Perfectionism Predicts Eating Disorder Risk

BY SARAH PRESSMAN LOVINGER
Contributing Writer

CHICAGO — Self-oriented and socially prescribed perfectionism in female college students who also have body dissatisfaction are important factors putting these women at risk for eating disorders, Christina A. Downey said at the annual meeting of the Association for Behavioral and Cognitive Therapies.

"Body dissatisfaction was the strongest predictor of eating disorders," said Ms. Downey, a graduate student at the University of Michigan in Ann Arbor.

The study evaluated 310 women enrolled in a psychology class at a large university. Of the original sample, 307 turned in complete questionnaires.

The age of the participants ranged from 18 to 38 years, with a mean of 19 years. Of the 310 women, 189 (61%) were white, 36 (12%) were black, 9 (3%) were Hispanic, 53 (17%) were Asian American/Pacific Islander, 1 (0.3%) was in the category of Native American/Inuit/Alaska Native, 19 (6%) identified as being Other, and 3 (1%) gave no indication of racial/ethnic group. In the present sample, body mass index (BMI) ranged from 15.34 kg/m^2 to 38.73 kg/m^2.

The researchers used the Multidimensional Perfectionism Scale (MPS) to measure perfectionism. They also used items deemed by a panel to be related to weight from the Body Areas Satisfaction (BAS) scale from the Multidimensional Body-Self Relations Questionnaire to measure body dissatisfaction.

In addition to these scales, the researchers used the Positive and Negative Affect Scale to measure negative affect. To measure for eating disturbances, they used the bulimia scale of the Eating Disorders Inventory and the dieting scale of the Eating Attitudes Test.

The results, as measured by the EAT-Dieting and EDI-Bulimia scales, respectively, showed that both self-oriented and socially prescribed perfectionism were associated with greater dieting and bulimic symptoms. However, the association between MPS-Social and EDI-Bulimia scores was found to be greater than the association between MPS-Self and EDI-Bulimia scores (rs = .32 versus .20, respectively, $z = 2.26$, $p = .01$), indicating that socially prescribed perfectionism is more strongly involved in bulimic symptoms than is self-oriented perfectionism.

Moreover, the association between MPS-Social and EDI-Bulimia scores was found to be greater than the association between MPS-Social and EAT-Dieting scores.

The researchers also found that both self-oriented and socially prescribed perfectionism were found to be associated with greater negative affect and greater body dissatisfaction. They determined, however, that the association between MPS-Social and BAS-Weight scores was greater than the association between MPS-Self and BAS-Weight scores.

They also found that negative affect was associated with both more dieting and more bulimic symptoms.

Ms. Downey concluded that the interactions between perfectionism and body dissatisfaction were extremely important, and that the presence or lack of body dissatisfaction could be a clue to the presence of eating disorders in college-aged women. "We found no relationship between perfectionism and eating disorders in the highly bodily satisfied group," she added.

On the other hand, clinicians should be aware of how powerfully perfectionism and body dissatisfaction can interact together in young women. "The interaction between socially prescribed perfectionism and eating disturbance was clinically important, as it points to a particularly dangerous combination of personality traits and cognition in predicting serious symptoms of an eating disorder," Ms. Downey said in an interview. ■

Rage Linked to Arrhythmias And Shocks From Defibrillators

BY MITCHEL L. ZOLER
Philadelphia Bureau

CHICAGO — Episodes of extreme anger were linked to ventricular arrhythmias and shocks from implantable cardioverter defibrillators in a study with more than 1,000 patients.

Although the findings do not prove that severe anger triggers arrhythmias, the results are suggestive enough for physicians to advise patients with implantable cardioverter defibrillators (ICDs) to try to stay calm and avoid moments of rage, Dr. Christine A. Albert said while presenting a poster at the annual scientific sessions of the American Heart Association.

"I think that just knowing about the relationship [between anger and shocks] may help people [with ICDs] modify their behavior," said Dr. Albert, director of the Center for Arrhythmia Prevention at Brigham and Women's Hospital, Boston. "There is a lot of anxiety associated with getting shocks. Patients ask what they can do to minimize their shocks."

Dr. Albert stopped short of recommending interventions in patients with ICDs who have trouble controlling their anger, but she suggested that physicians may want to refer certain patients to a psychiatrist.

The Triggers of Ventricular Arrhythmia (TOVA) study was done at seven centers in the United States. Patients who had received ICDs were interviewed regarding their usual frequency of anger at entry into the study and at follow-up visits. In addition, following an ICD discharge, patients were interviewed within 72 hours of the shock to collect information on their emotional state during the period just before the shock. Most patients were on an antiarrhythmic drug; about 60% received a β-blocker, and about 25% were taking amiodarone.

During a median follow-up of 562 days, 1,149 patients in the study had a total of 414 shocks, of which 324 were triggered by ventricular tachycardia or fibrillation. Postshock interviews were completed within 72 hours of the episode for 197 of the ventricular arrhythmia shocks, in 161 patients.

Patients were asked to characterize their emotional state on a scale of 1-7, with 1 defined as calm, 4 defined as moderately angry, 5 defined as very angry, 6 defined as furious, and 7 defined as enraged. Of the 197 shocks, 12 (6%) occurred after an episode that the patients classified as grade 4-7 anger.

In a case-crossover analysis, patients who had grade-4 anger or higher had a fivefold increased risk of receiving a shock during the first 30 minutes after the episode, compared with patients who were not as angry. Patients with grade-5 anger or higher had about a 30-fold increased risk of a shock during the first 30 minutes after the episode, and within the first 2 hours after the episode their risk of a shock was elevated about 10-fold compared with calmer patients, Dr. Albert reported.

The effect was magnified in patients with worse ventricular function at baseline, in those who previously received an ICD shock, in patients who had received their ICD within the prior 6 months, and in patients who were employed.

It's not surprising that anger has this effect. Prior findings showed that the simulation of anger in patients with coronary heart disease who were asked to perform mental arithmetic can cause electrophysiologic instability, measured by a change in the T-wave alternans. And a similar link between anger and ICD shocks was seen in a much smaller (49 patients), earlier study. All of the findings suggest that something occurs during anger to make the heart more electrically unstable. And anger activates the sympathetic nervous system, which also probably plays a role in arrhythmias, Dr. Albert said. ■

Sleep Maintenance Problems Predominate in Elderly Insomniacs

BY JANE SALODOF MACNEIL
Southwest Bureau

PARIS — Pooled data from two clinical trials of eszopiclone suggest that elderly insomniacs have more difficulty staying asleep than falling asleep, Judy Caron, Ph.D., reported at the annual congress of the European College of Neuropsychopharmacology.

Before treatment, time to sleep onset was similar across patients aged 18-85, according to Dr. Caron, vice president of product development at Sepracor Inc. in Marlborough, Mass. People 60 years of age and older were awake roughly a third more of the time, however, compared with younger patients. Dr. Caron documented this difference using data on wake time after sleep onset.

In both age groups, measures of sleep onset and sleep maintenance improved significantly with eszopiclone (Lunesta), a sedative hypnotic approved by the U.S. Food and Drug Administration in April 2005 for long-term treatment of insomnia.

"Sleep maintenance really is the major sleep disruption that occurs in the elderly," Dr. Caron said.

Her presentation drew upon a database of 1,616 insomniacs who participated in two 6-month-long, placebo-controlled trials of eszopiclone. The trials enrolled 1,441 patients aged 18-59 and 175 older patients. Most in both age groups were on the active drug.

Pooled analyses of these studies found daytime alertness, ability to function, and sense of physical well-being to be comparable in both age groups, with similar improvements when treated with eszopiclone. She did not present the data, but Dr. Caron said elderly patients were found to nap less when their insomnia was treated.

Worldwide, 40% of people suffer from insomnia, but only one in eight patients seek treatment.

DR. CARON

She reported adverse events were slightly higher in the elderly on eszopiclone, however, occurring in 90% of older patients vs. 77% of those under the age of 60. Dr. Caron attributed the higher adverse event rate in the elderly primarily to central nervous system events. These occurred in 37% of older patients, compared with 27% of those under the age of 60.

"What is remarkable is there is no difference in terms of accidental injury in the older age group," she added. About 7% of the elderly and 6% of the younger patients had accidental injuries during the trials.

Insomnia increases with age, Dr. Caron said. The prevalence of insomnia rises from 10% of young adults to 20%-30% in middle age to 33%-55% in those above the age of 65. It is comorbid in 85%-90% of cases, she said.

Worldwide, she estimated that 40% of people suffer from insomnia. Yet, she said, only one in eight patients seek treatment, and physicians rarely ask whether patients are getting enough sleep.

Older patients, who have a significant problem in terms of sleep, especially are undertreated, Dr. Caron said. ■