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Antecedent life events in the development of anorexia nervosa: A case control study

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INTRODUCTION

Anorexia nervosa is a serious disorder that affects mainly adolescents and young women. To date little is known about antecedent life events that may work as triggers to anorexia nervosa onset.

- ✓ Some studies suggest that certain life events may play a role in precipitating the onset of eating disorders with anorexia and bulimia nervosa patients having more disruptive life events before the onset of the disorder (e.g., Jacobi *et al.*, 2004; Pike *et al.*, 2008; Rojo *et al.*, 2006);
- ✓ For instance Rastam and Gilberg (1992) concluded that **major life events** were especially common in the 3 months period before anorexia nervosa onset;
- ✓ The onset of anorexia nervosa has been recently associated to the **exposure to critical comments about shape, weight or eating** (Pike *et al.*, 2008).

Aims

→ To evaluate some **specific life events** in the **year before anorexia nervosa onset** using a **case control design**.

→ **Two questions** were addressed in this study:

1. Did patients with anorexia nervosa experience a significantly greater number of stressful life events in the year immediately preceding the emergence of their eating problems compared with matched controls at the same stage of their lives?
2. Are particularly types of antecedent life events especially likely to precede the onset of anorexia nervosa?

METHOD

Participants

✓ 86 female patients with anorexia nervosa (M=20.02; SD=4.49) (AN group):

- 58 (67.4%) restricting type
- 28 (16.3%) binge eating / purging type

✓ 86 female who did not meet criteria for any current Axis I psychiatry disorder and had no history of eating problems (NC group):

✓ 68 female patients with a current DSM-IV axis I psychiatry disorder, but without a history of clinically significant eating disorders symptoms (PC group):

- 35 (51.4%) depressive disorder
- 32 (47.1%) anxiety disorder
- 1 (1.5%) body dysmorphic disorder.

Groups were matched on age and socioeconomic status

Instruments

Clinical Diagnosis

- ✓ Eating Disorders Examination (EDE, 14th edition - Version 14.3; Fairburn & Cooper, 2000)
- ✓ Eating Disorders Examination - Questionnaire (EDE-Q, 4th edition; Fairburn & Beglin, 1994)
- ✓ Structured Clinical Interview for DSM - IV (SCID-I; Spitzer, Williams, Gibbon & First, 1992).

Antecedent life events

- ✓ The Oxford Risk Factor Interview Schedule (RFI; Fairburn & Welch, 1990).

RESULTS

AN vs control groups: number and type of Antecedents Life Events

	AN n (%)	NC n (%)	p	OR	95% CI	AN n (%)	PC n (%)	p	OR	95% CI
Life events	81 (94.2)	61 (70.9)	.116	3.61	(.73-17.95)	63 (92.6)	56 (82.4)	.176	3.54	(.57-22.06)
One or more life events	65 (75.6)	39 (45.3)	.202	2.45	(.62-9.72)	44 (64.7)	52 (76.5)	.403	1.61	(.53-4.89)
Major house move	15 (17.4)	8 (9.3)	.202	2.34	(.63-8.59)	12 (17.6)	16 (23.5)	–	–	–
House move for different country	2 (2.3)	2 (2.3)	–	–	–	1 (1.5)	0 (–)	–	–	–
Significant episode of physical illness	15 (17.4)	7 (8.1)	–	–	–	14 (20.6)	13 (19.1)	–	–	–
Pregnancy	1 (1.2)	1 (1.2)	–	–	–	0 (–)	1 (1.5)	–	–	–
Bereavement (close relative / friend / partner)	19 (22.1)	16 (18.6)	–	–	–	14 (20.6)	20 (29.4)	–	–	–
Major episode of illness (close relative / friend / partner)	23 (26.7)	24 (27.9)	.303	2.53	(.43-14.78)	18 (26.5)	23 (33.8)	–	–	–
Change in family structure (member leaving or joining)	11 (12.8)	8 (9.3)	–	–	–	9 (13.2)	12 (17.6)	–	–	–
Beginning of relationship boyfriend/partner	27 (31.4)	10 (11.6)	.060	3.93	(.94-16.42)	19 (27.9)	8 (11.8)	.053	2.86	(.98-8.33)
End of relationship boyfriend/partner	16 (18.6)	7 (8.1)	.707	1.33	(.31-5.76)	12 (17.6)	6 (8.8)	–	–	–
Sexual abuse	4 (4.7)	0 (–)	–	–	–	2 (2.9)	1 (1.5)	–	–	–
Physical abuse	7 (8.1)	1 (1.2)	–	–	–	6 (8.8)	3 (4.4)	–	–	–
Major stress from school or work	31 (36)	11 (12.8)	.08	3.59	(.86-15.05)	24 (35.3)	20 (29.4)	–	–	–
Major stress from other source	38 (44.2)	13 (15.1)	.182	2.55	(.64-10.12)	30 (44.1)	23 (33.8)	–	–	–
Critical comments about weight, shape or eating	42 (48.8)	11 (12.8)	<.001	17.75	(3.43-91.77)	35 (51.5)	18 (26.5)	.024	2.58	(1.32-5.88)
Anything else significant	18 (20.9)	9 (10.5)	.873	1.11	(.31-4.04)	16 (23.5)	10 (14.7)	–	–	–

DISCUSSION

Main Findings:

- Women with AN had a significantly **higher risk of exposure to a specific life event – critical comments about shape, weight or eating** than both the non-psychiatric and psychiatric control women during the same period of time in their lives;
- No differences were found in the exposure to other life events during the year before onset of eating disturbance between AN and both control groups (except for beginning a relationship with boyfriend/partner that was marginally significant).
- **Consistent with other studies (Pike *et al.*, 2008) the findings of this study suggest that critical comments about weight, shape, or eating constitute the only variable that emerged as a specific proximal trigger for AN. Considering the data about risk factors for AN it seems that weight and shape concerns contribute to AN in proximity to its actual onset and among with other factors that increase the risk of dieting (Machado, 2010).**