

# Depression in Eating Disorders

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# Overview

- Eating Disorders
- Depression
- Interface between the two
- Limitations of research thus far
- Current project
- Recommendations

# Eating Disorders

- At any given time, >10% of late adolescent and adult women report symptoms of eating disorders (ED)
- Bulimia Nervosa (BN): 1-2%
- Anorexia Nervosa (AN): 0.5-1.0%
  - Usually ANR, but 50% may become ANBP
- Rx: antidepressants and psychotherapy
- Suicide in AN and BN is a major cause of death; probably underestimated

# Major Depressive Disorder

- Very common psychiatric disorder (~15%)
- Comorbid with many conditions, e.g. anxiety, medical illness, etc.
- Treated with antidepressants, psychotherapy, ECT , other somatic therapies
- Suicide a major cause of death

# Is there an Overlap?

- MDD = most common comorbid dx in pts with ED (Kaye 2008; Herzog 1992; Fichter 2004)
- Lifetime MDD in pts with ED = 50-75% (APA 2006)
- Comorbid MDD associated with worse ED outcome
- Depression less likely in pts who recover from ED (Berkman 2007; Lowe 2001; Collings 1994)

# Are AN and BN special forms of depressive illness?

- Association between depressive symptoms and ED varies from 30-88%
  - symptoms
  - personal and family comorbidity
  - overlap in biological findings
  - treatment results
- Somewhat higher rates of depression in ANBP and BN pts than in ANR pts

# Suicide

- Common in MDD and ED
- Risk factors in anorexia nervosa
  - purging type
  - chronic disease
  - obsessive symptoms
  - drug abuse
  - *major depression*
  - low BMI at presentation (AN)
- Data concerning suicide in BN still scarce
  - *Attempted* suicides are common

# Proposed Mechanisms

- Serotonin dysregulation implicated in MDD, may play role in prevalence of depression in ED pts
- Impaired postingestive satiety in BN associated with reduced hypothalamic serotonergic response
- Impaired synaptic transmission in functionally distinct serotonin pathways may result in concurrent or sequential periods of binge eating, behavioral impulsivity, and depression in ED pts

# Interpreting the Research

- Difficult to compare results from various sources
- Differences in methods of assessment and diagnostic criteria for ED and depression
- Few studies with control groups
- Probable relationship but no causal link yet

# Current Investigation (MGH)

- Longitudinal sample of women with ED (AN & BN); N=246 enrolled from 1987-1991; n=145 in final analysis based on MDD dx
- Current/lifetime prevalence of MDD?
- Course of MDD?
- Predictors of recovery and relapse from MDD?
- What types of treatment for MDD?

# Results: Relapse and Recovery

- 61% h/o MDD; 69% Baseline MDD; 31% MDD onset
- 102 pts recovered from MDD; 66 relapsed
- Significant predictors of MDD recovery
  - History of MDD
  - Lower baseline BDI score (less severe depression)
  - Higher GAS score (decreased psychological functioning)
- ANR patients less likely to recover than BN patients
- BDI the only significant predictor of MDD relapse
- Closer to ideal body wt and full recovery from ED → increased MDD relapse risk!

# Treatment

	Adequate AD	Inadequate	None
All subjects	72%	9%	19%
Recovered	75%	7%	18%
Relapsed	85%	8%	8%

AD therapy did not significantly impact recovery or relapse from MDD

90% of subjects received psychotherapy of some sort

# Conclusions

- There appears to be an overlap between EDs and MDD
- Presence/type of ED may impact on recovery from MDD
- Antidepressants do not seem to have significant impact on recovery or relapse in this sample
- Replication is necessary

# Recommendations for further study

- Studies with comorbidity as *primary* goal, not secondary aim
- Large samples with all diagnostic subgroups
- Age and sex-matched control subjects
- Inpatient and outpatient
- Current and recovered patients cf. community
- Evaluate all types of depression

# Recommendations for further study

- Demonstrate *specificity* of findings
- Is early onset depression of specific etiological importance to ED, not just increased risk of psychopathology in general?
- More reliable estimates of the frequency of depression in subjects with ED could provide us with valuable etiologic, therapeutic and prognostic information