



A Short Note on Psychiatric Co-morbidity in Eating Disorders

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COMMENTARY

Eating disorders are more closely related to other mental illnesses, especially mental health, substance abuse, and, however, more research into mental illness is performed on adolescents and adults. As a result, the illness of children with an eating disorder is unknown. The aim of this study was to identify simultaneous mental disorders and eating disorders in a US sample of 9-10 year old children using the Adolescent Mental Development study. The profile of patients with anorexia directed at specialized eating disorders in both cities has many similarities. The results of the EAT-26 and EDI questionnaires did not differ between the two groups, with the exception of the EDI questionnaire which showed physical dissatisfaction, in which the French had high scores; this fact highlights the influence of cultural factors on other psychological and behavioural aspects of anorexia nervosa psychopathology. The levels of anorexia nervosa comorbidity on axis I and axis II found in our study are consistent with data from recent literature reviews and studies. A very interesting aspect of comorbidity comparisons between two groups of patients is the difference in frequency of the major episode of depression, which is higher in French patients. We can assume that these findings are consistent with the general tendency for emotional disorders in Western countries, and we can point them to cultural influences. Finally, we can assume that the difference in hospitalization of French patients is generally higher than in Greek patients, and the higher rates of psychiatric treatment in French patients, reflect the differences in the health systems of the two countries. Although eating disorders and anxiety are classified as different diseases, they are significantly associated with illness and clinical features. The most commonly reported anxiety disorders are obsessive-compulsive disorder, social anxiety

disorder and general anxiety. In addition, in cases where anticipation of perfection, anxiety, and avoidance of injury are pre-existing before a food allergy, anxiety disorders may not be present. The presence of anxiety disorder or eating disorders increases these syndromes to date, phenomenological, neurobiological, and family studies have attempted to elucidate the link between eating disorders and Alzheimer's disease, OCD was not detected.

Children with eating disorders had a more cohesive mental illness than children without eating disorders, but not children with major depressive disorder or posttraumatic stress disorder. The most common comorbidities of the bipolar disorder were anxiety disorders (71.4 percent), attention deficit / hyperactivity disorder (47.9 percent), disturbed control disorders / anxiety (45.0 percent), emotional disturbances (percent) -29.6), and obsessive-compulsive disorder (28.8 percent), mainly according to a previous study. This study builds on previous studies that found higher levels of eating disorders, especially anxiety, mood, and disorder / disorder. Psychiatrists should be aware that eating disorders can occur in children aged nine and ten years and are associated with severe comorbidity. The transfer of mental health care should be considered. Our study found a wide range of major episodes of depression and personality disorders. There was a statistically significant difference in the four extremities between our two groups of patients, which could be due to cultural differences.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest

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