

Neurotisk karakter væsentligste forklaring på anoreksi
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07-03-06:

Overdreven fysisk træning og lavt BMI er ikke risikofaktorer for at udvikle spiseforstyrrelsen *anorexia nervosa*. Den største risikofaktor er derimod en generelt neurotisk karakter, mener amerikanske forskere på baggrund af en gennemgang af data fra det svenske tvillingeregister. Deres resultater er [offentliggjort i tidsskriftet *Archives of General Psychiatry*](#). Læs nederst på siden

Forskerne har studeret det psykiske helbred hos tvillinger født mellem 1935 og 1958, som blev fundet via det svenske tvillingeregister. I alt har forskerne været i kontakt med over 31.000 tvillinger, der har indvilget i at besvare spørgsmål om deres psykiske tilstand.

Forskerne ville bl.a. undersøge, om et antal mistænkte risikofaktorer for anoreksi virkelig er forbundet med at udvikle sygdommen. Men kun en neurotisk karakter viste sig at være forbundet med at blive ramt af denne spiseforstyrrelse. Andre mistænkte risikofaktorer som lavt BMI, overdreven træning, maveproblemer, stress, følelsesmæssig ustabilitet og nedtrykthed viste sig ikke at være forbundet med en risiko for at udvikle anoreksi.

Forskerne mener, at sygdommen for 56 pct. vedkommende kan forklares med arvelige faktorer, og derudover kan opstå på grund af faktorer i omgivelserne. Forskerne hævder, at anoreksi er den mest dødelige af alle psykiske sygdomme, og at det er mærkeligt, at det fortsat er så dårligt belyst, hvorfor nogle rammes af denne lidelse.

[*Archives of General Psychiatry* 2006; 63: 305-312](#)

Prevalence, Heritability, and Prospective Risk Factors for Anorexia Nervosa

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Arch Gen Psychiatry. 2006;63:305-312.

Context Anorexia nervosa (AN) is a serious mental illness with marked morbidity and mortality.

Objective To explore the prevalence, heritability, and prospectively assessed risk factors for AN in a large population-based cohort of Swedish twins.

Design During a 4-year period ending in 2002, all living, contactable, interviewable, and consenting twins in the Swedish Twin Registry (N = 31 406) born between January 1, 1935, and December 31, 1958, underwent screening for a range of disorders, including AN. Information collected systematically in 1972 to 1973, before the onset of AN, was used to examine prospective risk factors for AN.

Setting Population-based sample of twins in Sweden.

Participants Cases of AN were identified as those individuals who met full *DSM-IV* criteria by means of clinical interview of the Swedish Twin Registry, who had a hospital discharge diagnosis of AN, or who had a cause-of-death certificate including an AN diagnosis.

Results The overall prevalence of AN was 1.20% and 0.29% for female and male participants, respectively. The prevalence of AN in both sexes was greater among those born after 1945. Individuals with lifetime AN reported lower body mass index, greater physical activity, and better health satisfaction than those without lifetime AN. Anorexia nervosa was inversely associated with the development of overweight (odds ratio, 0.29; 95% confidence interval [CI], 0.16-0.54 [$P < .001$]). The heritability of narrowly defined *DSM-IV* AN (additive genetic effects) was estimated to be $a^2 = 0.56$ (95% CI, 0.00-0.87), with the remaining variance attributable to shared environment ($c^2 = 0.05$; 95% CI, 0.00-0.64) and unique environment ($e^2 = 0.38$; 95% CI, 0.13-0.84). Neuroticism measured about 3 decades before the diagnostic assessment was significantly associated with the development of later AN (odds ratio, 1.62; 95% CI, 1.27-2.05 [$P < .001$]).

Conclusions The prevalence of AN was higher in both male and female participants born after 1945. Individuals who survive AN and who no longer have body mass indexes in the AN range appear to be at lower risk for the development of overweight. Prospectively assessed neuroticism was associated with the subsequent development of AN, the liability to which is under considerable genetic influence.

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