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Research Protocol

The Relationship between Family Support and Eating Disorders Recovered Completely from Eating Disorders Including Sex Ratio of the Infants

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Abstract

The aim of this study was to identify that family support was beneficial for ED relapse during pregnancy and after delivery as well as postpartum depression. We also investigated the sex ratio of the infants.

24 patients (4 Anorexia Nervosa, 20 Bulimia Nervosa) completely recovered from EDs participated in this research. We compared family support group and no support group.

Compared to No support group, support group had a significant difference as for disease duration, age at remission, maternal age.

Our results showed that there was no relation between family support and ED relapse during pregnancy and after birth. Moreover, there is no difference between two groups as for postpartum depression. The results were contrary to our previous thought.

Interestingly all the support group patients had male infants.

This study suggested that family support for EDs was complicated and not always helpful for relapsing EDs. We have to consider specific support for eating disorders.

Keywords: *Family Support; Eating Disorders; Sex Ratio; Infants*

Introduction

Eating disorders are common mental disorders among Adolescent females. Recently there were reports that eating disorders had got pregnant and had babies [1]. However, there were a little reports related to the relationship between ED relapse and family support during pregnancy and after birth.

We previously reported that pregnant ED and after their birth and some influenced factors related to relapse and postpartum depression [2].

In this research, we investigated family support and ED relapse and postpartum depression.

In our samples, all supporters are their partners, not their mothers.

The aim of this study was to identify the family support was beneficial for ED relapse during pregnancy and postpartum depression.

We also investigated the sex ratio of the infants.

Methods

We treated 1008EDs between 1994 and 2004. Of these patients, 55 experienced ED recovery, pregnancy, and childbirth of which, 21 Bulimia Nervosa (BN), 4 Anorexia Nervosa (AN) agreed to participated in this study. The study purpose and outline were explained to the patients, and written informed consent were acquired. The ethical committees of the Makino Clinic approved this research (approved 0002).

We made two groups.one was the group who did not relapse during pregnancy (non-relapse group: NRP) and another was the relapse group: patients relapse EDs during pregnancy. These relapse group was not continue their eating disorder symptoms, they stopped their abnormal eating within 3 months after conceiving (temporary relapse group: TRG).

We use Japanese version of EAT-26 [3] and EPDS [4]. We conducted t-test to clarify the statistical difference.

The definition of ED recovery was used by Makino., *et al* [2].

Results

We found some difference among the patients. We analysed 24 patients because one patient had miscarriage.

Results were

1. TRG: 67% (16 patients).
2. Postpartum depression: 50% (12 patients) (In Japan, Postpartum depression rate was 10%, according to the Ministry of Health, Labor and Welfare).
3. NRG: Infant weight was heavier.
4. ED relapse after delivery: 50% (12 patients).
5. All of the NRG: Vaginal delivery.
6. Infant weight: Non-depression group had more weight infant.

Table 1 shows difference between the family support and non-support group.

RESULT: Family Support

Support	No	Yes	
N	5	19	
Disease duration(years)	8.1(SD 4.0)	15.0(SD 7.1)	**P<0.01**
Age at remission (years)	24.8(SD 3.9)	31.4(SD 7.0)	**P<0.01**
Maternal age (years)	26.7(SD 4.3)	33.6(SD 6.0)	**P<0.01**
Temporary ED relapse	3 (60%)	11(58%)	NS
Compilations(%)	5 (100%)	11(58%)	NS
Infant body weight(g)	3119(SD 775)	2878(SD 475)	NS
Low body weight infant(%)	0%	5 (29%)	NS
Infant sex(male)	100%	58%	NS
Postpartum depression (%)	60%	47%	NS
ED relapse after delivery	20%	51%	NS

Table 1

Disease duration, age at remission, maternal age were the significant difference between two groups. There is no difference as for temporary ED relapse, postpartum depression rate, ED relapse after delivery.

We thought that family support was beneficial for not relapsing EDs during pregnancy and after delivery. Also, we thought family support was beneficial for preventing postpartum depression.

The results were contrary to our previous thought.

Interestingly, all of the non-family support group had male infants.

Discussion

Our results showed that EDs were influenced by pregnancy and after delivery. This may be because ED patients had tendency to vomit and binge to lose weight during pregnancy and after birth. Postpartum women experienced body shape changes, this might lead to postpartum depression.

Our findings were the similar to previous studies [5].

As for the family support, our samples were all their partners, not their mother.

As per the literature, partners 'attitudes to EDs could help prevent ED relapse [6] and postpartum depression [7].

Our result was contrary to previous report.

The reason was still unclear; however, our opinion was that there were serious and problematic relations between patients and her mother [8]. Patients (usually daughter) used their thin body as a weapon to draw her mother's attention and this attitude might influence their partners. Partners also may involve daughter and mother enmeshed relationship and partners might have the thought that not to involve their relationship. Also we believed that the supporters for EDs are very sensitive and some cases their attitudes might worsen the symptoms of EDs. As a result of this situation, partners might not help their wives.

NRG group had all male infants. We thought this was very interesting, however, the reason was unclear. There was almost no research related to infant sex of eating disorders.

Conclusion

This study showed that EDs tend to be relapsed during pregnancy and tend to be suffer from postpartum depression. In this study, family support had not related to relapse and postpartum depression. The support system for pregnant EDs will be open to discussion.

Conflict of Interest

There is no conflict of interest.

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