Folate and Vitamin B_{12} in Eating Disorders

SIR: We investigated serum folate and vitamin B_{12} in a series of patients with eating disorders in comparison with an age-matched group of normal subjects, and examined the relationship between their deficiency and the presence of depressive symptoms and weight loss. Forty-five female anorectic outpatients (cross-section study), nine of whom were in-patients (longitudinal study) were studied. Folate and vitamin B_{12} levels in this group were compared with their levels in 7 normal weight bulimic patients and 14 normal controls. Anorectic patients showed severe folate deficiency (less than 1.0 ng/ml) in 37% of cases, a significantly greater rate than that of bulimic patients (14%) and normal controls (11%) ($P<0.01$). There were no significant differences between rates of vitamin B_{12} deficiency (less than 150 pg/ml) between anorectics (22%), bulimic patients (14%) and normal controls (11%). Fifteen anorectic patients who were assessed to have mild depression (Hamilton Rating Scale score of 10 or above) showed a trend for lower folate concentrations than those with HRS less than 10 ($P<0.07$). There was no association between folate levels and weight in the anorectic group. Patients studied in series showed an increase in folate levels in association with their increased weight and fewer depressive symptoms. In one patient who had 10 folate estimations there was a significant correlation between folate levels and HRS scores ($r=-0.7$, $P<0.05$). Anorectic patients who were receiving psychotropic medication had a significantly greater rate of folate deficiency than those who were drug-free, an association that was mediated by greater affective morbidity exhibited by the former group. These findings further confirm the association of folate deficiency and depressive symptoms in a group of patients with anorexia nervosa, highlighting the role of folate in the regulation of mood (Reynolds & Stramentinoli, 1983; Abou-Saleh & Coppen, 1986).

M. T. ABOU-SALEH

University of Liverpool
P.O. Box 147
Liverpool L69 3BX

K. O. CHUNG-A-ON

University of Surrey
Guildford, Surrey

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Koro in an Israeli Man

SIR: I read with interest the Modai *et al* Case Report (*Journal*, October 1986, **149**, 503–506), adding another patient to the literature of Koro among non-Chinese subjects. These authors stated that there are only eight case reports of Koro from the Western hemisphere. I wonder what is the demarcation of their western hemisphere, because in 1984 features of Koro-like symptoms among 16 subjects culturally unrelated to China or Indonesia were discussed by Berrios & Morley (1984). Since then five more patients have been reported: (Ang & Weller, 1984; Emsley 1985; Moodley, 1985; Oyebode *et al*, 1986) making a total of 21. Even though Modai *et al* presented a primary Koro patient, I am not convinced of the typicalness of their patient: because of 22 non-Chinese subjects (including the authors' case) only Barrett's (1978) patient presented with all Koro symptoms i.e., (1) shrinking of the penis; (2) into the abdomen; (3) associated with fear of death. Lapierre's (1972) patient presented with shrinking of penis associated with fear of death and the remaining 20 patients presented with only shrinking of the penis.

H. V. KUMAR

St. Brendan's Hospital
Dublin 7

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