

THE COMORBIDITY OF EATING DISORDERS IN BIPOLAR DISORDER; A CASE REPORT

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OBJECTIVE: The prevalence of comorbid bipolar disorder (BD) and eating disorders (ED) ranges from 1.9% to 35.8%. A systematic review found varying BD-ED comorbidity rates across ED subtypes: binge eating disorder (12.5%), bulimia nervosa (7.4%), and anorexia nervosa (3.8%). BD patients are more likely to have binge/purge ED subtypes, linked to impulsivity and emotion dysregulation. This co-occurrence complicates treatment and leads to poorer outcomes, higher suicide risk, and lower quality of life.

CASE: A 20-year-old female patient diagnosed with BD is treated with valproic acid 1500 mg/day and aripiprazole 10 mg/day. Due to the seasonal nature of her illness, she experiences depressed mood, anhedonia and anergy during the winter. And sertraline 50 mg/day was added to her treatment. Binge eating episodes occurred during the depressive episodes. The patient didn't show laxative or purgative use, excessive exercise, or self-induced vomiting after binge eating. Therefore, naltrexone 50 mg/day was added to the treatment and the aripiprazole dose was increased to 15 mg/day for impulse control. Cognitive behavioural therapy

(CBT) was started to treat depressed mood and binge eating. During follow-up, binge eating symptoms decreased when the depressive episode entered remission. Informed consent was obtained from that patient.

DISCUSSION: BD and ED share significant phenomenological similarities in mood, weight maintenance, altered eating behavior, impulses, and activity control. Patients with BD and ED may require specific treatment considerations. At the psychotherapeutic level, as McElroy et al. have argued, CBT or schema-based approaches, which are effective for ED and could be applied for patients with BD as comorbidity. At the pharmacotherapy level, medication selection should consider the metabolic side effects of mood stabilizers and antipsychotics. BD patients should be assessed for comorbid EDs to ensure an optimal treatment program. These findings highlight the need for tailored interventions and comprehensive clinical management for individuals with both disorders.

Keywords: Binge eating, eating disorders, bipolar disorder