



POTENTIAL ASSOCIATIONS BETWEEN A HISTORY OF SEXUAL ABUSE AND PSYCHIATRIC COMORBIDITIES IN PATIENTS WITH EATING DISORDERS

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ABSTRACT

Although a direct association between sexual abuse and EDs has not been demonstrated, a higher psychiatric and medical comorbidities in these patients over the course of their lifetimes continues to be a topic of debate.

OBJECTIVE

To compare the current psychiatric comorbidity between 95 patients with EDs and childhood sexual abuse (CSA) and 473 with EDs without a history of CSA.

METHOD

Substance Abuse or Dependency, Major Depressive Disorder, Bipolar Disorder, Post-Traumatic Stress Disorder, OCD, other Anxiety Disorders, and Self-Injurious behavior were examined in both groups. The diagnosis was made using the SCID-I DSM IV structured interview and traumatic experiences were explored through structured questioning of the patient and family members during the evaluation. Simple frequencies, bivariate analysis and multivariate analysis were explored in a logistic regression model.

RESULTS

The type of ED with the greatest association to CSA is BN ($p < 0.02$). A higher rate of all psychiatric comorbidities was found in the group of patients with CSA, and the differences were significant for Post-Traumatic Stress Disorder ($p < 0.001$), Substance Abuse ($p < 0.004$), Major Depression ($p < 0.02$), self-injurious behavior ($p < 0.0000$), and attempted suicide ($p < 0.003$). Patients with ED and a history of CSA have a greater than 2-fold higher risk of PTSD compared with patients without CSA, adjusting for Substance Abuse, Major Depression and self-injury (OR = 2.5, CI 95% 1.4, 4.4).

CONCLUSION

In patients with ED and CSA there is a high rate of psychiatric comorbidity, in particular, Anxiety Disorders, Mood Disorders, and Impulsivity. These findings coincide with the strong association of PTSD reported in other studies. Comorbidity should be thoroughly explored in order to offer specific treatment.

INTRODUCTION

Despite the fact that a history of childhood sexual abuse (CSA) is not considered a specific risk factor for EDs and may influence the later development of multiple types of psychiatric pathologies, it is known that a history of early and repeated trauma has a greater association with the appearance of bulimic sub-types of EDs (1,2). In addition, although there is no evidence that CSA corresponds to more severe manifestations of EDs, it does appear there is a less promising prognosis in patients with a history of multiple traumatic experiences who were exposed to various types of violent acts, with a higher rate of relapses or abandoning treatment and a more complex psychopathology (3,4,5). The existing psychiatric comorbidities in these patients require a specific therapeutic approach that will contribute to improving the response to treatment. This study explores the mentioned comorbidities comparatively in two groups of patients with EDs with and without a history of CSA.

RESULTS

They are 18 male patients and 550 female patients whose ages range from 11 to 50 years (Mean 21.4 ± 7.2). Forty three percent are under 18 years of age. 39% presented with bulimia and 35% with AN. (Figures 1 and 2).

Figure 1.
Distribution by age in 568 ED patients

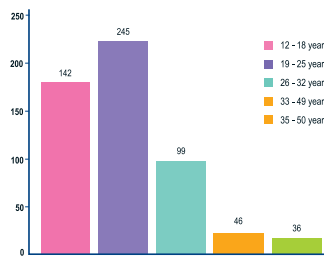
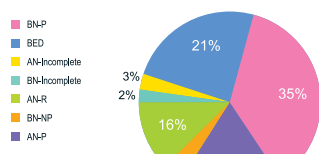


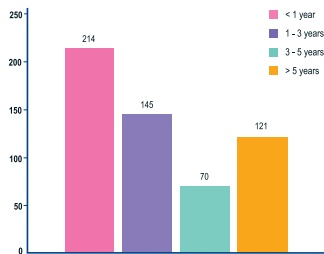
Figure 2.
Distribution by ED Type N=568



Chronicity of the Eating Disorder

The chronicity of the key ED symptoms at the time of the consultation was highly variable. 39% of patients had been symptomatic for less than 1 year. The stratified distribution can be seen in Figure 3.

Figure 3.
Chronicity in years of ED Symptoms



METHODS

Participants

The group included 568 patients with EDs, and in this group the history of childhood sexual abuse (CSA) prior to the appearance of the eating disorder symptoms, was explored using structured questions included in the clinical history. Ninety-five patients with a history of childhood sexual abuse were compared with 473 without a history of childhood sexual abuse in terms of the presence of current psychiatric comorbidities and other risk variables (Table 2).

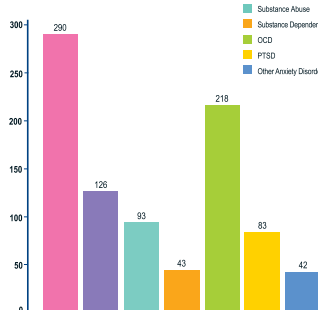
Statistical analysis

The STATA 7 statistical program was used. Simple frequencies, a bivariate analysis between the outcome variable and the independent variables were calculated assuming a level of statistical significance of < 0.05 . The Odds Ratios were calculated and the respective CI of 95%.

Current Comorbidities:

The most common comorbidities at the time of the consultation were Mood Disorders (73.7%) followed by Anxiety Disorders (45.8%). Figure 4.

Figure 4
Current comorbidities in 578 ED patients



Childhood sexual abuse:

Ninety-four females and 1 male patient (16.7%) reported experiences of sexual abuse during childhood, prior to the appearance of eating disorder symptoms. In 24 it was a single occurrence and in 71 the experiences of abuse were repeated. Twenty-six patients were sexually abused by various individuals. In 20 of these patients, the abuse was chronic and continuing at the time of the consultation. The abuse was perpetrated in 53.6% of the cases by family members and in 44.3% of the cases by adults known to the patient (Figure 5).

Figure 5.
Type of sexual abuser in 95 patients with ED and CSA

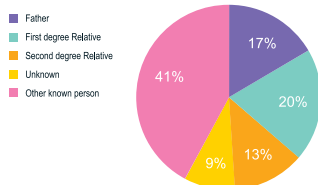
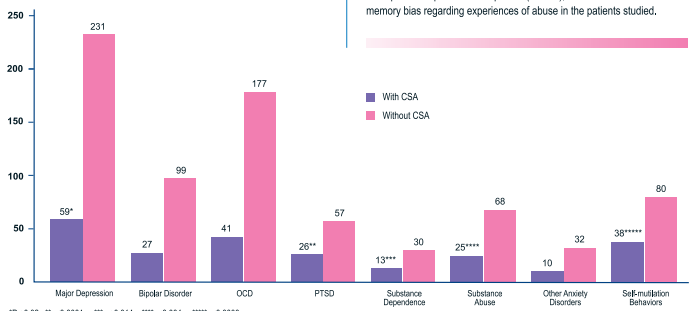


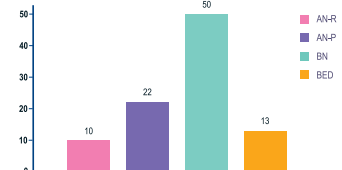
Figure 6.
Other current comorbidities in Axis I by CSA



* $P < 0.02$ ** $p < 0.0001$ *** $p < 0.014$ **** $p < 0.0004$ ***** $p < 0.0000$

The relation between a history of CSA and the type of ED demonstrated a significant association with Bulimia Nervosa. In terms of comorbid pathologies, a higher proportion of patients with PTSD and substance dependence were found among those with a history of CSA as compared to those without this history of early trauma (Figures 6, 7 and Table 1).

Figure 7.
ED Type in 95 patients with CSA



Bivariate Analysis: The proportion of patients with psychiatric comorbidities and other risk variables such as self-injurious behavior was compared in the groups of patients with and without CSA, PTSD, Major Depression, Substance Abuse and Dependency, and Self-injury were significantly associated with a history of CSA. BN was the ED most associated with childhood trauma (Table 1).

Table 1. Bivariate Analysis

VARIABLE	WITH CHILDHOOD SEXUAL ABUSE	WITHOUT CHILDHOOD SEXUAL ABUSE	X ² (1)	p	OR	CI 95%
Anorexia Nervosa	32 (33.6)	180 (36)	0.65	0.42	0.82	0.52-1.5
Bulimia Nervosa	50 (52.6)	189 (46)	5.21	0.02*	1.87	1.1-3.28
Binge Eating Disorder	13 (13.7)	104 (22)	3.33	0.07	0.86	0.3-2.04
Major Depression	59 (62.1)	231 (48)	5.05	0.02*	1.87	1.1-3.28
Bipolar Disorder	27 (28.4)	99 (20.7)	2.57	0.10	0.91	0.1-2.4
Substance Abuse	25 (26.3)	68 (14.5)	7.95	0.004*	2.10	1.2-3.35
Substance Dependence	13 (13.6)	30 (6.4)	5.86	0.014*	2.32	1.2-4.6
PTSD	26 (27.4)	57 (12.4)	14.6	0.0001**	2.73	1.6-4.6
OCD	41 (43.1)	177 (37.4)	1.10	0.29	1.27	0.8-1.9
Other Anxiety Disorders	10 (10.6)	32 (6.6)	1.68	0.19	1.63	0.8-3.4
Self-mutilation behaviors	38 (40)	80 (17)	25.4	0.0000***	3.25	2-5.2
Suicide Attempt	23 (24.2)	59 (12.3)	8.66	0.003*	2.22	1.3-3.8

Source: Equilibrio Outpatient Program, Bogotá, Colombia
PTSD: Post-Traumatic Stress Disorder
CI: Confidence Interval
* $p < 0.05$

Multivariate Analysis: An association model was built using the variables that were statistically significant. After evaluating possible interactions and eliminating confounding variables, 4 variables were kept in the final risk model (Table 2).

Table 2. Multivariate Analysis

Childhood Sexual Abuse	OR	Std Err	z	p	CI95%
PTSD	2.52	0.71	3.25	0.001	1.4-4.4
Major Depression	1.81	0.44	2.42	0.015	1.1-2.9
Self-mutilations behaviors	2.91	0.73	4.23	0.000	1.7-4.8
Substance Abuse	2.30	0.65	2.87	0.004	1.3-4

LI: Liu Q. J. et al. 44.6, p < 0.0000
Source: Equilibrio Outpatient Program, Bogotá, Colombia
PTSD: Post-Traumatic Stress Disorder

CONCLUSIONS

- Patients with ED and a history of CSA have a greater than 2-fold higher risk of PTSD compared with patients without CSA, adjusting for Major Depression, self-injurious behaviors, and Substance Abuse. These findings coincide with reports from other studies.
- Patients with EDs who self-injure, present Substance Abuse or Major Depression, have respectively a 3, 2.3 and 1.8 times greater risk of having experienced CSA compared with those who did not experience childhood sexual abuse.
- Similar to information from other samples studied, a history of CSA is higher in patients with Bulimia Nervosa.
- The complex psychopathological profile of patients with CSA requires treatment using specific approaches for the other comorbid pathologies. Without this therapeutic emphasis, it is unlikely that the expected results of improvement, remission or prevention of relapses of key ED symptoms will be achieved.

Limitations

The findings described have the limitation of not including a healthy population control group. However, the rates of comorbidities found in this study appear significantly greater than those reported in the general population. The retrospective exploration of exposure (trauma), also does not control for memory bias regarding experiences of abuse in the patients studied.

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