The risk of eating disorders comorbid with attention-deficit/hyperactivity disorder: A systematic review and meta-analysis

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ABSTRACT

Objective
There has been interest in whether people with Attention-Deficit/Hyperactivity Disorder (ADHD) are at higher risk of developing an Eating Disorder (ED). The aim of this study was estimate the size of this association with a meta-analysis of studies.

Methods
We retrieved studies following PRISMA guidelines from a broad range of databases.

Results
Twelve studies fitted our primary aim in investigating ED in ADHD populations (ADHD = 4,013/Controls = 29,404), and five exploring ADHD in ED populations (ED = 1,044/Controls = 11,292). The pooled odds ratio of diagnosing any ED in ADHD was increased significantly, 3.82 (95% CI:2.34–6.24). A similar level of risk was found across all ED syndromes [Anorexia Nervosa = 4.28 (95% CI:2.24–8.16); Bulimia Nervosa = 5.71 (95% CI: 3.56–9.16) and Binge Eating Disorder = 4.13 (95% CI:3–5.67)]. The risk was significantly higher if ADHD was diagnosed using a clinical interview [5.89 (95% CI:4.32–8.04)] rather than a self-report instrument [2.23 (95% CI:1.23–4.03)]. The pooled odds ratio of diagnosing ADHD in participants with ED was significantly increased, 2.57 (95% CI:1.30–5.11). Subgroup analysis of cohorts with binge eating only yielded a risk of 5.77 (95% CI:2.35–14.18). None of the variables examined in meta-regression procedures explained the variance in effect size between studies.

Discussion
People with ADHD have a higher risk of comorbidity with an ED and people with an ED also have higher levels of comorbidity with ADHD. Future studies should address if patients with this comorbidity have a different prognosis, course and treatment response when compared to patients with either disorder alone.