

## Are Eating Disorders a Type of Anxiety Disorder?

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### Abstract

One common feature that is observed in most of the patients that suffer from an eating disorder (ED) regardless of the exact diagnosis is excessive anxiety. Considering the comorbidity between ED and anxiety disorders most of the research have shown that ED patients have higher rates of anxiety disorders than normal controls. It is interesting that more than two thirds of the patient report that the onset of the anxiety disorder to precede the onset of the ED. Food restriction can reduce anxiety by creating a feeling of achievement and self-control. Also it distracts the individual from other perfectionistic goals that are more difficult to achieve. On the other hand, binge eating can be used as a way of reducing unpleasant emotions and especially anxiety. It is probable that ED and anxiety disorders share common etiological factors, and that these factors can increase an individual's susceptibility to either disorder. Furthermore, food restriction and binge eating seem to have some kind of "anxiolytic" biological and psychological effect and thus can be regarded as a reinforced self-healing behavior for patients that have been suffering from severe anxiety prior to the onset of ED.

**Keywords:** Eating disorders, Anxiety, Anorexia nervosa, Bulimia nervosa, Binge eating disorder

### Introduction

One common feature that is observed in most of the patients that suffer from an eating disorder (ED) regardless of the exact diagnosis is excessive anxiety. In Anorexia Nervosa (AN) anxiety is related mainly with perfectionism and the accompanying high self-expectations that the individual has. At the onset of the disorder these expectations are associated primarily with school/university or athletic performance. The development of the anorectic symptomatology is usually accompanied with a narrowing of the perfectionism-related anxiety to concerns regarding the body weight/shape as well as the daily caloric intake and the AN "ultimate" goal of rapid weight loss. In Bulimia Nervosa (BN) anxiety is related mainly with low self-esteem and ineffectiveness to retain control over food consumption and body weight. Also when BN patients also suffer from borderline personality disorder (BPD) or borderline personality features they usually experience the intense generalized anxiety that is characteristic of borderline personality emotional instability. In Binge Eating Disorder (BED) anxiety is usually related to low self-esteem and lack of non-avoidant strategies for emotional regulation.

One of the most widely used methods of treating EDs is psychotherapy and especially Cognitive Behavioral Therapy (CBT). During the first stage of CBT the patient is asked to make a list of her/his goals. Most of them report that they would like to achieve a reduction in the anxiety that they are experiencing or that they would like to improve their eating habits without suffering from an increase of their anxiety. Considering these two demands it is quite interesting from a clinical point of view, to investigate further the interplay between ED and anxiety. More specifically to look at the relation between ED and anxiety disorders as well as to whether ED symptomatology can be considered as a reinforced behavior to reduce extreme and prolonged anxiety.

### Comorbidity

Considering the comorbidity between ED and anxiety disorders most of the research have shown that EDs patients have higher rates of anxiety disorders than normal controls [1,2]. A recent study in Australia by Swinbourne et al. [2] found that 65% of the EDs patients also met criteria for at least one comorbid anxiety disorder. Of the anxiety disorders diagnosed, social phobia was most frequently

diagnosed (42%) followed by post-traumatic stress disorder (26%), generalised anxiety disorder (23%), obsessive-compulsive disorder (5%), panic/agoraphobia (3%) and specific phobia (2%). Similar high rates of comorbidity have also been reported by other authors [3,4]. It is interesting that more than two thirds of the patient report that the onset of the anxiety disorder to precede the onset of the ED [2].

From the anxiety disorders point of view Swinbourne et al. [2] found that 13.5% of women presenting for anxiety treatment also met criteria for a comorbid ED [2]. Similar high rates of comorbidity have also been reported by other authors [5].

### Eating Disorder as a coping behavior for anxiety

Pallister and Waller have suggested that safety behaviours and cognitive avoidance strategies can be considered as potential mechanisms linking ED and anxiety disorders [1]. Food restriction can reduce anxiety by creating a feeling of achievement and self-control. Also it distracts the individual from other perfectionistic goals that are more difficult to achieve. Furthermore there is indication that starvation can reduce anxiety through alterations in the serotonin system [6]. On the other hand, binge eating can be used as a way of reducing unpleasant emotions and especially anxiety [7]. Binge eating behavior seems to achieve these "anxiolytic" effects through a dopaminergic modulation of the reward system in the brain [8].

### Conclusion

Although the nature of ED is perplex and consists of biological, social and psychological factors there seems to be a close affinity with anxiety disorders. It is probable that ED and anxiety disorders share

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common an etiological factors, and that these factors can increase an individual's susceptibility to either disorder. Furthermore, food restriction and binge eating seem to both have some kind of "anxiolytic" biological and psychological effect and thus can be regarded as a reinforced self-healing behavior for patients that have been suffering from severe anxiety prior to the onset of ED.

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