

## INTRODUCTION

♦ Eating disorders (ED) and BN in particular, appear frequently associated with self-injurious behaviours (Claes, Vandereycken, & Vertommen, 2001). Some of these behaviours can be considered directly harmful, such as self-injurious behaviour, others may be considered indirect as alcohol or tobacco abuse (Favazza, 1996).

♦ The conceptual risk model proposed by Svirko and Hawton (2007) identifies factors such as childhood trauma (usually in the form of abuse), low self-esteem, affective disorders, dissociation, and body dissatisfaction as the key variables in the aetiology for both, ED and self-injurious behaviour. On the other hand, both behaviours can be understood as strategies of emotional regulation.

## AIMS

♦ This study aimed to evaluate the frequency of these behaviors in a population diagnosed with BN ( $N=79$ ), using two control groups, a healthy control group ( $N=86$ ) and a control group with subjects with other psychiatric disorders ( $N=68$ ). This study also evaluated the possible association between sexual abuse and parasuicide behaviors.

## METHOD

### Participants:

♦ A total of 233 female subjects aged between 13 to 38 years old ( $20.82, \pm 4.92$ ) participated in the current study.

The participants were divided as follows:

- ♦ 79 belonged to the clinical group with BN,
- ♦ 86 were part of the normal control group and
- ♦ 68 comprised the control group with other psychiatric disorders

### Instruments and procedures:

♦ **Structured Interview for the Assessment of Risk Factors in Eating Disorders (Risk Factors for Eating Disorders: Interview Schedule - RFI, Fairburn et al., 1998).**

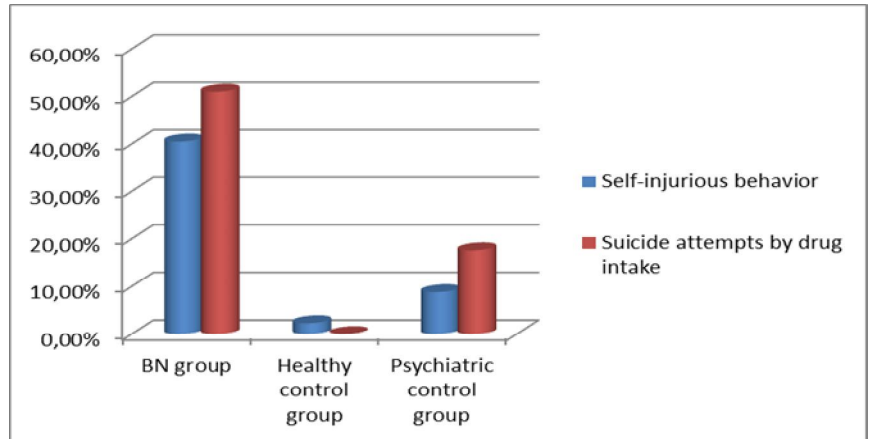
Semi-structured interview, designed with the objective of identifying the biological, psychological and social variables that according to literature, place the individual at risk for developing ED.

The interview also considers risk factors to assess loss of control in some behaviours, such as smoking, medication use, drug use, emotional outbursts and tantrums, nail biting, gambling, spending, uncontrolled sexual behaviour and alcohol abuse. The assessment of these behaviours is held during the last 4 weeks preceding assessment, before the onset of eating problems and ever. The present study considered the lifetime prevalence ("ever") for each behaviour. The interview also allows evaluating the history of self-injurious behaviour and suicide attempted by drug overdose.

## RESULTS

### Prevalence of self-injurious behavior and suicide attempts by drug intake in BN and both case control groups:

♦ Thirty two subjects (40.5%; 95% CI, 29.1% -50.6%) of the BN sample reported self-injurious behavior. With regard to suicide attempts by drug ingestion, 40 (51%; 95% CI, 39.2% -63.3%) of BN subjects reported suicide attempts. Comparing the three populations evaluated, the prevalence of self-injurious behavior in BN was significantly higher than that found in NC group (40.5% vs. 2.3%,  $p < .001$ ) and PC group (40.5% vs. 8.8%,  $p < .001$ ). The prevalence of suicide attempts by drug intake in BN subjects was significantly higher than the one found in the PC group (50.6% vs. 17.6%,  $p < .001$ )



### Prevalence of dysregulated behaviors in bulimia nervosa in BN and both case control groups:

	BN vs. Healthy Control Group					BN vs. Psychiatric Control Group			
	Bulimia nervosa n (%)	Healthy Control Group n (%)	p	OR	95%CI	Psychiatric Control Group n (%)	p	OR	95%CI
Smoke	34 (43.0)	16 (18.6)	.001	.30	.15-.61	11 (16.2)	.001	.26	.18-.56
Psychotropics	9 (11.4)	0	.99	.00	.00	0	.99	.00	.00
Drugs	14 (17.7)	4 (4.7)	.012	.23	.07-.72	3 (4.4)	.02	.21	.06-.78
Tantrums	1 (1.3)	0	1.00	.00	.00	0	1.00	.00	.00
Nail biting	26 (32.9)	25 (29.1)	.59	.83	.43-1.62	24 (35.3)	.76	1.11	.56-2.20
Game	2 (2.5)	0	.99	.00	.00	0	.99	.00	.00
Compulsive buying	18 (22.8)	0	.99	.00	.00	1 (1.5)	.004	.05	.007-.39
Sex	4 (5.1)	0	.99	.00	.00	0	.99	.00	.00
Alcohol	3 (3.8)	0	.99	.00	.00	0	.99	.00	.00

### Association between self-injurious behaviour and history of sexual abuse in BN

In order to evaluate possible association between self-injurious behaviour and history of sexual abuse in BN subjects, we also performed chi-square test. No association was found between the self-injurious behaviour and history of sexual abuse,  $\chi^2 (1) = 1.00, p = .43$ .

### Association between suicide attempts by drug intake and history of sexual abuse in BN

Likewise, in order to evaluate a possible association between suicide attempts and history of sexual abuse in BN subjects, we also performed chi-square test. There was no association between suicide attempts and history of sexual abuse,  $\chi^2 (1) = .004, p = .58$ .

## DISCUSSION:

In summary, this study concluded that BN is commonly related to self-harm behaviours. Compared with both control groups, BN subjects had significantly more self-injurious behaviour, suicide attempts, smoking, drug use and even overspending behaviours. The clinical implications of this study emphasize, above all, the attention that should be given by clinicians to the multi-impulsive spectrum that arises so often associated with BN.