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〔**Original Paper**〕

A case report of a patient characterized by abnormal eating and multiple self-destructive behaviors

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Abstruct

In our previous paper, we defined a subtype of eating disorder displaying a variety of problematical behaviors and referred to it as EDMUL (Eating Disorders with MULtiple self-destructive behaviors). In the present study we report a case of a female who for a 6-year period, shoplifted every day, stored a large amount of rotten tofu (soybean curd), konnyaku (paste made from konnyaku-mannan), and bread in her room, ate them and vomited.

Key words : eating disorders, EDMUL, shoplift, rotten tofu

INTRODUCTION

The first detailed clinical descriptions of anorexia nervosa (AN) appeared almost 120 years ago (Gull, 1874 ; Lasègue, 1873). Recently the pattern of clinical manifestation of AN has been changing.

Since the late 1970's, the number of patients diagnosed as having eating disorders has been increasing in Japan similar to trends in European countries and the United States almost 10 years earlier (Suematsu, 1993 ; Herzog et al., 1988).

In a nationwide survey performed in Japan in 1993, as many as 22 per 100,000 of the female population aged from 10 to 29 years were estimated to have consulted doctors in hospitals due to some eating disorder (Inaba et al., 1996), although the number of patients remained much lower when compared with those estimated for European countries and the United States.

Over the last two decades subgroups of eating-disorder patients have been identified (Boskind-Lodahl and White, 1978 ; Russell, 1979 ; Lacey and Moureli, 1986), and eating disorders are now believed to be more heterogeneous than previously recognized.

Russell (1979) initially described bulimia nervosa was an ominous variant of anorexia nervosa. Thereafter, researchers have often associated bulimia nervosa with alcoholism and drug abuse, confirming the worse outcome of the disease as that of anorexia nervosa or of pure alcoholism (e. g., Brisman and Siegel, 1984 ; Saito, 1984 ; Collins et al., 1985 ; Jones et al., 1985 ; Bulik, 1987 ; Beresford and Hall, 1989 ; Goldbloom et al., 1992). It was also noticed some bulimic patients had multiple problems caused by their impulsive behaviors (Andersen, 1984 ; Lacey, 1985). From clinical reports, a similar subgroup of patients was identified, 'bulimic alcoholics' who presented with problematical drinking and eating behaviors, leading to a poorer response to medical treatment than non-bulimic alcoholics (Lacey and Moureli, 1986). More recently, Evans and Lacey (1992) defined an important subgroup

among women attending an alcoholic-treatment unit, and describing them as a subgroup of multi-impulsive patients. They displayed alcoholism and other problems such as drug abuse, loss of control of eating behavior, self-harmful behaviors, impulsive physical violence, and promiscuity.

For the past 12 years, we have been involved in the treatment of patients with eating disorders who were introduced to us, because of the treatment difficulties due to problematical behaviors, by specialists of eating disorders working in the departments of pediatrics, internal medicine, and psychiatry of university and college hospitals, doctors of clinics specializing in psycho-somatic or psychiatric disorders, and staff members of public mental-health divisions. Alcoholism and / or other substance-related disorders, promiscuity, sexual and gender identity disorders, kleptomania, self-harmful behaviors, and suicidal tendencies were observed in these patients in addition to eating disorders.

In our earlier study (Amoh, 1997), we defined a subtype as eating disorders displaying a variety of problematical behaviors and referred to it as eating disorders with multiple self-destructive behaviors (EDMUL). The symptomatological characteristics, clinical course, outcome, and interfamilial traits for EDMUL are presented in comparison with those for pure eating disorders (PED).

In this study we report a case of a woman who, during a 6-year period, had stolen a large amount of tofu (soybean curd), konnyaku (paste made from konnyaku-mannan) and bread every day, stored them in her room, ate them and vomited. This patient expressed bulimia nervosa. (abnormal eating disorder) with kleptomania (EDMUL).

CASE HISTORY

T. H. a 24-year-old, female

Main complaint : shoplifting, binge-eating and purging

Age of onset : 16 years old

Educational background : a junior college graduate

Marital status : single

Occupation : part time jobs (salesperson, pub hostess etc.)

Family background : The patient lives with her father and her younger sister ; parents were divorced when she was 16 years old.

Father (50 years old) ; Obsessive-Compulsive Personality Disorder (DSM-IV), He always cleans the house with a cleaning rag after his job at the city office. He lives methodically and is a perfectionist. He smiles rarely at home.

Mother (44 years old) ; She has a promiscuous personality. She had had an love affair with a married man for about 20 years which was the reason for the divorce. She is now living alone but has had relationships with a number of men.

Younger sister (22 years old) : She is indifferent to the family members. She hates her mother and never meets her. She often stays out all night without her father's permission.

Brother (younger) of the father : He suffered from schizophrenia for 19 years and commited suicide (jumped from an apartment building) when he was 39 years old.

Present history : The patient was gentle and easygoing in her childhood. At the age of 16, when she was at senior high school, her parents were divorced, and she and her younger sister began to live with their father ; their mother lived alone separately. The patient felt lonely and reduced her intake of food to only apples and eggs, her weight fell from 62 to 37 kg (160 cm height), and menstruation ceased.

At the age of 17, the patient began shoplifting at neighborhood stores and then she began to overeat and make herself vomit after eating. She became preoccupied with tofu and had great pleasure from shoplifting, storing the items in her room. During a bout of eating she would consume much rotten tofu, konnyaku and moldy bread (her room had a musty smell). Gradually her room became filled with a large amount of rotten food which she had stolen (Figure 1, 2). She was arrested by the police for theft for 3 times within a year. Her father was very troubled and

Figures 1 and 2 The room of the patient before treatment. It was filled with a large amount of rotten food which she had stolen.

took her to well-known specialists of eating disorders working in the departments of psychiatry of university and college hospitals and doctors of clinics specializing in psycho-somatic or psychiatric disorders.

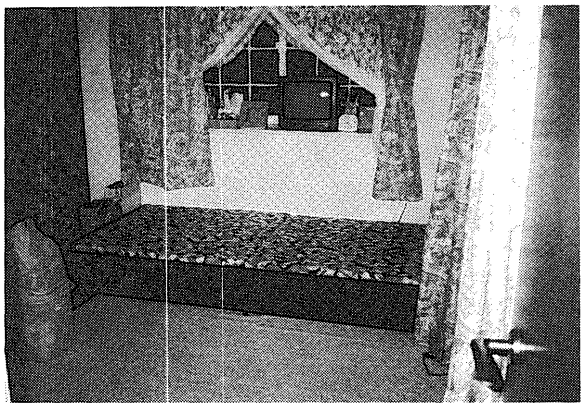
At the age of 21 she was introduced to us, because of treatment difficulties due to problematical behaviors (especially shoplifting), by a specialist of eating disorders working in the department of psychiatry of O-college hospital. Then we started out-patient treatment combining intensive individual supportive therapy and family therapy because the patient refused hospital admission and medication. We have interviewed her once to 4 times a month for 2 years.

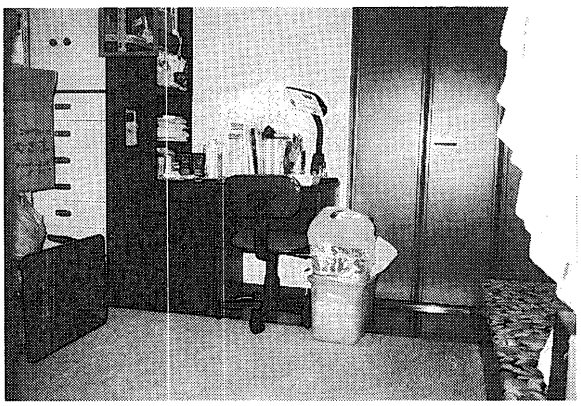
RESULTS

(1) Outcome of treatment :

The patient obtained a steady job (a desk job of a small company) (11 months after treatment). She menstruates regularly after a 5-year hiatus (14 months after treatment). She began a relationship with a 36-year-old man and began to associate with him (16 months after treatment). She stopped shoplifting and kept her room clean (21 months after treatment). (Figure 3, 4)

The father of the patient sent us a letter, "I'm much annoyed by the man who associates with my daughter. He is a gambler and a heavy drinker. My daughter is in the habit of going drinking with him. But she seldom overeats now." (31 months after treatment).





Figures 3 and 4 The room of the patient after treatment.

(2) Patient's personality according to the **tree test**

The tree drawn by the patient is large with strong brush-strokes which suggests that she tends to be active with an interest in the outside world. However, under great stress, she acts aggressively or impulsively with emotional instability. With

interpersonal relations, it is difficult for her to maintain relations of mutual trust with other people because she has a suspicious nature. (Figure 5)

(3) With regard to the interfamilial traits examined among the first-and second-degree relatives, the father of the patient has a trait for personality disorder (obsessive-compulsive personality disorder : DSM–IV), the mother has a trait for problematical behaviors (promiscuity), and brother (younger) of the father suffered from schizophrenia for 19 years and killed himself by jumping from an apartment building when he was 39 years old.

(4) The physically or socially self-destructive types of behavior, which seemed to be attributable to vigorous and uncontrollable intrinsic impulses of the patient, tended to emerge in the patient in a revolving or alternating manner. Therefore, enduring efforts must be taken to support the personality development of such a patient rather than to struggle with the respective problematical behaviors, which may be considered merely as facets of a single disorder.

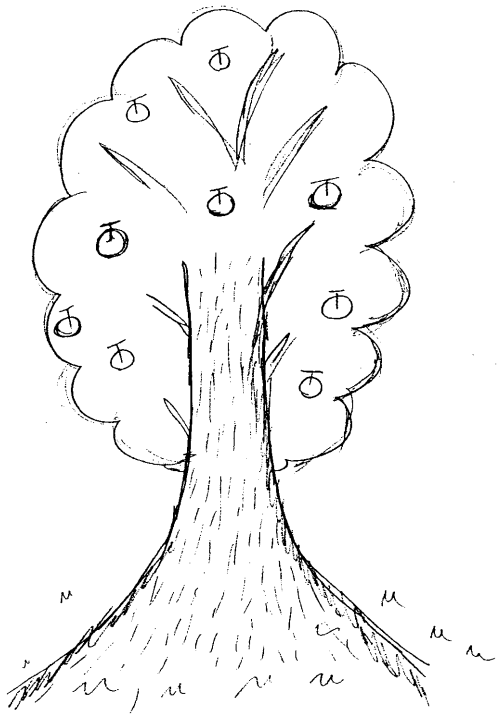


Figure 5

DISCUSSION

EDMUL (Eating Disorders with MULtiple self-destructive behaviors) patients in a previous study showed a variety of problematical behaviors such as dependence on and abuse of alcohol and other substances, promiscuity, kleptomania, self-mutilation and suicide in addition to eating disorder. Such EDMUL patients tended to be hyperactive, which seemed contribute to their damaging behavior. Thus, the outcome of EDMUL was generally worse than that of PED (Pure Eating Disorders). Evans and Lacey (1992) studied women attending an alcoholic-treatment unit and defined a subgroup of multi-impulsive patients in whom multiple self-damaging behaviors were manifested. They emphasized the importance of recognizing the full range of the behaviors of such patients and dealing with those behaviors as one general issue of impulse control. Based on the similarities of the clinical findings, we infer that our EDMUL subgroup of eating disorders is probably the same as or overlaps with the subgroup of multi-impulsive patients of Evans and Lacey (1992).

The majority of our EDMUL patients had been introduced to our clinical team by various specialists for eating disorders because of the difficulties their treatment and care due to a variety of problematical behaviors. As the outcome of the disease is extremely poor, these patients should be treated and cared for intensively in a specialized manner as soon as possible. Thus, it is important for clinicians to properly diagnose this type of disorder at an early stage.

What is most important with EDMUL patients is to note that treatment and care should not be focused upon only their eating behavior, as suggested by Evans and Lacey (1992). Different forms of problematical behaviors emerge in revolving or alternating manners, and such cases tend to take tragic courses.

EDMUL is a disorder essentially different from PED. EDMUL patients give the impression that their eating behaviors are much more vigorous than those seen in PED patients. This might be noticed by the fact that almost all EDMUL patients display purging behaviors including intentional vomiting, frequent and massive uses of laxatives,

and misuse of, for example, kitchen or toilet detergents as laxatives. The EDMUL patients tended to behave in an enchanting manner toward men, which might be associated with the higher rate of marriage and divorce in EDMUL than in PED, and with the high incidence of promiscuity.

Taking these issues into account together with other pathological behaviors such as shoplifting and abuse of alcohol and other drugs, EDMUL may not be a mere form of eating disorder but a disorder with a wide spectrum of problematical behaviors probably caused by vigorous and uncontrollable intrinsic impulses of the patients. Lacey (1986) referred to their patients as multi-impulsive, probably based on the same impression as ours.

EDMUL may be a disorder which is nosologically distinct from PED, because an extremely high incidence for alcoholism and other deviated forms of behaviors have been found in the relatives of EDMUL patients, who show striking contrast to the interfamilial traits for PED. If it is supposed that some biological traits for vigorous intrinsic impulses are commonly possessed by members of a family, different forms of problematical behaviors may emerge in the family members as a manifestation of the traits with EDMUL being the extreme form.

In the present paper, we have described the characteristics of EDMUL, a disorder distinct from PED. The wide spectrum of problematical behaviors of EDMUL patients appears to be severely self-destructive from physical and social viewpoints, and might be attributed to a vigorous and uncontrollable intrinsic impulse of the patients, although this hypothesis remains to validated. Supporting the notion of Evans and Lacey (1992), we propose that the variety of problematical behaviors of EDMUL patients should be taken as one of the facets of a single disorder and that enduring efforts should be taken to improve the patients' development as a human being rather than to struggle with the manifestation of the respective behaviors.

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〔原　著〕

万引きし腐らせた豆腐を食する摂食障害の1例

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【要　旨】　摂食障害患者が増加するに従い，その初発年令，食行動，随伴する問題行動，性に対する態度，結婚，出産など本症者の示す臨床像も複雑多彩となり，今日では，本症を単一のものとして規定するのは難しい状況である。

今回我々は，万引きした食品（主に豆腐）を自室にため込み，それらが，腐敗し，かびが生えているにもかかわらず，過食・嘔吐する摂食障害の1例を経験したので，ここに報告する。このような特異な症例は，断面的には神経性無食欲症，神経性大食症，特定不能の摂食障害（DSM-Ⅳ），と診断されるが経時的な症状の変化のため診断も治療も困難である。またこのような症例をRussell（1979）のいう過食症の1群と考えるか，新しい疾患単位-例えば，著者らの既に報告したEDMUL（Eating Disorders with MULtiple self-destructive behaviors）としてとらえるかは今後の課題である。

キーワード：摂食障害，問題行動，万引き，腐敗した豆腐，EDMUL

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