

## PSYCHOFORM AND SOMATOFORM DISSOCIATION SEVERITY IN EATING DISORDERS (ED)

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**Introduction:** Psychoform and somatoform dissociation in anorexia nervosa (AN) and bulimia nervosa (BN) is yet to be studied in Portugal.

**Objectives:** Explore the severity of psychoform and somatoform dissociation in ED; explore the differences between ED and other psychiatric disorders (PD), and between AN and BN.

**Methodology:** From two psychiatric clinics, 29 women with ED (AN = 16; BN = 13) and 35 women with different PD (post-traumatic stress = 9; panic = 4; major depression = 4; obsessive-compulsive = 8, social phobia = 10), matched sociodemographically (mean age =  $26.69 \pm 7.31$ ), were voluntarily assessed with the Dissociative Experiences Scale (DES), and the Somatoform Dissociation Questionnaire (SDQ-20).

**Results:** ED patients had higher scores on DES ( $M \pm SD = 28.10 \pm 19.76$ ,  $p < 0.05$ ) and on SDQ-20 ( $M \pm SD = 38.41 \pm 13.19$ ,  $p < 0.05$ ) than PD patients (DES:  $M \pm SD = 19.27 \pm 12.84$ ; SDQ:  $M \pm SD = 38.41 \pm 13.19$ ).

Comparing with PD, BN had higher scores on DES ( $M \pm SD = 31.13 \pm 21.25$ ,  $p < 0.05$ ), and on SDQ-20 ( $M \pm SD = 42.45 \pm 17.36$ ,  $p < 0.01$ ).

Finally, there were no differences between AN (DES:  $M \pm SD = 25.65 \pm 18.80$ ; SDQ-20:  $M \pm SD = 35.63 \pm 8.98$ ) and BN ( $p = 0.01$ ).

**Conclusion:** Our findings point out to the need to watchfully assess ED for dissociative symptoms and, accordingly, include the treatment of dissociation.