of ED.
  b.) examining whether people with a particular genotype are more vulnerable for developing an EDs at a specific age.
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