

Social Anhedonia and Work and Social Functioning in the Acute and Recovered Phases of Eating Disorders

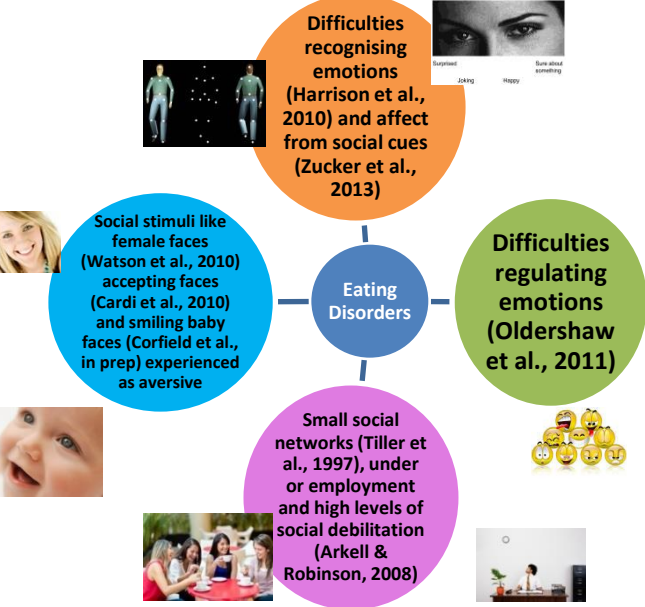
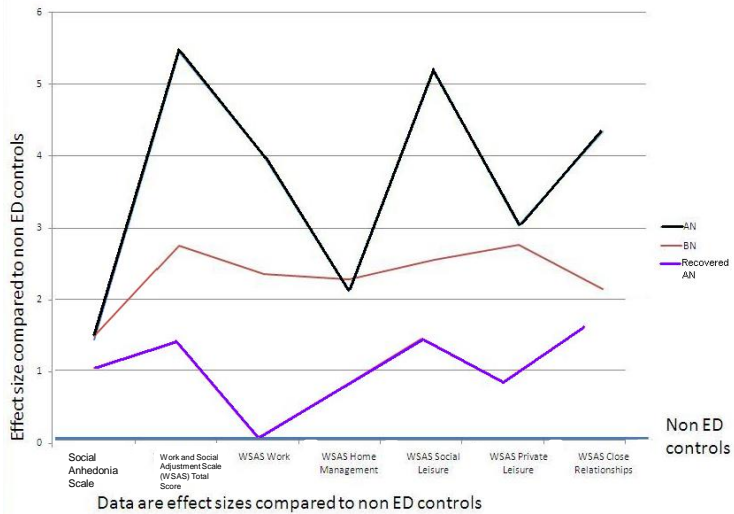


Dr Amy Harrison, Trainee Clinical Psychologist, King's College London, Institute of Psychiatry, Section of Eating Disorders, London, UK and Eating Disorder Inpatient and Outpatient Services, South London and Maudsley NHS Foundation Trust, London, amy.harrison@kcl.ac.uk
Supervised by Dr Kate Tchanturia and Dr Vicky Mountford

Background

- Psychological disorder is associated with poorer social and work functioning (Watson et al., 2011) than those recovered/unaffected
- Eating disorders (EDs) are serious mental health difficulties affecting around 1% of the population and are associated physical complication and under or unemployment (Birmingham & Treasure, 2010).

Results



Regression model ($F=17.79, df=5, 51 p \leq 0.001$) explained 48.94% of the variance in work and social difficulties.

- Social anhedonia ($B=0.26, t=1.98, p=0.05$)
 - Current illness severity (BMI) ($B=3.04, t=-8.10, p \leq 0.001$)
 - Lifetime severity (lowest BMI as an adult) ($B=1.26, t=3.08, p=0.003$)
 - Current symptoms (global EDE-Q score) ($B=0.6, t=0.67, p=0.5$)
 - Years of illness ($B=1.15, t=1.24, p=0.2$)
- Work and social functioning problems (total WSAS score)

Discussion

- Both AN and BN are associated with **greater social anhedonia and problems with work and social functioning** than controls; those with AN struggle most.
- EDs associated with **similar levels of social anhedonia as observed in schizophrenia** (Blanchard et al., 1998), **better work and social functioning than people with severe phobias** (Matiix-Cols, 2005) but **poorer than those with severe/enduring OCD** (Micali et al., 2010)
- Improvements observed in recovery but people continue to experience more difficulties than healthy peers.
- Working on illness related symptoms (e.g. current BMI) and

Clinical Implications

- Work with vocational specialists to find meaningful work in line with strengths and recovery goals
- Support clients to build social skills and networks
- Teach emotion recognition/emotion regulation skills

Aims: To explore work and social functioning and the degree to which people with EDs seek out and experience pleasure from social contact (social anhedonia)

Hypotheses: Relative to non-ED controls, people with EDs will report greater work and social functioning problems and higher social anhedonia. The recovered group will report an intermediate profile.

Methods

Participants

All participants were female adults with a mean age of 29 years ($SD=4.71$)

- Anorexia Nervosa (AN) participants ($n=105$) with 9.65 years of illness ($SD=7.39$)
- Bulimia nervosa (BN) participants ($n=46$) with 11.81 years of illness ($SD=9.09$)
- Recovered AN participants ($n=30$) with 9.92 years of illness ($SD=3.94$)
- Non ED controls ($n=136$)

Clinical/Demographic measures

Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994)

Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983)

National Adult Reading Test (Nelson & Willison, 1991)

Social Functioning Measures

Work and Social Adjustment Scale (Mundt et al., 2002)

Social Anhedonia Scale (Eckblad et al., 1982)

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