Nature, Nurture, and Treatment Specificity

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This November issue of *Psychiatric Annals* features a comprehensive review of eating disorders, guest edited by Katherine A. Halmi, MD. As I read through the discussion of epigenetically triggered familial-genetic endophenotypes, imaging findings, and studies of cognitive functions across a spectrum of disorder, I noted a familiar pattern to that of bipolar disorder, schizophrenia, and mood disorders. I saw evidence of familial-genetic vulnerability, similar patterns of brain circuitry function, and similar neurocognitive functioning deficits within each subtype of the category.

In the summary of effective treatments, I learned that family-based therapy, cognitive-based therapies, and selective serotonin reuptake inhibitors (SSRIs) have been proven helpful for various aspects of these related syndromes. There is a discussion of the role of anxiety, in this case related to food and perception of body image and obsessional processes. There is a significant frequency of suicide, common across all the major disorders.

Certainly, eating disorders present unique clinical issues that require specific attention in the treatment arena. However, the similarities in effective treatments seem to outweigh the specific differences. Although SSRIs, cognitive- and family-based therapies have proven helpful across a spectrum of disorders, our diagnostic systems separate disorders by symptom patterns, course, outcome, and treatment response, but comorbidity with anxiety, depression, and substance dependence is common. This tends to blur and homogenize what at first seem like specific syndromes.

I wonder whether research will find specific syndrome-related points of intervention, or, when taking comorbidity into account, whether it means we are dealing with a series of overlapping spectrums of disorders, etiologies, and treatments. If that is the case, perhaps we can hope for specific treatments, rather than settle for combinations of treatments, with mechanisms that address various clusters of unique psychopathological processes across diagnostic syndromes.

It seems we need new research paradigms to move toward the resolution of this question. Maybe using the research domain criteria (RDoC) format proposed by the leadership of the National Institute of Mental Health, which involves looking for correlations of variables from various domains (eg, genetics, imaging findings) with selected endophenotypes (impulsivity, negative affect), rather than categorical diagnoses, would help. Such new paradigms may clarify this issue and streamline diagnosis and treatment.

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