

Mortality in eating disorders

Death from mental disorders rank among the most substantial causes of death worldwide (1). Eating disorders are universally reported to have among the highest mortality and suicide rates in mental health (2,3). Closing the mortality gap in mental illness is a national priority (4).

The high risk to life arises from intentional premature death by suicide and unintentional premature death as an outcome of medical compromise and/or mental health complications (5).

There is limited detailed international and Australian mortality research into mental health factors that elevate risk of life from an eating disorder, including preventable factors.

This study aims to bridge this critical knowledge gap by investigating coronial records for this high-risk population.

Research aims

1. To identify the complex range of individual health, social and systemic characteristics associated with unintentional and intentional eating disorder-related deaths; and
2. To identify themes and causes of mortality in eating disorders.

This is the first part of a larger study with the aim of developing a mortality risk profile for the major eating disorder diagnostic categories for the Australian population.

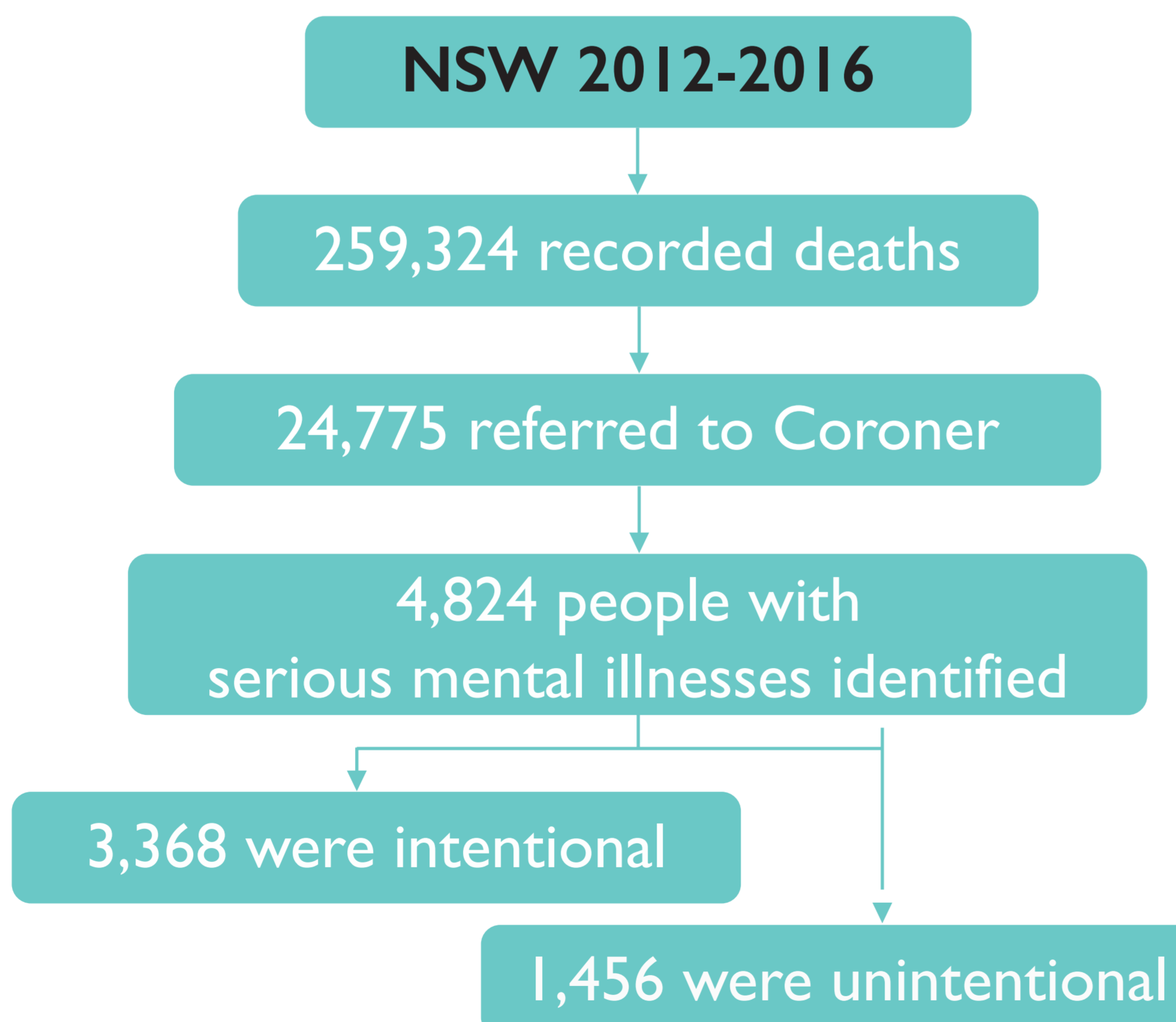
Methodology

The National Coronial Information System (NCIS) holds records for all unexpected or unnatural deaths investigated by the Coroner in Australia.

This study identified all deaths associated with an eating disorder that occurred between 2012-2016 in New South Wales (NSW), Australia, in the NCIS using an established methodology and iterative systematic text-based search (study investigator Smith-Merry, 6), and rich data was extracted.

Data sources include:

- o Extensive demographics - NCIS profile
- o Circumstances of death - Police report
- o Causes of death - Autopsy report
- o Toxicology - Toxicology report



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Initial findings

This is an initial presentation of findings from a larger ongoing study.

From the 4,824 people identified with a serious mental illness within the NCIS, 40 people (0.8%) had a documented experience with an eating disorder as part of their life experience and illness profile.

The age range of the person when they died was vast, between 15 and 88 years, with the mean age of 42.7 years.

Eighty seven percent of the people were female.

- o Eleven people lost their lives due to alcohol or drugs, illicit and prescribed.
- o Ten people took their own life.
- o Nine people passed from malnutrition.
- o Five people experienced fatal cardiac or gastro-intestinal problems.
- o Five people sustained head injuries or trauma.

There were some life experiences that were common to the group:

- o A large proportion of people who died were not engaged with health services at the time of death
- o The majority had a range of health issues
- o There were high levels of drug and alcohol problems, including side effects from common and prescribed medications which may have caused changes in metabolism
- o There were low levels of employment
- o Many were living socially isolated lives

Next steps

These initial findings highlight that we must rethink our strategies for the care of people living with an eating disorder to include long-term follow up after treatment and how to support people at danger of becoming disengaged with health services and social support systems. We need to learn more about suicide risk factors, toxicology impacts of prescribed medication and illicit drug use for people with an eating disorder, and contribute not only to the knowledge of medical implications of an eating disorder but also the risks of mental health conditions.

This body of research aims to draw from Australian data and expertise to serve a critical gap in knowledge right at the time when our country is beginning to address mental health mortality in a more systematic way.

We hope this knowledge will contribute to the work aimed at supporting those most at risk and to prevent premature loss of life relating to an eating disorder.

This study pays respect to the people who have lost their lives too soon due to a lived experience of an eating disorder, and their families and friends.

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