

Special review

Comorbidity of bipolar and eating disorders: distinct or related disorders with shared dysregulations?

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Abstract

Background: The co-occurrence of bipolar and eating disorders, though of major clinical and public health importance, remains relatively unexamined.

Methods: In reviewing the literature on this comorbidity, we compared bulimia, anorexia nervosa, bulimia nervosa, binge eating disorders and bipolar disorders on phenomenology, course, family history, biology, and treatment response.

Results: Epidemiological studies show an association between subthreshold bipolar disorder and eating disorders in adolescents, and between hypomania and eating disorders, especially binge eating behavior, in adults. Of the clinical studies, most show that patients with bipolar disorder have elevated rates of eating disorders, and vice versa. Finally, the phenomenology, course, comorbidity, family history, and pharmacologic treatment response of these disorders show considerable overlap on all of these parameters. In particular, on phenomenologic grounds – eating dysregulation, mood dysregulation, impulsivity and compulsivity, craving for activity and/or exercise – we find many parallels between bipolar and eating disorders. Overall, the similarities between these disorders were more apparent when examined in their spectrum rather than full-blown expressions.

Limitations: Despite an extensive literature on each of these disorders, studies examining their overlap across all these parameters are relatively sparse and insufficiently systematic.

Conclusions: Nonetheless, the reviewed literature leaves little doubt that bipolar and eating disorders – particularly bulimia nervosa and bipolar II disorder – are related. Although several antidepressants and mood stabilizers have shown promise for eating disorders, their clinical use when these disorders co-exist with bipolarity is still very much of an art. We trust that this review will stimulate more rigorous research in their shared putative underlying psychobiologic mechanisms which, in turn, could lead to more rational targeted treatments.

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Contents

1. Introduction	108
2. Comorbidity of bipolar disorder and eating disorders	109
2.1. Epidemiology.	109
2.2. Clinical studies of eating disorders in bipolar disorder.	110
2.3. Clinical studies of bipolar in eating disorders	111
3. Phenomenologic similarities between bipolar disorder and eating disorders	113
3.1. Eating and weight dysregulation as symptoms of bipolar disorder.	113
3.2. Mood dysregulation, including atypicality, behavioral activation, lability, cyclicity, and mixity, are symptoms of eating disorders	114
3.3. Impulsivity and compulsivity as features of bipolarity and eating disorders	114
4. Course.	115
5. Family history of mood and eating disorders	116
6. Biology	116
7. Treatment response data.	117
7.1. Lithium.	117
7.2. Other mood stabilizers	117
7.3. Other antiepileptic drugs	118
7.4. Antidepressants.	118
7.5. Psychological treatments in bipolar disorder and eating disorders	118
7.6. Summary on treatment	119
8. Theoretical implications	119
8.1. Theoretical models	119
8.2. Co-occurrence by chance?	119
8.3. Common pathophysiologic basis?	119
8.4. Separate disorder	119
8.5. Toward an integration of the theoretical models	120
9. Clinical implications.	120
10. Conflict of Interest Statements	121
References	121

1. Introduction

It is well documented that bipolar disorder co-occurs with substance use and anxiety disorders (Boyd et al., 1984; Kessler et al., 1997; McElroy et al., 2001), and that eating disorders co-occur with depressive, substance use, and anxiety disorders (Halmi et al., 1991; Braun et al., 1994; Garfinkel et al., 1995; Bulik et al., 2004b). The co-occurrence of bipolar disorder and eating disorders, however, has received extremely little empirical attention (Shisslak et al., 1991; Mury et al., 1995).

To enhance understanding of the relationship between bipolar disorder and eating disorders, we evaluated studies of eating disorders (anorexia

nervosa [AN], bulimia nervosa [BN], and binge eating disorder [BED]) in persons with bipolar disorder, and studies of bipolar disorder (types I and II and other “soft spectrum” forms) in persons with eating disorders. We also compared bipolar and eating disorders regarding phenomenology, course, family history, biology, and treatment response.

In undertaking this review, we used the strategy of examining both narrow (syndromal) and broad (spectrum) diagnostic criteria to define both groups of disorders. We did so for several reasons. First, for both bipolar disorder and eating disorders, when compared to those without these disorders, persons with subsyndromal symptoms have been shown to be more similar to those with syndromal disorders

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