



OPEN ACCESS

EDITED AND REVIEWED BY

Veena Kumari,
Brunel University London,
United Kingdom

*CORRESPONDENCE

Georgios Paslakis
✉ georgios.paslakis@rub.de

SPECIALTY SECTION

This article was submitted to
Psychological Therapy and
Psychosomatics,
a section of the journal
Frontiers in Psychiatry

RECEIVED 06 December 2022

ACCEPTED 19 December 2022

PUBLISHED 24 January 2023

CITATION

Paslakis G, Woodside B and
Katzman DK (2023) Editorial: Recent
advances in diagnosis and treatment
of comorbid conditions in eating
disorders.

Front. Psychiatry 13:1117831.

doi: 10.3389/fpsy.2022.1117831

COPYRIGHT

© 2023 Paslakis, Woodside and
Katzman. This is an open-access
article distributed under the terms of
the [Creative Commons Attribution
License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution
or reproduction in other forums is
permitted, provided the original
author(s) and the copyright owner(s)
are credited and that the original
publication in this journal is cited, in
accordance with accepted academic
practice. No use, distribution or
reproduction is permitted which does
not comply with these terms.

Editorial: Recent advances in diagnosis and treatment of comorbid conditions in eating disorders

Georgios Paslakis^{1*}, Blake Woodside² and Debra K. Katzman³

¹University Clinic for Psychosomatic Medicine and Psychotherapy, Medical Faculty, Ruhr-University Bochum, Luebbecke, Germany, ²Centre for Mental Health, University Health Network, Toronto, ON, Canada, ³Division of Adolescent Medicine, Department of Pediatrics, The Hospital for Sick Children and University of Toronto, Toronto and the Research Institute, The Hospital for Sick Children, Toronto, ON, Canada

KEYWORDS

eating disorder, comorbidity, treatment, psychotherapy, anorexia nervosa, bulimia nervosa, binge eating disorder

Editorial on the Research Topic

[Recent advances in diagnosis and treatment of comorbid conditions in eating disorders](#)

Individuals with eating disorder (ED) often experience both an ED and at least one other psychiatric and/or medical disorder. Such comorbidity contributes to the ED severity and poor treatment outcomes. In the present Special Issue dedicated to “*Recent Advances in Diagnosis and Treatment of Comorbid Conditions in Eating Disorders*,” researchers in the field of EDs have shared their most recent work regarding the impact of medical and psychiatric comorbidities on diagnosis, course of treatment, and treatment outcomes in individuals with EDs. The present issue synthesizes the current evidence base and identifies gaps in research and care. It covers recent literature relating to the psychiatric and medical comorbidities of feeding and EDs, some of which precede the ED, occur alongside, or are a consequence of the ED.

The study by [Norris et al.](#) assessed specific traits, comorbidities, and treatment requirements in a cohort of adolescents with avoidant restrictive food intake disorder (ARFID) in a specialized clinic in Ottawa, Canada. The researchers found high rates of psychiatric comorbidity, mostly anxiety, followed by mood disorders, attention deficit hyperactivity disorder, autism spectrum disorder, obsessive-compulsive disorder (OCD), and learning difficulties. The study highlights the clinical complexity observed in youth with ARFID, and the need for specialized services for these young people.

The study by [Devoe et al.](#) presents a large systematic review and meta-analysis that includes 35 studies and a total of 9,646 individuals with a clinically diagnosed ED, and examined the prevalence rates of impulse control disorders and behavioral addictions. The authors found a 22% prevalence for any impulse control disorder, especially for pathological/compulsive buying, predominantly in individuals with EDs of the

binge-purge phenotype. This study supports the need for screening and monitoring of comorbid impulse control disorders and behavioral addictions in individuals with EDs.

Riquin et al. investigated psychiatric comorbidities in adults with anorexia nervosa (AN) and found that more than half of the cohort had experienced major depressive disorder (MDD) over their lifetime, almost a third had had generalized anxiety disorder (GAD) or social phobia (SP), and more than a quarter had OCD. Interestingly, the study showed that individuals with AN had more severe symptoms when comorbid MDD and GAD were diagnosed prior the diagnosis of the AN. The authors also reported that the greatest clinical severity (i.e., ED-related symptoms), general clinical condition, and quality of life in individuals with AN was associated with lifetime comorbidity for MDD, GAD, or SP.

Li et al. evaluated treatment outcomes based on self-reported assessment of autistic traits -high autistic traits (HAT) vs. low autistic traits (LAT)- in individuals with AN in either an inpatient or day treatment program. In individuals with AN, HAT was a positive predictor for clinical improvement of the ED symptoms in an inpatient treatment program, but a negative predictor for those in a day treatment program. The authors argued that the individualized and structured routine care in an inpatient setting may be more suitable for the treatment of individuals with comorbid AN and HAT. While research in this area is growing, these findings suggest that treatment adaptations for individuals with comorbid AN and autistic traits are needed.

Nobile et al. examined cognitive functions including attention, decision making, set shifting, and central coherence in women with bulimia nervosa (BN) who were receiving hormonal contraceptives (HC) compared to those who were not. The authors adjusted their analyses for a variety of variables that might influence cognitive performance and found that women with BN on HC (all types) showed better selection abilities and global sustained attention, and better understood the rules of the Iowa gambling task for decision making, while no differences between the groups were found for set shifting and central coherence. The authors argued that by limiting sex hormone changes by means of HC, cognitive functions might appear less prone to fluctuations.

Finally, Mazurak et al. examined sleep duration and other sleep-associated outcomes in higher weight children and adolescents undergoing an inpatient intervention for weight

loss compared to a control group. Parents reported significantly poorer sleep outcomes in the group of higher weight children and adolescents compared to the control group, while at the same time, inpatient treatment had no effect on these outcomes. The authors discuss the need to address sleep behaviors as part of weight-loss therapy as well as the necessity for further research on the inferences between sleep outcomes and further psychological factors in children's cohorts.

This Special Issue highlights recent literature on the implications of psychiatric and medical comorbidities reported in individuals with EDs. Individuals with EDs have a higher mortality rate compared to the general population and death is often due to the medical and/or psychiatric comorbidity - suicide or severe medical complications. The studies in the issue illustrate that comorbidities, some that precede the ED and others that are the consequence of the ED, can impact the clinical presentation, diagnosis, and treatment. Further, the comorbidity associated with EDs makes treatment a challenging task. This issue adds to the existing knowledge and provides stimuli to improve early diagnosis and treatment interventions to reduce the burden of suffering in individuals with EDs and comorbid conditions.

Author contributions

All authors contributed to writing and editing. All authors contributed to the article and approved the submitted version.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.