Eating disorder ptsd

Summary The research article primarily aims to explore the relationship between self-reported traumatization and PTSD in patients with ED, to compare the rates of PTSD diagnosis in clinical practice and psychometric testing in ED patients, and to determine the relationship between traumatization and somatoform symptoms. Participants from the outpatient department included women with a primary diagnosis of ED, either anorexia nervosa (AN) or bulimia nervosa (BN). Patients with history of man-made traumatizations demonstrated significantly higher levels of PTSD symptoms compared to those who had experienced non-man-made traumata. The greatest differences were found between sexual traumatizations and non-sexual traumatizations and individuals who had experienced both child sexual abuse and rape in adulthood were found to most likely display an ED-related psychopathology. Women who had been sexually assaulted were significantly more likely to report an ED compared to women who had not been assaulted. Sexual abuse hence, is an important predictor of bulimia nervosa and other bulimic disorders and based upon an 18-year prospective and longitudinal study, this implies that traumatizations, especially sexual traumatizations may augment the risk of ED development. Through recent studies, psychotherapists had been able to diagnose PTSD in only one case of the anorexic and in three cases of the bulimics patients, indicating as well that PTSD is less pronounced in routine clinical practice and further inquiry on the possibility of traumatic events to have occurred in ED patients is suggested. Since many patients are not comfortable revealing major traumatizations during the initial stages of therapy, evaluation of trauma during therapy is encouraged to progress with sufficient time. While ED patients have scarcely been found to experience somatization, ED patients

with PTSD exhibited more somatization symptoms than patients without PTSD. In traumatized patients, somatoform symptoms were related to all organ systems in general. Five Discussion Questions: 1. What degree or intensity of sexual traumatization potentially determines ED generation? 2. To what extent does traumatization therapy ensure PTSD patients recovery from comorbidity with ED? 3. What treatment alternatives may reduce relapse and drop-out rate among ED patients with traumata? 4. Are there available psychiatric tools or resources which can be customized to detect PTSD during routine clinical practice? 5. Why do somatoform symptoms manifest in ED patients with PTSD?