

# Anorexia in adolescence – healthy in adulthood?

Anorexia is a serious disease carrying a major risk of becoming chronic. A Norwegian follow-up study of adolescents with anorexia showed that four out of five patients had been cured of their eating disorder by the time they reached adulthood.

Anorexia nervosa is one of the most common serious diseases among teenage girls. The disease has a high mortality rate, a high risk of becoming chronic and a high incidence of comorbidity (1, 2). Follow-up studies of adolescents with anorexia have found that more than half have been cured of their eating disorder after four to ten years, but that the prognosis is less promising among adults (1).

## Selective samples

The main volume of anorexia research takes place in university hospitals with specialist departments for eating disorders, which tend to have a majority of patients with particularly complicated afflictions. It is therefore uncertain whether the results from these studies are representative of all patients with anorexia. Most children and adolescents with anorexia are treated at in- or outpatient mental-health units for young people, often in close cooperation with the paediatric department.

Two Swedish follow-up studies of young people with anorexia are exemplary in terms of their long period of follow-up and the representativity of their samples (3, 4). Of 51 adolescents who were diagnosed with anorexia during a screening of eighth-graders in Gothenburg, 13 still suffered from eating disorders ten years later. In the follow-up after 18 years, the number had been reduced to six, whereof three had anorexia. Twenty of these young people had at least one other psychiatric diagnosis, and 13 did not have paid employment because of mental health problems (3).

In the other study, 76 adolescents with anorexia, who were treated in psychiatric polyclinics for children and adolescents in Northern Sweden, were followed up after eight and 16 years (4). One person had died before the first follow-up after eight years, and 24 still suffered from anorexia. After 16 years ten patients still had eating dis-

orders, whereof two had anorexia. These results are better than in most comparable studies (1, 2), which could be an effect of the samples being more representative of young people with anorexia.

## The Norwegian study

Only one large-scale Norwegian study of the development following treatment for anorexia in young people is available (5). Fifty-one of 55 patients who were diagnosed with anorexia and treated at the psychiatric polyclinic for children and adolescents and the paediatric department of Buskerud Hospital were followed up when they had reached adulthood. At the acute stage treatment had been intensive and included family therapy and a regulated schedule for relatively rapid weight increase (6). After an average of 8.8 years only nine patients had an eating disorder, whereof one suffered from anorexia. Of the remaining 42, a total of 15 had somewhat strenuous eating attitudes (7). None of the patients had died. Twenty patients fulfilled the criteria for one or several psychiatric disorders, and this applied to the majority of those who still suffered from eating disorders. The most common diagnoses were anxiety disorders, depression and post-traumatic stress disorder related to sexual abuse. Nevertheless, most of them functioned relatively well with regard to education, employment and social relationships. This may easily cause any mental problems to be overlooked. Only half of them responded that they were largely satisfied or very satisfied with their lives. Of the 13,000 women of the same age who participated in the Nord-Trøndelag Health Study, a total of 83 % responded that they were largely satisfied or very satisfied with their lives (7).

## Conclusion

The Norwegian study indicates that even adolescents who are very ill with anorexia

can restore their health and function well in young adulthood. This gives grounds for a more optimistic view of the long-term prognosis than that indicated by previous research (6).

### Inger Halvorsen

*inger.halvorsen@uus.no*  
Regional Department for Eating Disorders  
Oslo University Hospital  
PO Box 4956 Nydalen  
0424 Oslo

### Sonja Heyerdahl

Centre for Child and Adolescent Mental Health,  
Eastern and Southern Norway

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