

PMS, PMDD linked to increased odds of bulimia nervosa

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subthreshold BED. PMDD and PMS correlated with increased odds of BN (odds ratios, 7.2 and 2.5, respectively) after adjustment for age, race/ethnicity, income, education, [body mass index](#), age at menarche, birth control use, and comorbid mental health conditions. No significant correlations were seen for PMDD or PMS with BED.

"PMS and PMDD may be important comorbidities to BN to consider in clinical settings, and future research should investigate whether PMS and PMDD affect the onset and duration of bulimic symptoms as well as the potential for shared risk factors across disorders," the authors write.

More information: [Abstract](#)
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(HealthDay)—Premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) are associated with increased odds of bulimia nervosa (BN), but not with binge-eating disorder (BED), according to a study published in the July issue of the *International Journal of Eating Disorders*.

Carrie J. Nobles, Ph.D., from Massachusetts General Hospital in Chelsea, and colleagues examined the correlation between lifetime PMS and PMDD and BN or BED. Data were included for 8,694 female participants drawn from the Collaborative Psychiatric Epidemiological Surveys, conducted from 2001 to 2003.

Overall, 1.0 percent of participants had BN and 1.8 percent had BED; 4.2 percent had PMDD and 42.4 percent had PMS. The researchers found that among those with BN, the prevalence of PMDD and PMS were 17.4 and 55.4 percent, respectively, compared with 10.7 and 48.9 percent, respectively, among those with BED, and 3.4 and 59.1 percent, respectively, among those with

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