Eating disorders: A few more thoughts


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To the Editors:

The recent article in the Journal by Morill and Nickols-Richardson (1) about bulimia nervosa in pregnancy points out the need for thorough screening in this population. Statistics about prevalence are difficult to obtain. Turton and colleagues estimated eating disorders in the childbearing years to be approximately 4% in the United Kingdom, with approximately 1% occurring in pregnancy (2). If this statistic were applicable to the US population, we should expect to find around 40,000 pregnant eating-disordered women yearly, or approximately 1 in 100. An estimated 17% of women in fertility clinics were found to have eating disorders in their histories but did not disclose that information to health care providers (1). Early identification and treatment of eating disorders may reduce the rate of miscarriage, incidence of low birth weight, obstetrical complications, and postpartum depression (PPD). PPD among eating disordered women is estimated at 33% compared to the normal population rate of 3%-12% (3). Approximately 40% of eating disordered women have histories of affective disorders, which increases the risk for PPD. Research suggests various nutrients, such as magnesium and n-3 fatty acids, have important roles in emotional well-being (4,5).

We know eating disorders do not begin with food. Antecedent influences include the "thin is in and stout is out" model and media messages and, unfortunately, childhood neglect and emotional abuse (6). Deep and colleagues found higher prevalences of sexual abuse, from 1-5 years before the onset of eating disordered behaviors (7).

Adding to the challenge of intervention is the role some family members may play. Woodside and colleagues found a 2% prevalence of eating disorders in Canadian men, which is approximately half the rate of 4.8% found in women (8). What influences men with eating disorders have on pregnancy has not been studied.
Mothers of pregnant women with eating disorders may exert covert influence. Rivzi and colleagues studied 166 adult women with children, mean age 32.8 years who completed an eating disorder inventory and three-factor eating questionnaire about bulimic behaviors at two time points, six years apart (9). This study showed that many women with eating disorders do not seek treatment; as a result, eating disordered attitudes continue into adult life. One explanation is that women in our society compare themselves to an increasingly thinner body ideal propagated by the popular media. Thus, as time naturally ages their bodies, women are forced to recognize that they are no longer youthful, a quality that is highly coveted and rewarded in modern society. Rivzi points out that eating disorders are chronic and lifetime problems, with the real potential of becoming intergenerational.

Altered cytokine profiles have been found among the anorectic, bulimic, and obese populations (10). Another recent study found that the agouti-related protein exists in 20% of cases of anorexia, which signals another possible biochemical cause (11). The long-term consequence of these is not known at this time; however, identifying women at risk before pregnancy is paramount.

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[Reference]
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