

Laxative Abuse for Weight Control in Adolescents

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The present study investigated laxative abuse among adolescents of both genders and from diverse socioeconomic and cultural backgrounds. The relationship of laxative abuse to other eating disorders was also assessed. Results indicated that 3.5% of the nonclinical adolescent population used laxatives to control their weight. There were no gender differences; twice as many upper SES adolescents used laxatives. The use of diuretics was the other weight reduction technique that most highly correlated with laxative use. Significantly more laxative users met DSM-III criteria for bulimia. However, interestingly enough, 45% of the laxative users showed no other accompanying eating disorder. This finding suggests that this group is not likely to be detected and may thereby remain untreated and be at risk for physical and psychiatric problems.

Several authors (Beaumont, 1977; Halmi, Goldberg, Casper, Eckert, & Davis, 1979; Fairburn & Cooper, 1984; Mitchell, Boutacoff, Hatsukami, Pyle, & Eckert, 1986) have indicated that some of their older bulimic and anorexic patients abuse laxatives as one method of controlling their weight. Rarely, however, has laxative abuse been specifically studied. Since the age of onset for more noticeable eating disorders such as anorexia nervosa and bulimia is generally during the adolescent years, one might expect that laxative abuse may begin during these years as well. Since prolonged abuse leads to serious medical complications such as electrolyte disturbance, heart arrhythmia, myenteric damage resulting in cathartic syndromes, urinary infections, and renal failure, early detection is important.

The present study investigated laxative abuse among adolescents from a di-

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verse set of socioeconomic and cultural backgrounds. Both males and females were studied. The relationship of laxative abuse to other eating disorders hypothesized to be related to this secretive weight-loss technique was evaluated.

METHODS

There were 1261 students from two New Jersey public high schools sampled: 384 males and 328 females were from a school located in a lower class urban community populated by laborers and service workers; and nearly one half of these students were minorities; 243 males and 306 females were from a high school located in a middle-upper middle class community populated primarily by professionals and white collar workers and their families.

Participants were surveyed during a regularly scheduled class period at their high school. The following inventories were administered.

Eating Attitudes Test

The Eating Attitudes Test (EAT; Garner & Garfinkel, 1979) is a 26-item questionnaire used to measure attitudes and behaviors associated with anorexia nervosa. Anyone scoring 20 or above on this measure is considered a "restrictor."

Binge Eating Questionnaire

The Binge Eating Questionnaire (Halmi, Falk, & Schwartz, 1981) contains 26 items designed to obtain information regarding weight history and behavioral symptoms of bulimia based on DSM-III criteria. Based on this measure, participants in the present study were categorized as (1) Clinical Bulimics (met DSM-III criteria for bulimia) or (2) Subclinical Bulimics (met most DSM-III criteria for bulimia but lacked up to two behaviors necessary to meet full clinical bulimia criteria). Frequency of laxative use was also determined from this measure.

Demographic Questionnaire

A demographic questionnaire was developed to obtain information about socioeconomic status, age, gender, and relevant cultural factors.

RESULTS

Gender Comparisons

When data for the 1261 subjects was analyzed it was found that, overall, 3.73% of the males reported laxative use to control weight, whereas 3.47% of the females acknowledged this behavior. Chi-square analysis revealed no significant gender differences in laxative abuse ($\chi^2 = .06$, $df = 1$, $p = .807$).

SES Comparisons

Adolescents from the middle-upper middle class sample engaged in laxative abuse to control weight significantly more often than did their lower SES peers ($\chi^2 = 5.45$, $df = 1$, $p = .02$). Fully twice as many upper SES adolescents acknowledged laxative abuse (5% upper versus 2.5% lower). Table 1 indicates frequency of laxative use in each population.

Correlation of Laxative Abuse with Other Weight Loss Behaviors

Pearson correlation was computed between laxative use and other weight loss behaviors.

The behavior most highly correlated with laxative use was the other pill-taking behavior causing elimination [diuretics ($r = .47$), diet pills ($r = .32$)]. Of the 62 adolescents who used these methods, 17 used only diuretics, 25 used laxatives alone, and 20 used both laxatives and diuretics.

When laxative users were looked at in terms of the absence or presence of eating disorders, it was found that laxative use was overrepresented in the adolescents who met diagnostic criteria for clinical bulimia. Chi-square for clinical bulimics yielded significant results ($\chi^2 = 78.03$, $df = 3$, $p = .000$). It is also notable that 45% of the laxatives users showed no other accompanying eating disorder.

DISCUSSION

The results of this study indicate that the prevalence of laxative abuse for weight loss among adolescents is alarmingly high. Similar to the findings of Mitchell et al. (1986), there was a significant correlation between laxative abuse and the abuse of diuretics and diet pills. The current study shows that in some cases these abuses begin during early adolescence, the age of onset for more easily recognized eating disorders, such as anorexia nervosa. As medical and mental health professionals become more aware of symptoms of anorexia nervosa and bulimia, these cases may receive psychiatric and medical treatment. Notable in this study, however, is the fact that 45% of laxative abusers do not meet even subclinical criteria for anorexia nervosa or bulimia and would probably go undiagnosed and untreated in both the mental health and medical

Table 1. Frequency of laxative use in adolescent samples.

	Upper SES ($n = 549$)	Upper SES ($n = 712$)
Never	512	605
Occasionally	21	13
Every week	4	1
2-6 times every week	0	2
At least once per day	2	2
No information available	10	89

systems until severe physical or psychiatric sequelae developed. This underscores the fact that assessment interviews should include direct and specific questions related to abnormal eating and purging behaviors. Since many of the most easily available nonprescription laxatives lead to long-term and life-threatening medical complications when abused (MacCara, 1982), early intervention is essential.

This study also indicates a lack of gender differences in laxative abuse that seems to correspond with a recent trend in eating disorders in general (Muni-Brander & Lachenmeyer, in press). This highlights the importance of sampling both genders in eating disorders research as well as the necessity that physicians and mental health professionals address eating behaviors when evaluating both male and female patients.

REFERENCES

- Beaumont, P. J. V. (1977). Further categorization of patients with anorexia nervosa. *Australian-New Zealand Journal of Psychiatry*, 11, 223-226.
- Fairburn, C. G., & Cooper, P. J. (1984). Binge eating, self-induced vomiting and laxative abuse: A community study. *Psychological Medicine*, 14, 401-410.
- Garner, D. M., & Garfinkel, P. E. (1979). The Eating Attitudes Test: An index of the symptoms of anorexia nervosa. *Psychological Medicine*, 9, 237-279.
- Halmi, K. A., Falk, J. R., & Schwartz, E. (1981). Binge-eating and vomiting: A survey of a college publication. *Psychological Medicine*, 11, 697-706.
- Halmi, K. A., Goldberg, S. C., Casper, R. C., Eckert, E., & Davis, J. M. (1979). Pretreatment predictors of outcome in anorexia nervosa. *British Journal of Psychiatry*, 134, 71-78.
- MacCara, M. (1982). The uses and abuses of laxatives. *CMA Journal*, 126, 780-782.
- Mitchell, J. E., Boutacoff, L. I., Hatsukami, D., Pyle, R., & Eckert, E. D. (1986). Laxative abuse as a variant of bulimia. *Journal of Nervous and Mental Disease*, 174, 174-176.
- Muni-Brander, P., & Lachenmeyer, J. (in press). Eating disorders in a nonclinical adolescent population. *Adolescence*.