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TITLE: Association of Family History of Schizophrenia with Clinical Features in Eating Disorders

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ABSTRACT:

Abstracts are limited to 250 words

Large-scale family studies on the co-aggregation of eating disorders (EDs) and schizophrenia have revealed shared genetic and environment factors between these conditions. However, the etiological and clinical relationships between schizophrenia and EDs remain unclear. To determine whether a family history of schizophrenia influences the clinical course of EDs, we conducted a cohort evaluation of family histories of schizophrenia in individuals born in Sweden between 1977 and 2003 who have ever received diagnoses for anorexia nervosa (AN) or other EDs (OED: bulimia nervosa, binge-eating disorder, and EDs not otherwise specified). In individuals with OED, the presence of schizophrenia in first degree relatives was associated with an increased risk for comorbid anxiety (hazard ratio[HR]=1.36; 95%CI=1.11-1.67) and obsessive-compulsive disorder (HR=1.59; 95%CI=1.08-2.36). Similarly, in individuals with AN,

schizophrenia in first degree relatives was associated with an increased risk for anxiety (HR=1.47; 95%CI=1.07-2.01) but not OCD (HR=1.01; 95%CI=0.51-2.01). Individuals with OED who have first degree relatives with schizophrenia tend to receive more total diagnoses (incidence rate ratio[IRR]=1.26; 95%CI=1.23-1.28) and unique diagnoses (IRR=1.24; 95%CI=1.08-1.41) and have more suicide attempts (IRR=1.70; 95%CI=1.05-2.76). However, this was not observed in individuals with AN. Having any first-, second-, or third degree relative with schizophrenia resulted in a similar pattern of associations but of lesser magnitude compared with having schizophrenia in first degree relatives. These findings may provide new insights into the different manifestations of EDs and potentially influence treatment for individuals with first degree relatives with schizophrenia. Further analyses will explore whether molecular genetic risk for schizophrenia influences ED course.

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