



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



HANAA ALY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

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HANAA ALY



Frequency of binge eating disorder in patients with borderline personality disorder and its relation to emotional regulation and impulsivity

Thesis

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By

Randa Mohamad AlHady Elewa Zahran
M.B.B.Ch

Under supervision of

Prof. Dr. Nermeen Mahmoud Shaker

*Professor of Neuropsychiatry
Faculty of Medicine - Ain Shams University*

Dr. Reem El Sayed Mohamed Hashem

*Assistant Professor of Neuropsychiatry
Faculty of Medicine - Ain Shams University*

Dr. Lobna Abu Bakr Ismail Azzam

*Lecturer of Neuropsychiatry
Faculty of Medicine - Ain Shams University*

**Faculty of Medicine
Ain Shams University**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

لسبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

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List of Abbreviations

Abb.	Full term
ACC	<i>Anterior cingulate cortex</i>
AD	<i>Antidepressant Drugs</i>
ADHD	<i>Attention deficit hyperactivity disorder</i>
AED	<i>Anti-Epileptic Drugs</i>
AN	<i>Anorexia nervosa</i>
AN-R	<i>Anorexia nervosa restricting type</i>
AP	<i>Antipsychotic Drugs</i>
AUDs	<i>Alcohol use disorders</i>
BD	<i>Bipolar disorder</i>
BDNF	<i>Brain-derived neurotrophic factor</i>
BMI	<i>Body mass index</i>
BN	<i>Bulimia nervosa</i>
CART	<i>Cocaine and Amphetamine Regulated Transcript</i>
CBT	<i>Cognitive behavioral therapy</i>
CBT E	<i>Cognitive behavior therapy enhanced</i>
CBT Eb	<i>Cognitive behavior therapy enhanced broad</i>
CNS	<i>Central nervous system</i>
CSF	<i>Cerebrospinal fluid</i>
DA	<i>Dopamine</i>
DBT	<i>Dialectical behavioral therapy</i>
DD	<i>Dysthymic disorder</i>
DLPFC	<i>Dorsolateral prefrontal cortex</i>
DM	<i>Diabetes mellitus</i>
DSM	<i>Diagnostic and Statistical Manual of Mental Disorders</i>
DTI	<i>Diffusion tensor imaging</i>
ED	<i>Eating disorder</i>
EDNOS	<i>Eating disorder not otherwise specified</i>

List of Abbreviations (cont...)

Abb.	Full term
<i>EEG</i>	<i>Electroencephalography</i>
<i>EMA</i>	<i>Ecological momentary assessment</i>
<i>ER</i>	<i>Emergency room</i>
<i>FDA</i>	<i>Food and drug administration</i>
<i>fMRI</i>	<i>Functional Magnetic resonance imaging</i>
<i>GABA</i>	<i>Gamma-amino butyric acid</i>
<i>GH</i>	<i>Growth hormone</i>
<i>GLX</i>	<i>Glutamate-Glutamine</i>
<i>GM</i>	<i>Grey matter</i>
<i>GP</i>	<i>General practitioner</i>
<i>HPA</i>	<i>Hypothalamic–pituitary–adrenal</i>
<i>ICD</i>	<i>International classification of diseases</i>
<i>IDUD</i>	<i>Illicit drug use disorders</i>
<i>LDX</i>	<i>Lisdexamfetamine</i>
<i>MAO</i>	<i>Monoamine oxidase inhibitors</i>
<i>MAOI</i>	<i>Monoamine oxidase inhibitors</i>
<i>MBT</i>	<i>Mentalization Based Therapy</i>
<i>MD</i>	<i>Mood disorders</i>
<i>MDD</i>	<i>Major depressive disorder</i>
<i>MFG</i>	<i>Middle frontal gyrus</i>
<i>mPFC</i>	<i>Medial prefrontal cortex</i>
<i>MPH</i>	<i>Methylphenidate</i>
<i>MRI</i>	<i>Magnetic resonance imaging</i>
<i>MRS</i>	<i>Magnetic resonance spectroscopy</i>
<i>NMDA</i>	<i>N-methyl-D-aspartate</i>
<i>NSSI</i>	<i>Non-suicidal self-injurious behavior</i>
<i>OA</i>	<i>Osteoarthritis</i>
<i>OCD</i>	<i>Obsessive-compulsive disorder</i>
<i>OFC</i>	<i>Orbitofrontal cortex</i>

List of Abbreviations (Cont...)

Abb.	Full term
<i>OXTR</i>	<i>Oxytocin receptor</i>
<i>PCC</i>	<i>Posterior cingulated cortex</i>
<i>PCOS</i>	<i>Polycystic ovarian syndrome</i>
<i>PCu</i>	<i>Precuneus</i>
<i>PD</i>	<i>Personality disorder</i>
<i>PET</i>	<i>Positron emission tomography</i>
<i>PFC</i>	<i>Prefrontal cortex</i>
<i>PTSD</i>	<i>Post-traumatic stress disorder</i>
<i>RDoC</i>	<i>Research Domain Criteria</i>
<i>SBE</i>	<i>Subjective binge eating</i>
<i>SCID</i>	<i>Structured clinical interview for DSM IV</i>
<i>SNRI</i>	<i>Serotonin and norepinephrine reuptake inhibitor</i>
<i>SSRI</i>	<i>Selective serotonin reuptake inhibitor</i>
<i>STS</i>	<i>Superior temporal sulcus</i>
<i>SUD</i>	<i>Substance use disorders</i>
<i>T1D</i>	<i>Type 1 diabetes</i>
<i>T2D</i>	<i>Type 2 diabetes</i>
<i>TCA</i>	<i>Tricyclic antidepressants</i>
<i>TPJ</i>	<i>Temporoparietal junction</i>
<i>VMPFC</i>	<i>Ventromedial prefrontal cortex</i>
<i>VS</i>	<i>Ventral striatum</i>

INTRODUCTION

Eating disorders are severe psychiatric diseases (*Hausswolff-Juhlin et al., 2014*), they are among the most common causes of ill health in young people, affecting some 3-4% of women and 0.3% of men (*Smink et al., 2013*).

Eating disorders are associated with elevated rates of morbidity and mortality. Individuals with eating disorders have an elevated risk of dying by suicide compared to age-matched population estimates (*Claudino et al., 2019*).

The typical age of onset of both Anorexia Nervosa and Bulimia Nervosa is in adolescence or early adulthood. Childhood-onset Anorexia Nervosa is seen clinically from about age 7 years upwards, whereas Bulimia Nervosa before puberty is quite rare. Likewise, Binge Eating Disorder often begins in late adolescence or early adulthood, although some people report that they began binge eating in early childhood—even before going on their first diet. Overall, however, Binge Eating Disorder commonly begins later than Anorexia Nervosa and Bulimia Nervosa, with new cases steadily arising up to age 40–60 years in the population (*Schaumberg et al., 2017*).

Binge eating disorder is the most common eating disorder with a prevalence of up to 3.5% and is more common than anorexia nervosa and bulimia nervosa combined. It is defined by episodes of eating more food than most people

would eat in a similar period under similar circumstances with a feeling of loss of control. Binge episodes include eating more rapidly than normal, eating until uncomfortably full, and eating large amounts of food when not hungry. Persons with BED may eat alone because of embarrassment, express feelings of disgust with one's self, and feel depressed or guilty after overeating with notable distress about binge eating. By definition, binge episodes occur at least once a week for 3 months (*Wassenaar et al., 2019*).

Although generally accepted as a diagnosis in clinical practice, binge eating disorder was not recognized as a distinct eating disorder until the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in 2013. Prior to this, only research criteria were provided although these enabled the inclusion of BED in epidemiological surveys prior to 2013 and provided the foundation for BED in DSM-5 (*Erskine and Whiteford 2018*).

A meta-analysis showed high rates of comorbidity between borderline personality disorder and bulimia nervosa (BN; 21%), moderate rates between borderline personality disorder and binge eating disorder (9%), and lower rates between borderline personality disorder and anorexia nervosa (AN) restricting subtype (3%). Co-occurrence of borderline personality disorder in eating disorders has been associated with major distortions in eating attitudes, a history of frequent hospitalizations, and non-suicidal and suicidal behaviors, and it

has resulted in poor treatment outcomes and severe psychopathology at follow-up (*Navarro-Haro et al., 2018*).

Borderline personality disorder is defined as a pervasive pattern of instability in interpersonal relationships, self-image, and affect and marked impulsivity that begins by early adulthood and is present in a variety of contexts (*Navarro-Haro et al., 2018*). In addition, borderline personality disorder is characterized by intense fears of abandonment, and stress-induced quasipsychotic symptoms, the preceding characterological features are more likely to shape eating pathology. As for the characterological features of affective instability, chronic feelings of emptiness, and inappropriate anger, bingeing behavior literally fills one up (i.e., it addresses the chronic feelings of emptiness) whereas purging behavior, particularly self-induced vomiting, results in exhaustion and fatigue, thereby effectively containing affective crests and anger. Given this unfolding, it is fairly evident how a pre-existing personality structure, might easily manifest in impulsive eating pathology (*Sansone et al., 2011*).