Introduction 3

S.		Bernasconi
L.		Ghizzoni

Department of Paediatrics, University of Parma, Italy

This session was opened with the plenary lecture by Sternberg. She discussed the interactions between activation of the stress response and the functions of the immune system, shedding light on the pathological processes that may be operating through this mechanism.

The workshop, Stress and Eating Disorders: Basic and Clinical Aspects, was divided into two sections, beginning with the basic and physiological aspects of the stress response and moving on to the treatment of anorectic patients.

In the first section, Chrousos pointed out that the stress system is an extremely complex network. Major centres of this system are represented by hypothalamic corticotro-phin-releasing hormone (CRH) neurons of the paraven-tricular nucleus and the catecholaminergic neurons of the locus ceruleus and other cell groups of the medulla and pons. These centres are anatomically and functionally connected through various feedback mechanisms. The peripheral limbs of the stress system are represented by the hypothalamic-pituitary-adrenal (HPA) axis and the autonomic sympathetic system. Chrousos emphasized the importance of a normally functioning stress system during development and for self-preservation, and mentioned numerous disorders that have been associated with the dysregulation of the system [1]. Psychosocial dwarf-ism and hypothalamic amenorrhea were presented as the most clinically relevant examples of stress-induced suppression of growth hormone and gonadotropin secretion, respectively. In addition, the effects of chronic activation of the HPA axis on immune function, were discussed.

Gold's review focused particularly on the neuroendo-crine features of psychiatric disorders, such as depression and anorexia nervosa [2]. These diseases, together with obsessive compulsive disorders, chronic alcoholism, and childhood sexual abuse, are characterized by long-term hyperactivity of the HPA axis, as demonstrated by acute stimulation with CRH.

Since adolescence has been defined as a chronic state of threatened homeostasis, dysregulation of the stress system could be the reason behind the emergence of disorders such as anorexia nervosa and schizophrenia during this period.

In the second section, Steinhausen discussed the general principles for the treatment of anorexia nervosa. The most important concept mentioned was that anorexia, being a multidetermined condition, is most effectively treated using a multimodal approach including, for example, diet, behavioural contracts and individual and family psychotherapy. It is disappointingly clear, however, that in about 20% of such patients, these therapeutic interventions are unsuccessful and the disorder becomes chronic [3].

In conclusion, a clear link between neuroendocrine abnormalities and psychosocial disturbances has emerged from the work of Chrousos and Gold that can help us, in the future, to identify the molecular defects and provide adequate therapeutic approaches to disorders, such as anorexia

nervosa that, as clearly outlined by Steinhausen, have a variable course and uncertain long-term treatment.

References 1 Chrousos GP, Gold PW: The concept of stress system disorders: Overview of behavioural and physical homeostasis. JAMA 1992;267:1244-1252.

Gold PW, Gwirtsman H, Avgerinos PC, Nierenman LK, Gallucci WT, Kaye W, Jimerson D, Ebert M, Rittmaster R, Loriaux LD, Chrousos GP: Abnormal hypothalamic-pituitary-adrenal function in anorexia nervosa. N Engl J Med 1986;314:1355-1360.

Steinhausen H-C, Seidel R: Outcome in adolescent eating disorders. Int J Eat Disord 1993; 14: 487-496.

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