W I - 2 Effectiveness of multidisciplinary team approach and prognosis of inpatients with eating disorders

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Multidisciplinary team approach for eating disorders (ED) mainly utilizing behavioral therapy including group and family therapy has been implemented for more than 20 years in our unit. In addition to this we have other characteristic techniques included inducing patients who left the hospital against medical advice (AMA) to return to the hospital. In order to discuss usefulness of our treatment approach strategy of ED, we investigated the long-term (more than 4 years after discharge) results of 35 patients with severe anorexia nervosa (AN) by using Garfinkel's Global Clinical Score (GCS) and 60 patients with eating disorders consisted with restrictive AN (AN-R), AN with binge-purge eating (AN-BP) and bulimia nervosa (BN) by using newly developed check list for ED in Japan.

Result of the analysis of severe AN showed that our comprehensive treatment using operant extinction of avoidance behaviors with cooperation from the family is effective even for those severe AN patients with abnormal behaviors such as leaving the hospital AMA or showing resistance during hospitalization.

Next, among three subtypes AN-R and BN patients showed more than 80% of excellent outcome though only around 50% of AN-BP patients showed excellent outcome.

In conclusion, the present findings indicate that our comprehensive treatment by using intensive operant extinction of avoidance behaviors with cooperation from the family is effective even for those AN and BN patients with abnormal behaviors such as escaping or showing stubborn resistances in the early phase of hospitalization. As well, these outcomes support our hypothesis that major symptoms of AN are avoidance behaviors related to life stresses and/or social adaption disorders. However in order to improve effectiveness of treatment for AN-BP or impulsive type we should develop every system of our strategy furthermore.

W I - 3 Eating Disorders and Impulsivity

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Object: Recently, multi-impulsivity has been focused, and we previously reported the presence of such patients even in much different culture. However, comorbidity of substance use disorders (SUD) seems to be rare in Japanese eating disorder (ED) patients even with multi-impulsivity. Comparison of axis I, II disorders, and childhood events among ED, ED+SUD, and SUD patients would facilitate a better understanding the origins or risk factors.

Method: Subjects consisted of 55 patients with anorexia nervosa restricting type, 40 patients with anorexia nervosa binge eating/purging type, and 69 patients with bulimia nervosa purging type. Sixteen patients with only SUD (mostly methamphetamine dependence) were recruited at an other private hospital. All were females, and were interviewed by SCID-p and SCID-II.

Results: Twenty-six patients (16%, ED+SUD) had a lifetime SUD diagnosis (mostly alcohol abuse/dependence). Although there were no major differences in axis I comorbidity among the three groups, there were some differences in axis II. Among 138 ED, 26 ED+SUD, and 16 SUD patients, 5%, 8%, and 38% met the criteria of borderline personality disorder, 0%, 0%, 25% met criteria of antisocial personality disorder, and 7%, 19%, and 63% lost their parent in their childhood due to parental separation or death, and 7%, 12%, and 44% were sexually abused in the childhood.

Discussion: We will summarize and discuss our previous and current studies in terms of cross-cultural as well as therapeutic perspectives.