

Social, Physical Clues Signal Eating Disorders

Psychopathology often consists of preoccupations and rituals, such as excessive mirror checking.

BY MARY ELLEN SCHNEIDER

NEW YORK — When diagnosing adolescents with eating disorders, be aware that they may try to trick you to avoid admitting their behavior, one expert says.

"These kids go on the Internet and they know the diagnostic criteria—often better than the psychiatrist," Dr. Katherine A. Halmi, professor of psychiatry at Weill Cornell Medical College in New York, said at the annual meeting of the American Society for Adolescent Psychiatry.

"They know all the mechanisms for how to fool you."

That makes conducting a careful interview with both the adolescent and the family members critical, she said.

Be suspicious of eating disorders in adolescents with marked weight fluctuations or significant weight loss, Dr. Hal-

mi advised. It also is important to look for excessive levels of activity such as constant jogging, biking, and aerobic exercise.

These adolescents often will pace around the house and never seem to sit down, she said.

The family and patient interviews should also include thorough questions about purging behaviors—self-induced vomiting, laxative abuse, diuretic abuse, and enemas.

But keep in mind that sometimes the parents choose to ignore this behavior or may not know about it, Dr. Halmi said.

For example, the psychiatrist often ends up seeing the family because the adolescent's friends have called the parents to alert them to the problem.

The core eating disorder psychopathology often consists of preoccupations and rituals.

All teenage girls look in the mirror frequently, Dr. Halmi said, but when this behavior becomes excessive, become concerned.

Other common preoccupations among adolescents with eating disorders include fear of getting fat, frequent weighing, calorie counting, and excessive concern about the fat content and other ingredients in foods.

Anorexic patients who are underweight might develop a preoccupation with food. Sometimes adolescents with anorexia actually collect recipes and cook for their families.

However, these patients will refrain from eating, according to Dr. Halmi.

Many patients with bulimia have a fear of not being able to stop eating. Fre-

quently, they will stop eating with family members and become more and more isolated, she said.

Clinicians also can look for physical signs to diagnose eating disorder behavior. When looking to confirm purging behavior in an adolescent, perform a blood analysis, Dr. Halmi advised.

If the adolescents are purging, they will have an elevated serum amylase level, and if they are purging repeatedly this will be especially prominent.

Bulimia nervosa is frequently diagnosed by a dentist, because of the telltale physical signs such as tooth erosion and poor gum hygiene.

Swollen parotid glands and scars on the dorsum of the hand also are indications of bulimia. ■

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Teen Native American Girls Are More Likely to Finish Dependency Treatment

BY SUSAN LONDON

SEATTLE — Female Native American adolescents undergoing mandated chemical dependency treatment were significantly more likely than their male counterparts to complete such programs, a retrospective study found.

Results of the study were presented by Dr. Christopher M. Davidson and Dr. Michael C. Harlow, both forensic psychiatrists at the University of South Dakota, Sioux Falls, at the annual meeting of the American Academy of Psychiatry and the Law.

Dr. Davidson said treatment success rates tend to be low in addiction treatment, and information on minorities, particularly Native Americans, is sparse. They found that 74.5% of boys and 87.1% of girls completed treatment. Identifying factors associated with a reduced likelihood of treatment completion is an initial step toward improving this outcome, he noted.

The investigators reviewed the charts of 203 Native American adolescents who had undergone mandated treatment for chemical dependency at a South Dakota inpatient treatment center.

They determined each adolescent's criminal history, prior addiction treatment, mental health, and substance use, as assessed with the DSM-IV interview, the Million Adolescent Clinical Inventory (MACI), the Substance Abuse Subtle Screening Inventory (SASSI-A2), the Michigan Alcohol Screening Test (MAST), and the Drug Abuse Screening Test (DAST).

Study results indicated that the adolescents came from 13 states. Slightly more than half were male, and their mean age was 16 years. For 53% of the youth, treatment had been mandated by a court order; for the rest, it had been mandated by their tribal council or a precourt legal agreement. Half had

been treated for addiction before. The mean age at first contact with the law was 11 years. Seventy percent had been previously arrested for drug-related offenses, and 35% had been arrested for violent crimes.

Fully 80% of the adolescents successfully completed the chemical dependency treatment program—a rate much higher than the national average. "This treatment facility has culturally specific programs for Native Americans, which we believe probably makes a difference," Dr. Davidson said.

One of the findings proved surprising, said Dr. Harlow. "There was no correlation between having [court-ordered] treatment, having a previous treatment history, or having an arrest history, and their chances of successfully completing treatment," he said.

Study results also showed high levels of comorbidities in the adolescents. For example, according to MACI scores, large proportions had Axis I findings, most commonly conduct disorder (49%), dysthymia (35%), disruptive behavior disorder (22%), parent-child relational problems (21%), and physical abuse (10%). In addition, the majority had

Axis II features and traits, particularly an antisocial personality (60%), and a negativistic or passive-aggressive personality (51%).

"Once we figure out the issues that Native Americans face as far as succeeding in [mandated] treatment, we can hopefully tailor programming to optimize their chances of success," Dr. Harlow said.

The investigators plan to compare the findings with those in a matched group of non-Native American adolescents and also study the same issues among Native American adults in chemical dependency treatment.

Dr. Davidson and Dr. Harlow reported that they had no conflicts of interest in association with the study. ■

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Early Puberty Is Linked To Early Substance Use

LOS ANGELES — Sixth graders who showed an aggressive temperament and/or symptoms of depression were more likely than their peers to begin using alcohol and other drugs by eighth grade, according to study findings presented as a poster at the annual meeting of the Society for Adolescent Medicine.

It was the third independent risk factor researchers detected—an early onset of puberty—that was less predictable, and it might be an early red flag for physicians.

Dr. Carolyn A. McCarty and associates from the University of Washington, Seattle, departments of pediatrics and psychology recruited 521 sixth graders from public schools in the Seattle area, interviewing them every 6 months for 2.5 years, until they entered the eighth grade.

Children with conduct problems and/or depressive symptoms on a psychological instrument were oversampled in the survey.

At the study's onset, 5.4% of sixth graders were using any substance, with alcohol the most common (4.2%).

By the study's conclusion, 16.7% of the eighth grade subjects reported using alcohol (13.2%), marijuana (6.8%), tobacco (4.2%), and/or other illicit substances (1.5%).

Sex, race, frustrated temperament, and externalizing symptoms were not significantly, independently associated with initiation of substance, but several factors were, after adjustment for other variables. Most pronounced were aggressive temperament, pubertal status, and depressive symptoms, Dr. McCarty and her colleagues found.

The link to early puberty (by sixth grade) found by the investigators is consistent with previous research that examined initiation of alcohol use.

However, the reason for this association remains unclear, according to Dr. McCarty, who is a psychologist who with a dual appointment in pediatrics and psychology at the university.

She suggested that providers take note when a girl or boy enters puberty early (by sixth grade), or shows signs of aggression and/or depression and do a more thorough risk assessment of behavior.

The research was supported by grants from the National Institute of Mental Health.

—Betsy Bates