The 5-Year Course of Self-Induced Vomiting in a Treatment-Seeking Sample of Women with Eating Disorders

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INTRODUCTION

Self-induced vomiting (SIV) is the most common method of purging reported by individuals with eating disorders and is associated with a number of deleterious consequences.

PURPOSE

This investigation sought to characterize the long-term course of SIV in women with eating disorders using a novel statistical approach.

METHODS

Participants

The sample included 246 women with anorexia nervosa restricting type (ANr; *n*=51) and binge eating-purging type (ANbp; *n*=85) and bulimia nervosa purging type (BNp; *n*=110) who participated in the Massachusetts General Hospital Longitudinal Study of Anorexia and Bulimia Nervosa.

Measures

Participants were interviewed every 6-12 months and weekly eating disorder symptom data were gathered.

Data Analysis

Semi-parametric, group mixture modeling, which models course by identifying distinct trajectories of symptom change over time and assigning individuals into a best-fitting trajectory, was applied to the first 5 years of these longitudinal data documenting the presence/absence of SIV.

RESULTS

Parameter estimates for the trajectories can be found in Table 1. Individuals with ANr followed one of two trajectories (Figure 1), while individuals with ANbp (Figure 2) and BNp (Figure 3) followed four and five trajectories, respectively.

The majority of individuals with ANr followed a trajectory characterized by minimal SIV. Trajectories for ANbp and BNp were similar to each other, suggesting that individuals with eating disorders characterized by SIV were apt to follow one of several paths: some experienced persistent SIV, others experienced a gradual or sharp decline in SIV, and still others experienced an SIV course that was in flux.

Table 1. Parameter Estimates for SIV Trajectories by Diagnostic Group

	Intercept		Linear		Quadratic		Cubic	
	β(SE)	***t***	***β(SE)***	***t***	***β(SE)***	***t***	***β(SE)***	***t***
ANr								
Absent/Rare	-5.66(0.6)	-9.32*	2.68(2.1)	1.26	-3.61(2.0)	-1.83	1.03(0.5)	2.04*
Increasing Onset	-3.63(0.5)	-6.94*	-0.76(1.3)	-0.59	3.19(1.0)	3.23*	-0.89(0.2)	-3.94*
ANbp								
Stable High	1.81(0.2)	11.42*	3.02(0.6)	4.80*	-2.41(0.6)	-3.92*	0.60(0.2)	3.64*
Early Decliners	-1.40(0.2)	-6.93*	-8.91(1.2)	-7.61*	5.29(1.1)	4.73*	-0.81(0.3)	-2.84*
Steady Decliners	1.54(0.1)	20.97*	-1.74(0.1)	-28.93*				
High-Low-High	0.75(0.1)	5.40*	-4.84(0.5)	-10.16*	5.16(0.4)	11.87*	-1.27(0.1)	-11.48*
BNp								
Stable High	2.59(0.2)	12.45*	1.44(0.8)	1.88	-1.64(0.7)	-2.21*	0.55(0.2)	2.72*
Early Decliners	-1.20(0.2)	-7.12*	-10.90(1.2)	-9.42*	9.70(1.5)	6.65*	-2.68(0.5)	-5.49*
Steady Decliners	0.93(0.1)	14.68*	-2.16(0.1)	-32.39*				
High-Low-High	0.92(0.3)	3.68*	-8.90(0.9)	-9.90*	6.50(0.8)	8.42*	-1.20(0.2)	-6.44*
Late Decliners	0.19(0.1)	1.73	3.52(0.2)	16.30*	-1.85(0.1)	-21.33*		

CONCLUSIONS

The course of SIV is highly variable for patients with AN and BN. The similarities in trajectories between ANbp and BNp may be evidence of similar maintaining processes for this shared clinical feature and may therefore indicate similar intervention strategies. An empirical approach can be used to identify distinctive clinical paths for individual symptoms.

Figure 1. Five-year SIV trajectories for ANr.

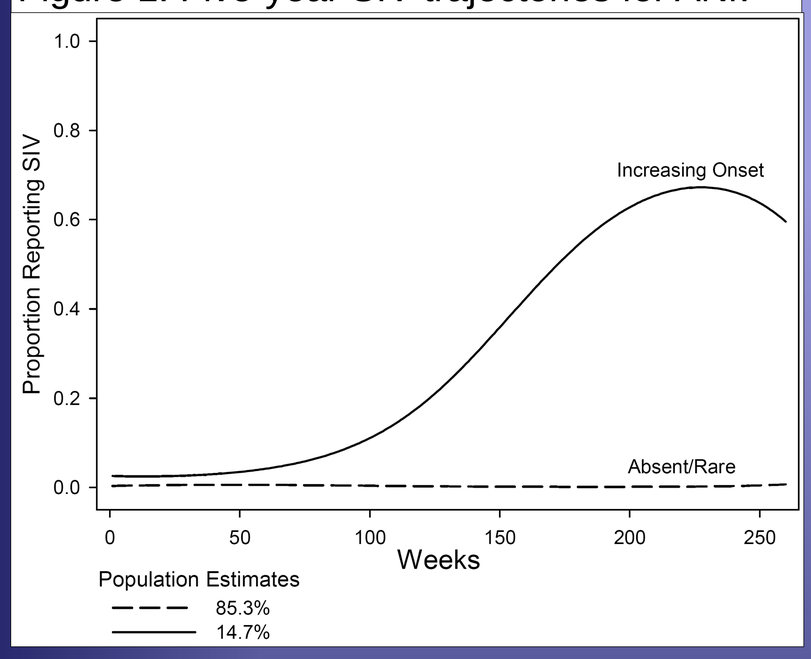


Figure 2. Five-year SIV trajectories for ANbp.

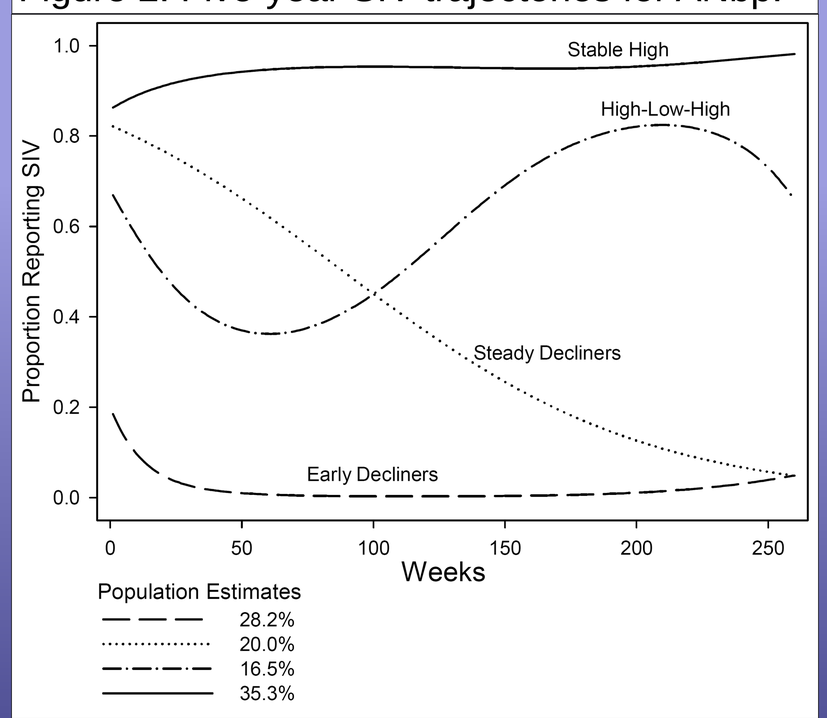
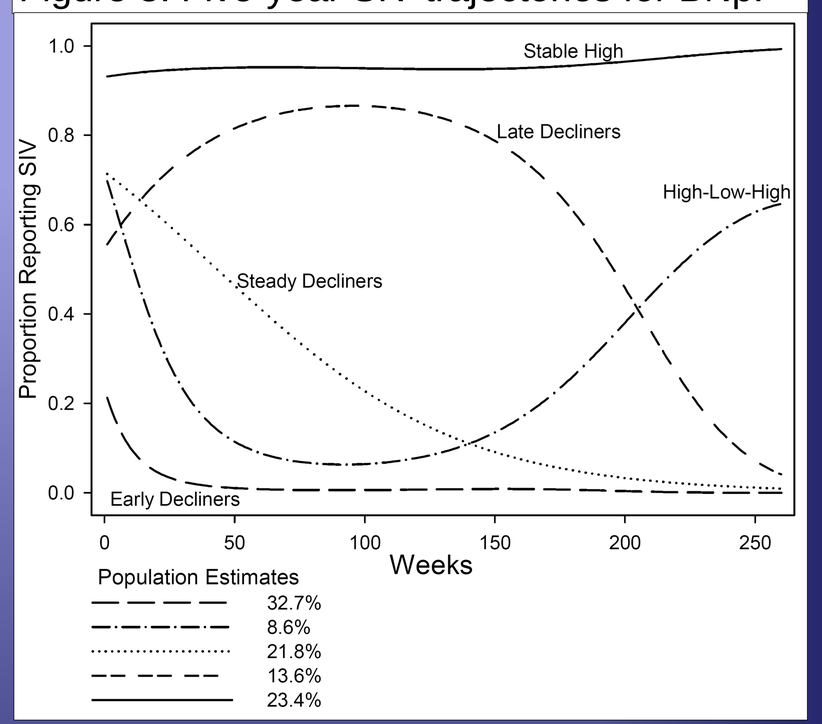


Figure 3. Five-year SIV trajectories for BNp.



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