

Eating Disorders in Adulthood

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The lifetime prevalence of acquiring an Eating Disorder (ED) in the US is 0.6–4.5%. The focus of ED research has traditionally been in adolescents with minimal focus on adults. We aimed to compare and contrast the etiology and disease progression between two groups of adult patients with EDs: those diagnosed in adulthood versus those diagnosed in childhood (introduction). Thirty adult patient's (29 females and 1 male) charts were reviewed from one eating disorders center. Data was extracted using a pre-constructed template and SPSS was used to determine existing trends (method). 50% were diagnosed with an ED in childhood and 50% in adulthood. The majority of the patients with an adult-onset ED were diagnosed with Eating Disorder not-otherwise-specified (ED-NOS). Common events that triggered the disease onset included death/ illness of a parent or child, and work-related stressors. In contrast, patients diagnosed as children had more varied diagnoses including ED-NOS, Bulimia Nervosa (BN), and Anorexia Nervosa (AN). Sexual abuse, personal illness, and the termination of a romantic relationship were common triggers in this patient group. Among all patients fatigue, emesis, constipation, diarrhea, heart palpitations, amenorrhea or irregular menses, and acid erosion of tooth enamel were common comorbidities. Psychiatric comorbidities, Major Depressive Disorder and Anxiety Disorder, were primarily seen and 29/30 patients were taking psychotropic medication to treat an underlying psychiatric illness at time of their first Eating disorder visit (results). The triggers and behaviors of patients diagnosed with EDs as children are different from patients diagnosed in adulthood. Regardless of the age of onset, comorbidities are equally severe and should be treated as such. The longer an ED remains untreated, the harder it is to get it into remission, therefore, adult health care providers must incorporate screening for ED's when caring for this population (conclusion).

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