



LETTER TO THE EDITOR

Unveiling co-occurrence of bulimia, depression, and self-injury in adolescent girls

Ergen kızlarda bulimia, depresyon ve kendine zarar verme davranışlarının birlikte görüldüğü durumların saptanması

Aslı Begüm Can Aydın¹, Nihal Serdengeçti²

¹Seyrantepe Hamidiye Etfal Training and Research Hospital, Child and Adolescent Psychiatry Clinic, Istanbul, Turkey

²Yüksekova Public Hospital, Child and Adolescent Psychiatry Clinic, Hakkari, Turkey

To the Editor,

Bulimia Nervosa (BN) is an eating disorder that affects approximately 3% of women and 1% of men during their lifetime, however individuals often delay seeking help or avoid it altogether due to denial, shame, or the stigma associated with it ¹. Eating disorders are frequently accompanied by depressive symptoms, and when Major Depressive Disorder (MDD) coexists, the chances of achieving complete recovery from the eating disorder are hindered ². MDD treatment in individuals with eating disorders is prolonged and antidepressants have been found to have lower treatment efficacy and protection against relapse ³.

Increased Non-suicidal Self-Injury (NSSI) has been observed in both depressive disorders ⁴ and eating disorders ⁵ compared to the general population. Given that both BN and NSSI involve harmful behaviors centered around the body, and their co-occurrence ranges from 26% to 61% ⁵, researchers have strived to uncover shared factors between these two conditions ⁶. Considering the existing literature, it is crucial to identify potential underlying factors and to incorporate specific psychotherapeutic objectives alongside pharmacological treatment. This case series outlines five adolescents in which NSSI manifested initially, and in subsequent follow-ups, the presence of NSSI, BN, and MDD converged, aiming to identify common underlying features.

We presented five cases among the patients admitted to Seyrantepe Hamidiye Etfal child psychiatry outpatient clinic. The number of admissions is shown in the figure. Through semi-structured psychiatric interviews, it was determined that out of the 50 patients, five were diagnosed with both BN and MDD (Figure1). As a result of the interviews, the researchers were struck by the fact that all adolescents highlighted a lack of understanding from their mothers.

We asked the mothers to fill out the Toronto Alexithymia Scale to measure objectively. In a study to determine the cut-off value of this scale in the Turkish population, scores above 59 is considered as alexithymia ⁷. We also asked adolescents to fill the Social Support Assessment Scale for Children and Adolescents (C-SSAS) to assess perceived support from the family, which is scored between 12-60, lower scores indicating lower support (Table 1). Following a comprehensive clinical assessment, patients were referred for appropriate therapeutic and/or psychopharmacological interventions.

The first patient, a 16-year-old female and the elder of two siblings, presented with a chief complaint of diminished life enjoyment and frequent episodes of anger. Patient stated that NSSI started two years ago, such as cutting herself with a knife one-two times a week, tearing the scabs of wounds, and biting herself. 1.5 years ago, her eating disorder complaints started and continued as self-induced vomiting two-three

Address for Correspondence: Nihal Serdengeçti, Yüksekova Public Hospital, Child and Adolescent Psychiatry Clinic, Hakkari, Turkey E-mail: nihalserdengeçti@gmail.com
Received: 24.06.2022 Accepted: 31.07.2022

times a week. During the interviews, some statements recurred; “My mother never listens to me. I feel very lonely. They have been like this since I was little. I am always alone. When I was little, they would send me to my room when I did the smallest thing. I used to stay alone. I am used to it now”.

The second patient was a 16-year-old female, younger of two siblings. She applied to us because of a negative self-perception and challenges in managing her anger. Patient said that NSSI started seven months ago mostly in the form of cutting herself with

a razor one-two times a month. A month later starting NSSI, eating disorder complaints emerged and continued as self-induced vomiting one-two times a week. During the interviews with the patient, she revealed that she was molested by a distant relative when she was seven years old. While talking about her family, the patient said, “They say I can share anything with them, but when I do, it feels like my mother doesn't truly hear me, as though she fails to comprehend. This is why I don't feel like telling anything, it is easier to keep most things buried”.

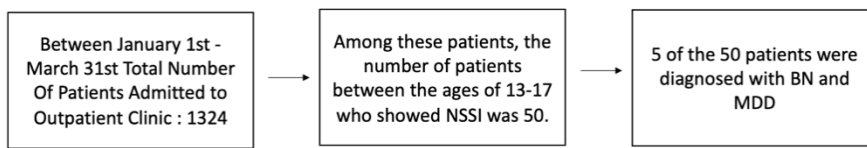


Figure 1. Flow chart

The third patient was a 15-year-old female, only child. Parents were separated at the age of two, currently patient lives with her mother. She presented to us with sleep and anger management problems. Patient stated that NSSI started a year ago and she harmed herself one-two times a week in the form of cutting herself with a knife, hitting herself, plucking hair, tearing scabs, biting herself. Her eating disorder complaints started eight months ago and continued as vomiting two-three times a week. The patient said, “My parents fight all the time. They always seem to listen to me, but they don't. It used to be worse before, I used to change houses at the slightest problem. Now they have stopped talking completely, so the relationship between them has calmed down. I find myself more at ease in this situation.”

The fourth patient, a 15-year-old female and the second of three siblings, initially presented with suicidal thoughts. Just two days prior to the visit, she attempted to end her life by ingesting her mother's antidepressant medication, but her attempt was unsuccessful. After that incident, she decided to get professional help. She stated that NSSI started five months ago as form of cutting herself with a knife five times so far. Her eating disorder complaints started threemonths ago and continued as self-induced vomiting one-two times a week. In the interviews she said that she had endured to psychological mistreatment during her younger years. “We are three siblings. My father used to drink a lot

of alcohol. My mother used to take us to the room when he got drunk and yell at my mother and us. Sometimes he would get very angry, raised his hand, but my mother would always intervene.”

The fifth patient was a 17-year-old, female, only child of divorced parents. Main complaint was inability to enjoy life and self-harming behavior. She stated that self-injurious behaviors started 1.5 years ago. She cuts herself with a knife and tears the scabs of the wounds 3-4 times a week. Her struggles with an eating disorder initiated 8 months ago, manifesting as vomiting 1-2 times a week. During the interviews, she said that her mother did not understand her, she was not at home most of the time and she felt very lonely. It was learned that patient had to live in the same house with her mother's boyfriend and that her mother was jealous of him. It was also learned that patient had not seen her father for seven years.

Table 1. Scale scores

	Toronto Alexithymia Scale	C-SSAS
Case-1	61	44
Case-2	63	35
Case-3	60	45
Case-4	62	39
Case-5	60	42

C-SSAS: Social Support Assessment Scale for Children and Adolescents; Toronto Alexithymia Scale was applied to the mothers.; The Social Support Assessment Scale's “support received from the family” part was applied to the patients.

In this case series, we aimed to investigate the factors that may be effective in the development and treatment of these disorders in adolescent girls with MDD, BN and NSSI. As the adolescents consistently emphasized the issue of not feeling understood by their mothers, we proceeded to administer the alexithymia scale to the mothers, all of whom scored above the established cutoff value. Although the small sample size precluded extensive statistical analysis, a noteworthy observation emerged—a negative correlation between perceived social support and alexithymia scores. We would also like to point out that in all cases the NSSI started before the eating disorder.

A study by Qian et al. revealed that in adolescents diagnosed with MDD, group with NSSI suffered more childhood trauma and neglect than those without NSSI ⁴. Similarly, youth who have difficulty tolerating distress have been shown to have increased risk of both bulimic behaviors and NSSI ⁵, and lack of understanding and social support from family may reduce resilience and put the youth in a vicious cycle that is very difficult to break.

If we think about the nature vs nurture debate in terms of emotion regulation, we can say that there is an aspect that comes genetically from the family and forms the child's temperament, but there is also an aspect that is learned from the family ⁶. In our case series, considering that both the mothers exhibited alexithymic features and the familial social support was weak, these adolescents may be experiencing double difficulties, which leading to self-harm behavior as in the form of NSSI and vomiting. Alexithymia is connected to poor emotion regulation ⁷, and NSSI tends to serve as a dysfunctional coping mechanism for emotion regulation. Studies have shown that even when depression is controlled, deficits in emotion regulation strategies are significantly associated with the frequency of NSSI ⁸.

A review shows that family support is most important during childhood and adolescence and that social support during this period plays a protective role against depression ⁹. In a study of inpatients, NSSI was found to be inversely correlated with perceived family and hospital staff support ¹⁰. Comorbidity in eating disorders significantly affects prognosis and recovery ², and it is crucial to address the underlying depression with possible causes such as family support.

In conclusion, clinicians should be mindful that

comorbidity is very common in psychiatry, particularly in adolescents, and that during the diagnosis and follow-up phases, the clinical representations may intertwine, leading to an increased cumulative effect.

Author Contributions: Concept/Design : ASCA, NS; Data acquisition: ASCA, NS; Data analysis and interpretation: ASCA, NS; Drafting manuscript: ASCA, NS; Critical revision of manuscript: ASCA, NS; Final approval and accountability: ASCA, NS; Technical or material support: -; Supervision: ASCA, NS; Securing funding (if available): n/a.

Ethical Approval: Ethics committee approval is not required for this case series. Necessary verbal consent was obtained from the patients as well as their parents.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The authors have declared that there is no conflict of interest.

Financial Disclosure: Authors declared no financial support

REFERENCES

1. van Eeden AE, van Hoeken D, Hoek HW. Incidence, prevalence and mortality of anorexia nervosa and bulimia nervosa. *Curr Opin Psychiatry*. 2021;34:515–24.
2. Keshishian AC, Tabri N, Becker KR, Franko DL, Herzog DB, Thomas JJ et al. Eating disorder recovery is associated with absence of major depressive disorder and substance use disorders at 22-year longitudinal follow-up. *Compr Psychiatry*. 2019;90:49–51.
3. Mischoulon D, Eddy KT, Keshaviah A, Dinescu D, Ross SL, Kass AE et al. Depression and eating disorders: treatment and course. *J Affect Disord*. 2011;130:470–7.
4. Qian H, Shu C, Feng L, Xiang J, Guo Y, Wang G. Childhood maltreatment, stressful life events, cognitive emotion regulation strategies, and non-suicidal self-injury in adolescents and young adults with first-episode depressive disorder: direct and indirect pathways. *Front Psychiatry*. 2022;13:838693.
5. Hovrud L, Simons R, Simons J, Korkow J. Non-suicidal self-injury and bulimia: the role of emotion dysregulation and body dissatisfaction. *Eat Weight Disord*. 2020;25:1089-97.
6. Claes L, Muehlenkamp JJ. Non-suicidal self-injury and eating disorders: dimensions of self-harm. In *Non-Suicidal Self-Injury in Eating Disorders: 3–18*. Berlin, Springer, 2014.
7. Güleç H, Yenel A. Psychometric properties of the Turkish version 20 item Toronto alexithymia scale: according to cut-off score. *Klinik Psikiyatri Dergisi*. 2010;13:108–12.
8. Clapham R, Brausch A. Emotion regulation deficits across the spectrum of self-harm. *Death Stud*. 2022;46:2477–84.
9. Gariépy G, Honkaniemi H, Quesnel-Vallée A. Social support and protection from depression: Systematic review of current findings in Western countries. *Br J Psychiatry*. 2016;209:284–93.

10. Kellerman JK, Millner AJ, Joyce VW, Nash CC, Buonopane R, Nock MK et al. Social support and nonsuicidal self-injury among adolescent psychiatric inpatients. *Res Child Adolesc Psychopathol.* 2022;50:1351–61.