

신경성 폭식증 환자의 예후인자*

신윤식** · 김준기*** · 배재현*** · 김찬형**†

Prognostic Factors in Bulimia Nervosa*

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국문초록

연구목적 :

(Bulimia Nervosa) 가

가

방 법 :

Eating disorder inventory

(EDI - 2), Beck depression inventory(BDI) Minnesota multiphasic personality inventory(MMPI)

62

Body mass index(BMI), EDI - 2, MMPI

fluoxetine(: 20 60mg/d)

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62

32

, 30

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(desired weight),

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(bulimia),

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(ineffectiveness)

EDI - 2

MMPI,

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Mind & Mind Psychiatric Clinic

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중심 단어 :

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EDI - 2(Eating Disorder Inventory - 2)⁶⁾

MMPI(Minnesota multiphasic personality invent -
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62

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32

24.8(±3.3)

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2. 연구방법

Table 1. Pretreatment clinical characteristics in responders and non-responders

	Outcome				P-value*
	Responders (N = 32)		Nonresponders (N = 30)		
	Mean	(SD)	Mean	(SD)	
Age	25.1	(3.2)	24.5	(3.4)	0.527
Age onset of bulimia	22.1	(2.2)	21.3	(2.9)	0.225
Duration of bulimia	36.5	(27.7)	42.5	(25.2)	0.379
Body mass index(BMI)	20.7	(2.1)	20.0	(1.8)	0.166
Binge episode/month	23.3	(11.6)	55.1	(24.9)	0.000
Height(cm)	162.1	(4.3)	161.7	(4.7)	0.731
Lowest weight(kg)	47.9	(4.0)	46.6	(5.0)	0.268
Desired weight(kg)	48.5	(3.2)	47.1	(5.0)	0.186

*Statistical significance was tested by independent t-test
 N : Number of subjects SD : Standard deviation

Table 2. Pretreatment clinical characteristics in responders and non-responders

	Outcome				P-value*
	Responders (N = 32)		Non-responders (N = 30)		
	N	(%)	N	(%)	
Job	23	(71.9)	28	(93.3)	0.060
History of previous suicide attempt	0	(0)	5	(16.7)	0.002
History of substance use (diuretics, laxatives)	6	(18.8)	14	(46.7)	0.038
Family history of psychiatric illness	0	(0)	8	(26.7)	0.002

* ² test with two-tailed Fisher's exact test

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 23/32 (71.9%), 28/30 (93.8%)
 (p=0.06).
 , 5/30 (16.7%)
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 thiazide
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 14/30 (46.7%)
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 8/30 (26.7%)
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Table 3. Comparisons of frequency of binge episode between pretreatment and 3rd month of treatment

	Responders	Non-responders
Pretreatment period	23.3(± 11.6)	55.1(± 24.9)
3rd month period	0.7(± 0.8)	23.7(± 15.0)
Ratio of decline	97.2%	57.0%

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Table 4. Pretreatment EDI-2 characteristics in responders and non-responders

	Outcome				P-value*
	Responders(N = 27)		Non-responders(N = 27)		
	Mean	(SD)	Mean	(SD)	
Drive for thinness	12.9	(3.2)	13.7	(3.2)	0.407
Bulimia	9.2	(4.5)	14.6	(4.8)	0.000
Body dissatisfaction	15.9	(7.5)	16.5	(7.5)	0.745
Ineffectiveness	9.2	(6.7)	14.2	(8.6)	0.019
Perfectionism	7.3	(3.7)	9.2	(4.5)	0.098
Interpersonal distrust	7.1	(5.4)	8.2	(6.9)	0.526
Interoceptive awareness	4.5	(4.2)	10.0	(8.0)	0.003
Maturity fears	8.2	(5.6)	7.6	(5.8)	0.686
Asceticism	6.4	(2.9)	7.9	(4.3)	0.147
Impulse regulation	4.6	(3.6)	7.3	(6.7)	0.069
Social insecurity	6.4	(3.8)	8.6	(4.5)	0.057

*Statistical significance was tested by independent t-test

Table 5. Pretreatment MMPI features in responders and non-responders

	Outcome				P-value*
	Responders (N = 26)		Non-responders (N = 27)		
	Mean	(SD)	Mean	(SD)	
Hs	58.2	(7.2)	60.6	(10.6)	0.334
D	60.0	(10.2)	63.7	(9.9)	0.184
Hy	59.2	(8.7)	59.5	(8.7)	0.917
Pd	58.8	(10.7)	59.8	(10.3)	0.739
Mf	46.1	(10.0)	48.7	(7.8)	0.291
Pa	54.9	(8.0)	58.6	(13.3)	0.224
Pt	56.4	(11.6)	60.7	(11.6)	0.207
Sc	53.3	(12.9)	60.4	(14.9)	0.067
Ma	45.9	(10.4)	50.3	(10.4)	0.136
Si	51.5	(12.0)	51.4	(12.9)	0.987

*Statistical significance was tested by independent t-test

Abbreviation : Hs : hypochondriasis ; D : depression ; Hy : hysteria ; Pd : psychopathic deviate ; Mf : masculinity-femininity ; Pa : paranoia ; Pt : psychasthenia ; Sc : schizophrenia ; Ma : hypomania ; Si : social introversion

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 1/3
 80%
 가 24.8(±3.3)

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Prognostic Factors in Bulimia Nervosa

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Objective : Over the last few years there has been growing concern about bulimia nervosa in Korea, but there was only a few clinical study, especially about outcome and predictors. CBT combined with pharmacotherapy has been recognized as the most effective short-term treatment modality, but there was nonresponders. The purpose of this paper is to examine the factors that influence treatment response and outcome in patients with bulimia nervosa. The identification of prognostic factors in bulimia nervosa will help clinicians to deliver the most appropriate type of initial treatment to patients.

Method : The subjects were 62 patients from the outpatients of Mind & Mind psychiatric clinic, who had been previously evaluated by EDI-2 and MMPI. The sociodemographic data, disease progress, past history, family history, BMI, EDI-2 and MMPI were variables assessed. All patients received a 12-week course of CBT combined with pharmacotherapy (fluoxetine 20 -60mg/d). Responders and non-responders group were compared with each variables. Responders were defined as patients who had maximum symptom frequencies of three or less during the last 4 weeks of treatment.

Result : Among 62 patients, responders were 32 and non-responders were 30. There was no difference in sociodemographic variables such as age, education level, job, marriage. As a result of comparing the two groups, non-responders were differentiated by their higher frequency of binge eating vomiting, history of suicide attempt, family history of psychiatric illness and use of laxatives or diuretics. And among the subscale of EDI-2, there were significant high scores in bulimia, ineffectiveness, interoceptive awareness.

Conclusion : The findings suggest that frequency of binge eating vomiting, history of suicide attempt, family history of psychiatric illness, and use of laxatives or diuretics could be prognostic factors in patients with bulimia nervosa.

KEY WORDS : Bulimia nervosa · Prognostic factors.