

# Comorbidity of Eating Disorders in Comparison with Mood Disorders

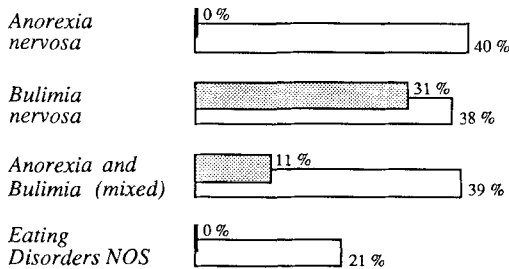
WOLFGANG HILLER AND MICHAEL ZAUDIG

*Max-Planck-Institute of Psychiatry  
Munich, Federal Republic of Germany*

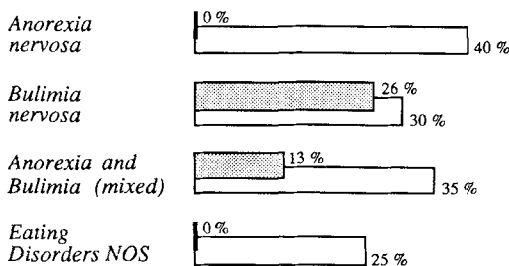
Close psychopathological relationships between eating disorders and major affective disorders have been frequently demonstrated along with neuroendocrinological and psychobiological similarities.<sup>1,2</sup> Competing theories were proposed, suggesting that eating disorders represent variants of affective disorder, or that depression could occur

*Bipolar Disorders*      *Depressive Disorders*

*Rates of comorbidity for mood disorders  
(only one major additional diagnosis is taken into account)*



*Rates of comorbidity for mood disorders  
(all additional diagnoses are taken into account)*



**FIGURE 1.** Comorbidity of eating disorder: comparison of bipolar and depressive disorders.

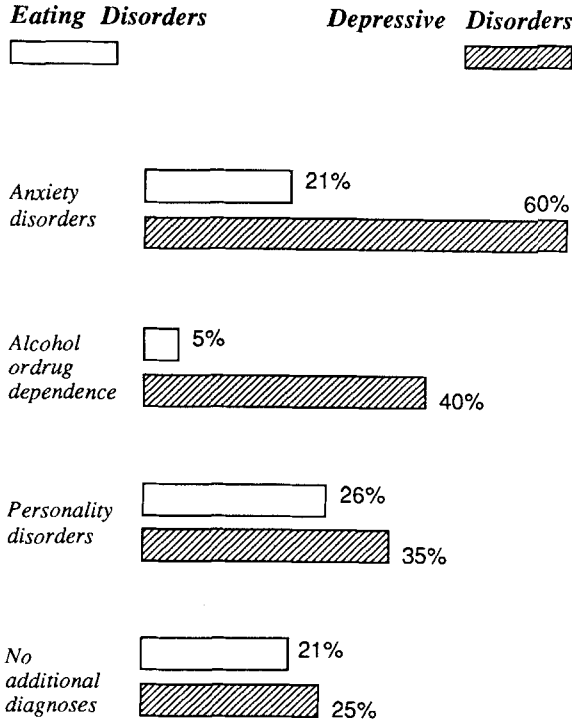


FIGURE 2. Comorbidity of eating disorder and depressive disorders.

secondary to eating disorders. As an extension to studies of psychopathological relations, psychiatric comorbidity of specific and unspecific eating disorders was further evaluated, focusing on the following issues: (1) Is comorbidity of eating disorders comparable with comorbidity of depressive disorders? (2) To what extent are bipolar disorders important in eating disorders?

DSM-III-R lifetime psychiatric disorders were assessed among 53 outpatients (all female; age: 17 to 30 years) with active bulimia, anorexia, anorexia plus bulimia, and eating disorders nos (residual category for atypical symptomatology) by means of structured diagnostic interviews. A comparison group consisted of 20 patients with DSM-III-R major depression and/or dysthymia, comparable to the eating disorder sample in age and sociodemographic characteristics. Exclusion criteria were certain or probable organic mental disorders and any sign from the schizophrenia-related sections of DSM-III-R.

Results showed that 45% of all patients with eating disorders received a lifetime diagnosis of major depression and/or dysthymia. Depressive disorders were equally common in anorectic, bulimic, and mixed anorectic-bulimic subjects. In 17% of the total sample, we found anxiety disorders, drug and alcohol dependence in 6%, and personality disorders in 21%. An increased frequency rate of 39% could be demonstrated for coexisting borderline or avoidant personality disorder in bulimia plus anorexia.

Comorbidity profiles contrasting depression and bipolar disorders are shown in FIGURE 1 for the individual groups of eating disorders. In the upper diagram, only *one* major additional diagnosis was considered. Bipolar disorders (including bipolar conditions with hypomanic or other atypical manic symptoms, and cyclothymia) were most often found in bulimic patients (31%). In this group, the rate of bipolar disorders was almost as high as the rate for unipolar depressive disorders (38%). In contrast, no bipolar disorders were found in anorexia and in the residual group of eating disorders. As can be seen from a comparison of both diagrams in FIGURE 1, the pattern of comorbidity does not depend on the method of assessing comorbidity (i.e., taking only *one* or *all* additional diagnoses into account).

FIGURE 2 gives a comparison of comorbidity rates between eating and depressive disorders. A clearly increased number of coexisting anxiety disorders was found for the depressed group (60% vs. 21%;  $\chi^2 = 7.52^*$ ; sign. at  $\alpha = 0.05$ ). The same result was obtained for alcohol and/or drug dependence (40% vs. 5%;  $\chi^2 = 9.08^*$ ). Coexisting personality disorders did not differ significantly ( $\chi^2 = 0.20$ ), and there was also a comparable proportion of subjects with no additional diagnoses in both groups ( $\chi^2 = 0.00$ ).

To summarize, substantial differences of comorbidity do not suggest that eating disorders and depression are both part of a common psychiatric illness, but validity of the different forms of eating disorders is supported by specific profiles of coexisting diagnoses.

#### REFERENCES

1. LAESSLE, R. G., S. KITTL, M. M. FICHTER, H.-U. WITTCHEN & K. M. PIRKE. 1987. Major affective disorder in anorexia nervosa and bulimia. *Br. J. Psychiatry* **151**: 785-789.
2. KATZ, J. L. 1987. Eating disorder and affective disorder: Relatives or merely chance acquaintances? *Compr. Psychiatry* **28**: 220-228.