

AUTISTIC TRAITS AND EMOTIONAL DYSREGULATION IN FEMALE ADOLESCENTS WITH NUTRITIONAL AND EATING DISORDERS: PRELIMINARY DATA FROM AN OBSERVATIONAL STUDY

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INTRODUCTION

Nutrition and eating disorders are characterized by the presence of eating-related behaviors resulting in impaired food consumption or absorption and significantly impairing physical health or psychosocial functioning. Recent literature data hypothesized the role that autism-specific features, such as sensory sensitivity, difficulty in social interaction, peculiar sense of identity, difficulty in understanding/managing emotions, need for control and predictability, are at the basis of the onset and reinforcement of restrictive eating behaviors. Studies conducted in different clinical populations have suggested that the difficulty in recognizing, regulating and describing one's emotions acts as a transdiagnostic factor of vulnerability for various psychopathological disorders, including nutrition and eating disorders and autism spectrum disorders. The present observational study aims to evaluate the prevalence of autistic traits in a sample of female adolescents with nutrition and eating disorders, periodically followed up at the Operative Unit of Child Neuropsychiatry - Translational Biomedicine and Neurosciences (DiBrain) - of the University Hospital of Bari, and to study its relationship with emotional dysregulation.

METHODS

Between October 2022 and May 2023, we enrolled female adolescent patients (between 12-18 years old), which met the DSM-5 diagnostic criteria for Feeding and Eating Disorders (FED). Male sex, intellectual disability (ID) and autism spectrum disorder (ASD) were considered exclusion criteria for enrollment. The parents of the patients provided written informed consent, and the subjects also consented to the study after being informed of its aims. The study was approved by the Ethics Committee of the University Hospital of Bari.

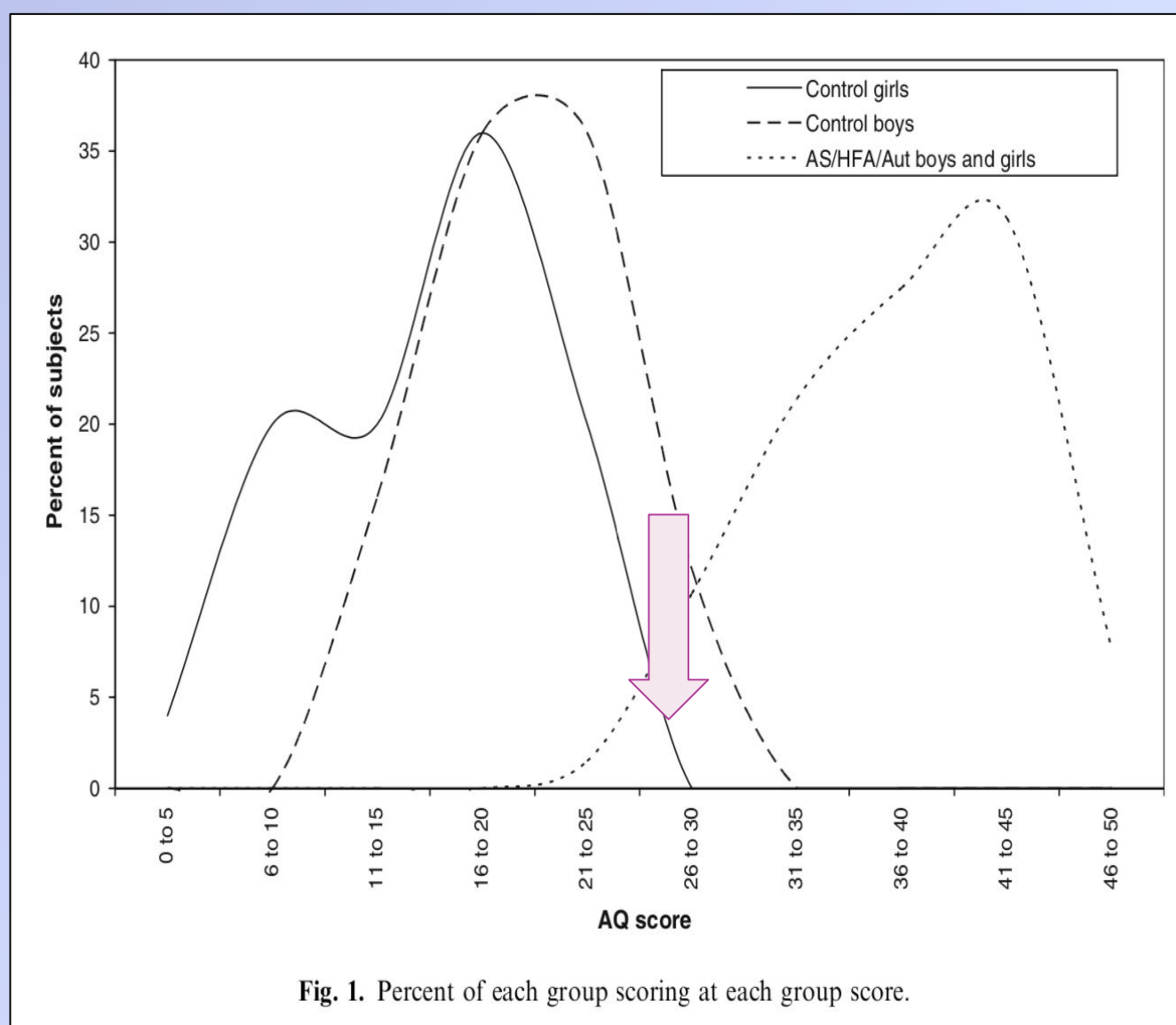
All subjects underwent a clinical global assessment that included an anamnestic collection focusing on the personal and family history of psychiatric disorders, present and past psychotropic drug use, psychiatric examination and the administration of standardized test including Wechsler Intelligence Scale for Children—Fourth edition (WISC IV), Wechsler Adult Intelligence Scale - Fourth Edition (WAIS IV) and clinical psychometric self-reports such as the Difficulties in Emotion Regulation Scale (DERS), the Autism Spectrum Quotient test (AQ) and the Global Emotional Intelligence test (EQ). All the variables were recorded in structured forms specifically for this research. Analyses were conducted using IBM SPSS Statistics 28. The sociodemographic and clinical characteristics of both groups, through frequencies, means and standard deviations (SD) were calculated using descriptive analyses.

RESULTS

22 females patients (mean age 15.4 ± 1.33) were enrolled. Psychopathological comorbidities were present in 86.4% of them and psychotropic drug therapy in 63.6%. The table lists the average scores obtained from the standardized assessment of cognitive skills, degree of emotional dysregulation and autistic traits. The results obtained from the AQ differed from the reference values relating to neurotypical population with greater impairment in the "attention switching" area (see figure 1).

CONCLUSION

The obtained results revealed that autistic traits, emotional dysregulation and FED frequently coexist, supporting recently emerged theoretical models according to which autistic traits could give rise and maintain eating difficulties in FED patients. Similarly difficulties with emotions, thinking styles and need for control and predictability, relational alterations are also typical of eating disorders. A clinical and etiopathological continuum may exist between autistic traits, autism and FED thus prevention and intervention programs could become increasingly specific and personalized by addressing the anomalies in the emotional and autistic-type processes of such population of patients. This study is intended as preliminary, therefore the extension of the sample and the comparison with a control group will allow us to perform more reliable statistical evaluations and replicable results.



Mean ±SD from Wechsler scales, DERS, AQ and EQ							
WISC and WAIS-IV	IQ	VCI	PIRI	WMI	PSI	GAI	CPI
	104.47±20.34	104.08±17.16	108.62±17.02	90.33±20.05	93.77±17.27	106.85±19.10	92.59±16.31
DERS	DERS	NON ACCEPT	GOALS	IMPULSE	AWARENESS	STRATEGIES	CLARITY
	131.75±24.05	19.3±6.53	20.7±4.63	21.9±7.70	20.95±5.91	30.05±6.46	18.85±4.70
AQ	AQ TOT	SOCIAL SKILLS	ATTENTION SWITCHING	ATTENTION TO DETAIL	COMUNICATION	IMAGINATION	
	27.11±7.96	5.58±1.90	7.47±2.47	5.58±2.42	5.23±2.27	3.05±1.78	
EQ	39,05±12.73						

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