

Impact of binge eating disorder in the psychopathological profile of obese women

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Abstract

Objective: Our objective was to evaluate the psychopathological profile of obese women with binge eating disorder (BED) using the Symptom Checklist-90 (SCL-90).

Methods: Two hundred twelve obese women who seek for weight loss treatment were sequentially selected to participate in the study. Binge eating disorder was diagnosed using the Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Binge eating disorder severity was assessed using Binge Eating Scale. Depressive symptoms were assessed using Beck Depression Inventory. The psychopathological profile was assessed using the SCL-90.

Results: Binge eating disorder was diagnosed in 54 patients (26.6%). Obese patients with BED presented significant higher scores in all domains of SCL-90 ($P < .05$ for all) in comparison with obese patients without BED. A significant relationship was found among Binge Eating Scale, Beck Depression Inventory, and all domains of the SCL-90 ($P < .05$ for all). After linear regression, obsessivity-compulsivity ($P = .03$), interpersonal sensitivity ($P = .0064$), paranoid ideas ($P = .03$), and psychoticism ($P = .01$) were independently related to the severity of BED.

Conclusion: Obese women with BED presented a more severe psychopathological profile than obese controls. Among all, obsessivity-compulsivity, interpersonal sensitivity, paranoid ideas, and psychoticism seem to be strongly linked to BED severity.

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1. Introduction

The prevalence of obesity has increased substantially in the last 30 years. Recent data indicate that approximately 20% of Brazilian men and 25% of Brazilian women 20 to 59 years old are obese [1]. One possible explanation for this obesity epidemic includes several social changes that induce physical inactivity and increased feeding [2]. Some factors could ease weight gain, which defines obesity as a multifactorial disease: (1) genetic factors have permissive action on the environmental factors (susceptibility genes); (2) environmental factors, such as sedentarism and bad eating

habits; (3) psychogenic, psychosocial, and cultural factors that define psychogenic obesity [3]. The presence of weight excess is associated with several medical comorbidities. Although clinical comorbidities (ie, diabetes mellitus, dyslipidemia, hypertension, among others) are well known, psychiatric comorbidities are still a matter of debate. Evidence can be found demonstrating that obesity and psychopathology are related, whereas a few articles also suggest that no correlation exists between them [4].

Binge eating disorder (BED) is a psychiatric disorder characterized by episodic uncontrolled consumption of large amounts of food in the absence of inappropriate compensatory methods that characterize bulimia nervosa. The provisional criteria for BED, which have been included in *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, Appendix B, state that the individual must experience significant distress related to

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binge eating and must endorse several behavioral indicators of loss of control [5].

Binge Eating Disorder is the most common eating disorder found in obese patients. The prevalence of BED ranges from approximately 0.3% to 7% in community samples to between 9% and 30% in obesity clinics, and from 9% to 47% among bariatric surgery patients [6–8]. In the Brazilian population, obese patients with BED were significantly more likely to meet criteria for a lifetime diagnosis of any Axis I disorder, any mood disorder (including current or past major depressive disorder), and any anxiety disorder [9]. In addition, BED was already associated with an increased body mass index (BMI) [10]. For instance, Gruzca et al [8] confirmed the strong association between weight category and BED. Nearly 70% of binge eater subjects report BMI of 30 and above, whereas slightly fewer than 30% of non-binge eaters reported comparable BMI.

The Symptom Checklist-90 (SCL-90) is a self-report, multidimensional scale idealized by Derogatis et al [11]. The use of SCL-90 allows the assessment of a broad spectrum of psychological problems and psychopathological symptoms. According to Derogatis and Lazarus [12], SCL-90 could be used by psychologists and psychiatrists in mental health, medical and educational establishments, or research as a tool to evaluate symptoms intensity and its dimension. This scale is a self-report and multidimensional instrument with 90 items organized in 9 dimensions to assess primary psychopathologies and 3 global pathology indexes, which reflect psychopathological profile of the respondent [11,13].

The aim of this study is to investigate the psychopathological profile of obese patients with BED using the SCL-90.

2. Methods

2.1. Participants

Two hundred twelve women with obesity (BMI ≥ 30 kg/m²) who seek treatment for weight excess were sequentially evaluated in the Grupo de Obesidade e Transtornos Alimentares of the Instituto Estadual de Diabetes e Endocrinologia do Rio de Janeiro. The protocol was approved by the Ethics in Research Committee of this institution. All the participants gave written informed consent before their inclusion in the study.

The exclusion criteria in the study were the following: patients with insufficient educational level for understanding the scales, patients with type 2 diabetes, organic disease that were associated with obesity (including overt hypothyroidism and Cushing syndrome, among others), history of bariatric surgery, psychiatric diseases under pharmacological treatment or any other condition that, in the researcher opinion, might have compromised the filling or the understanding of the scales.

2.2. Anthropometric evaluation

All participants had the following anthropometrical data registered: body weight (kg), height (m), and BMI. Body Mass Index was calculated as weight in kilograms divided by the square of height in meters (kg/m²).

2.3. Social demographic factors

Initially, all participants were examined using a socio-demographic questionnaire. The educational level was rated as the total number of years of formal education completed by each patient. Marital status of individuals was rated as either married (living with someone else) or unmarried (living unaccompanied). Familiar income was rated as the number of the Brazilian minimum salary, which currently corresponds to 150 US dollars.

2.4. Psychopathological evaluation

The diagnosis of BED was made by experienced psychiatrists (JF, MP, and JCA) using the Portuguese version of the Structured Clinical Interview for *DSM-IV* [14].

The severity of depressive symptoms was assessed using the Beck Depression Inventory (BDI). The Portuguese version of the BDI used in this study has been validated in nonclinical populations [15].

The severity of binge eating was assessed using the Portuguese version of Binge Eating Scale (BES) [16]. The BES is a scale with 16 items and 62 sentences. Each sentence is classified according to gravity (0 to 3). Final score is constituted adding up results. The Portuguese version of BES has already been validated in our population [17,18].

The SCL-90 is a multidimensional inventory projected to evaluate a wide spectrum of psychological problems and psychopathological symptoms [19]. It is composed of 90 items, which might be answered according to a 5-point scale, graded from 0 to 4, from “none” to “extremely.” This scale has 9 primary domains of symptoms: somatization (S), obsessivity-compulsivity (OC), interpersonal sensitivity (SI), depression (D), anxiety (An), hostility (H), phobic anxiety (FA), paranoid ideas (PI), and psychoticism (Os). They are used for the calculation of the Global Severity Index (GSI). The SCL-90 has been already translated into Portuguese and used in a Brazilian population [13].

2.5. Statistical analysis

Data were evaluated using GraphPad InStat 3.00 program to Windows 95 (GraphPad Software, San Diego, CA). Comparison among different groups was done with Student *t* test for parametric variables and Mann-Whitney for the analysis of nonparametric variables. Correlation analysis was done using Pearson test for parametric variables and Spearman test for nonparametric variables. Linear regression was used to identify the impact of independent variables in all domains of SCL-90. Two-tailed

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