

PAIN INSENSITIVITY IN PSYCHIATRIC PATIENTS WITH DEPRESSION: ANOREXIA NERVOSA AND BULIMIA NERVOSA. S. Lautenbacher, S. Roscher, F. Strian, J.-C. Krieg, Max Planck Inst. of Psychiatry, Munich, Germany.

Aim of Investigation: Psychiatric patients can have clinically manifest changes in pain sensitivity. With the exception of studies on depression, experimental approaches to this issue have been rare. We conducted a series of studies that included both depressed patients and, for the first time, patients with eating disorders to find out whether they have any changes in pain sensitivity and if so, whether the changes are specific to pain and whether endogenous opioids are causally involved.

Methods: Heat pain thresholds were measured in patients with major depression ($n = 20$), anorexia ($n = 19$) and bulimia ($n = 20$) diagnosed according to DSM-III-R and compared to those of two age- and sex-matched control groups. In addition, warmth, cold and vibration thresholds were assessed. In subsamples of $n = 10$, naloxone (5 mg IV) was administered in a double-blind placebo-controlled design.

Results: Pain thresholds were significantly higher in all patient groups than in the respective control groups. This was not the case for the warmth, cold and vibration thresholds. Naloxone did not affect the pain thresholds in any group.

Conclusions: The patients with the eating disorders anorexia and bulimia appeared to be pain-insensitive, as did those with major depression. The insensitivity was not part of a generalized somatosensory hypoaesthesia but was specific to pain. The hypalgesia was not caused by a naloxone-sensitive mechanism, a finding that probably excludes involvement of endogenous opioids. Findings from our group, not reported here, and from others suggest that in all three disorders the hypalgesia is restricted to the acute phase. Hence, pain insensitivity seems to be more common in acute psychiatric patients than previously thought, and not limited to depression and schizophrenia.