

PSYCHOLOGICAL DISTRESS OF OUTPATIENTS SUFFERING FROM EATING DISORDERS

Lehmann, V., Franke, G.H., Deter, H.-C. & Kallenbach-Dermutz, B.

presented by Dipl.-Rehpsych. (FH) Vicky Lehmann
10. Nachwuchswissenschaftlerkonferenz, Merseburg



2009



TABLE OF CONTENT

1. Purpose of this investigation
2. Design and Hypotheses
3. Description of the sample
4. Results and Discussion
5. Conclusion

1. PURPOSE OF THIS INVESTIGATION

- ✘ Eating disordered patients show high levels of comorbidity to other psychological disorders
 - Suggestion: not only full clinical pictures can be found, but also various symptoms below the clinical threshold
 - Investigation of the general and specific psychopathology

2. DESIGN AND HYPOTHESES

- ✘ Participants:

Outpatients from the Dept. for Psychosomatics and Psychotherapy; University Hospital Benjamin Franklin, Charité, Berlin

- ✘ Measures:

Symptom-Checklist by L.R. Derogatis (SCL-90-R, German version: Franke, 2002)

Eating Disorder Inventory-2 (EDI-2, German version: Paul & Thiel, 2005)

2. DESIGN AND HYPOTHESIS

- ✘ Symptom-Checklist by L.R. Derogatis
(SCL-90-R, German version: Franke, 2002)

→ shortened version: 50 items = 5 subscales:

Somatization (SOM),
Interpersonal Sensitivity (I-S),
Depression (DEP),
Anxiety (ANX),
Hostility/Anger (HOS)

2. DESIGN AND HYPOTHESIS

- ✘ Eating Disorder Inventory

(EDI-2, German version: Paul & Thiel, 2005)

→ 8 subscales:

Drive for Thinness (DT),

Bulimia (B),

Body Dissatisfaction (BD),

Ineffectiveness (I),

Perfectionism (P),

Interpersonal Distrust (ID),

Interoceptive Awareness (IA),

Maturity Fears (MF)

2. DESIGN AND HYPOTHESES

- ✘ H_1 : Patients will report high general and specific psychopathology. Differences regarding the severity of the psychopathology between the groups will be found.
- ✘ H_2 : The subscales of the two self-report measurements intercorrelate.

3. DESCRIPTION OF THE SAMPLE

- ✗ average BMI: AN/r: 15.5 (SD: 2; 12-19)
AN/p: 17 (SD: 3; 10-25)
BN: 22 (SD: 5; 15-36)
BED: 42 (SD: 10; 27-62)



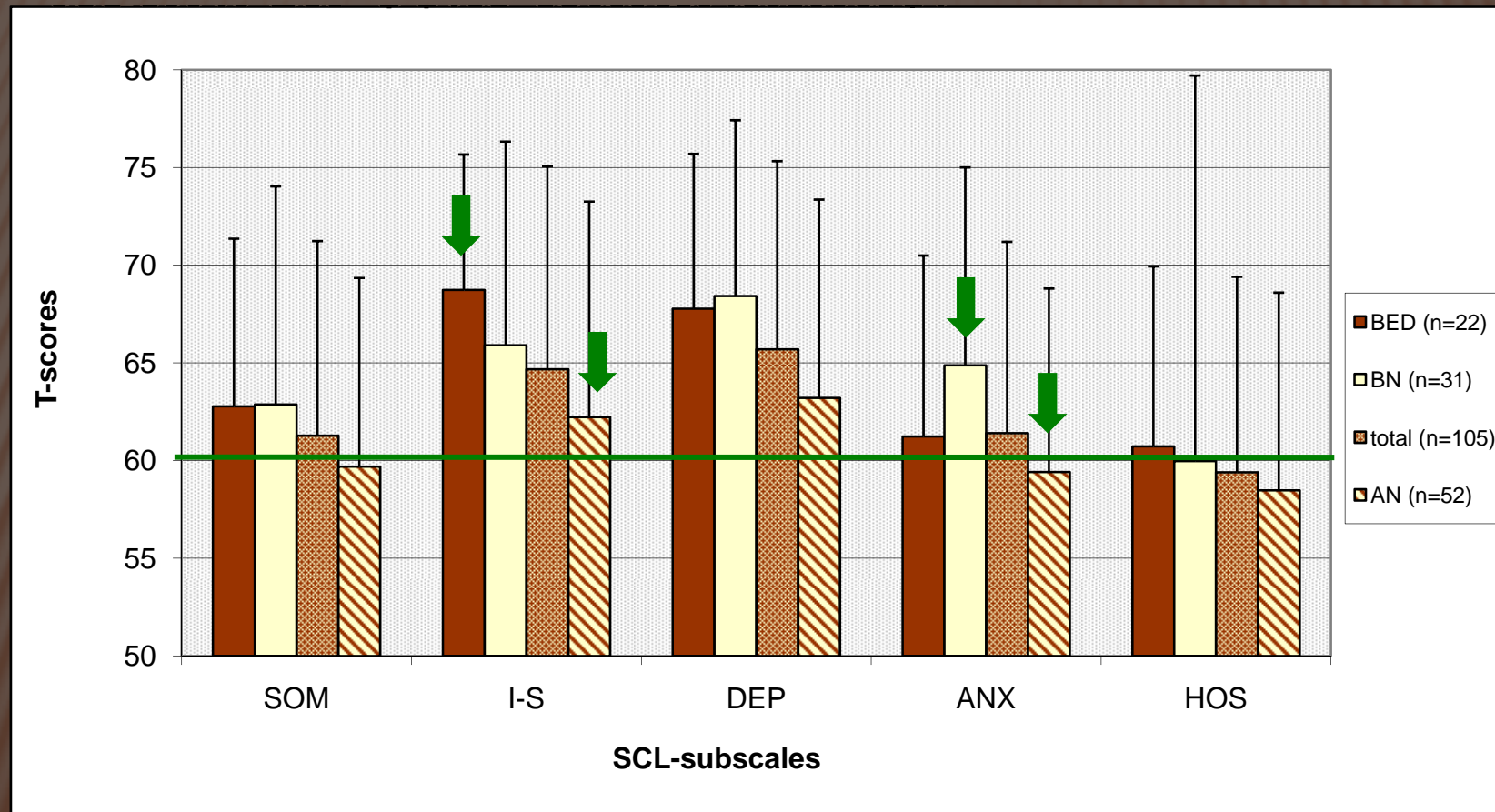
3. DESCRIPTION OF THE SAMPLE

✘ diagnosed comorbid disorders (selection):

83.9% of the total sample had a diagnosed comorbid disorder

- Affective disorders : 27 (25.7%)
- Personality disorders: 17 (16.2%)
- Adjustment disorders + PTSD: 13 (12.4%)
- Substance use disorder: 11 (10.5%)
- Anxiety disorders: 3 (2.9%)

4. RESULTS AND DISCUSSION



Distribution of the SCL T-scores for the whole sample and each diagnostic group

SOM: Somatization

DEP: Depression

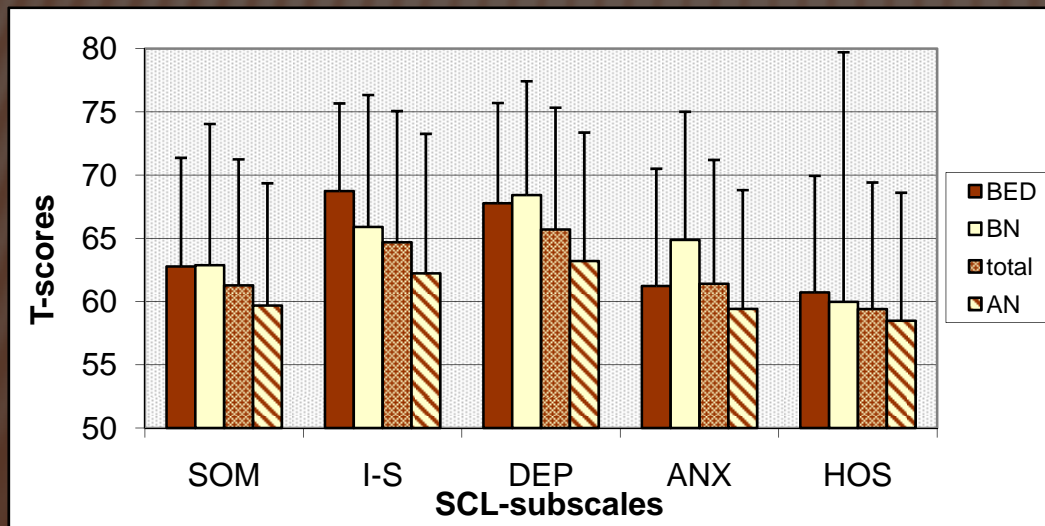
ANX: Anxiety

I-S: Interpersonal sensitivity

HOS: Hostility/ Anger

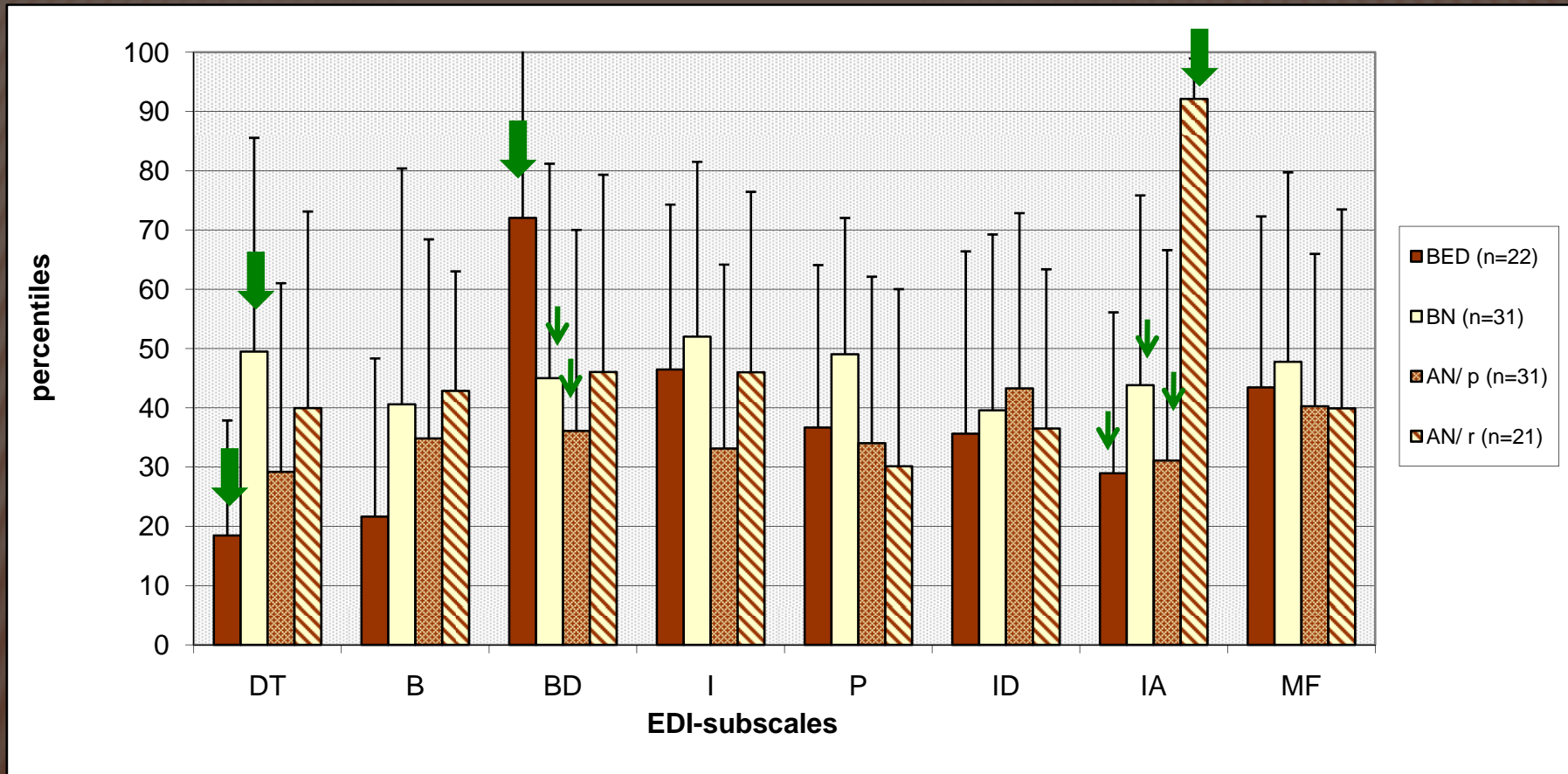
4. RESULTS AND DISCUSSION

- ✘ AN show least while BN & BED show moderate psychological distress
→ denial vs. suffering
- ✘ Increased SCL-scores (T>60): depression (71%), interpersonal sensitivity (69%) and anxiety (50%) but less comorbid disorders



↓ speculation is supported to find more symptoms below the clinical threshold

4. RESULTS AND DISCUSSION



Distribution of the EDI-scores for each diagnostic group

DT: Drive for thinness

B: Bulimia

BD: Body dissatisfaction

I: Ineffectiveness

P: Perfectionism

ID: Interpersonal distrust

IA: Interoceptive awareness

MF: Maturity fears

4. RESULTS AND DISCUSSION

✘ Correlations:

- EDI-Ineffectiveness and SCL-Depression
- EDI-Ineffectiveness and every subscale of the SCL (except Hostility/Anger)
- EDI-Drive for thinness and SCL-Interpersonal sensitivity
EDI-Body dissatisfaction
- EDI-Perfectionism and SCL-Depression

		SCL-scale I-S	SCL-scale DEP	SCL-scale ANX	SCL-scale HOS
EDI-scale DT	Pearson	.413(**)	.414(**)	.364(**)	.309(**)
EDI-scale BD	Pearson	.468(**)	.380(**)	.300(**)	.275(**)
EDI-scale I	Pearson	.577(**)	.732(**)	.517(**)	.490(**)
EDI-scale P	Pearson	.384(**)	.425(**)	.385(**)	.364(**)
EDI-scale IA	Pearson	.290(**)	.327(**)	.412(**)	.428(**)

** Correlation is significant at the 0.01 level (2-tailed)
(the highlighted scores display correlations ≥ 0.400)

5. CONCLUSION

- Eating disordered patients are likely to report psychological distress
- Differences among the diagnostic groups are frequent regarding general and specific psychopathology
- Remarkable symptoms related to psychological disorders have been found, indicating stress and symptoms below the clinical threshold

Thank you very much for your attention!

contact: vicky.lehmann@gmail.com

6. LITERATURE

- ✘ Lehmann, V., Franke, G.H., Deter, H.-C. & Kallenbach-Dermutz, B. (2008). *Psychological distress of outpatients suffering from eating disorders.*
- ✘ Franke, G.H. (2002). SCL-90-R. Symptom-Checkliste von L.R. Derogatis (2.Aufl.). Göttingen: Beltz Test GmbH.
- ✘ Paul, T. & Thiel, A. (2005). *Eating Disorder Inventory-2. Deutsche Version.* Göttingen: Hogrefe Verlag.