



# Eating Disorder Examination Questionnaire (EDE-Q): Norms for undergraduate men

Jason M. Lavender<sup>\*</sup>, Kyle P. De Young, Drew A. Anderson

Department of Psychology, University at Albany, State University of New York, 1400 Washington Avenue, Albany, NY, 12222, USA

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## ABSTRACT

Normative data on the Eating Disorder Examination Questionnaire for samples of undergraduate men in the United States are presented. Participants were 404 undergraduate men aged 18–26 who completed the EDE-Q as part of two larger survey studies. Mean scores, standard deviations, and percentile ranks for the Global score and four subscale scores are provided. Data regarding the frequency of objective binge eating episodes and compensatory behaviors also are reported. Although the overall prevalence of full threshold eating disorders remains lower in men than in women, body dissatisfaction and disordered eating behaviors are fairly common among young men. These results will help researchers and clinicians interpret the EDE-Q scores of undergraduate men.

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## 1. Introduction

The Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994, 2008), derived from the Eating Disorder Examination (EDE) interview (Fairburn & Cooper, 1993; Fairburn, Cooper, & O'Connor, 2008) is one of the most widely utilized self-report measures of disordered eating. The EDE-Q is a popular alternative to the EDE, due in part to the extensive training required to administer the EDE and the substantial resources needed to assess large samples (Luce, Crowther, & Pole, 2008; Wilfley, Schwartz, Spurrell, & Fairburn, 1997). Numerous studies have revealed good convergence of the EDE and EDE-Q in community and clinical samples (Binford, Le Grange, & Jellar, 2005; Grilo, Masheb, & Wilson, 2001; Mond, Rodgers, Hay, Owen, & Beumont, 2004; Wilfley et al., 1997), although individuals tend to endorse higher rates of objective binge eating on the EDE-Q (Fairburn & Beglin, 1994; Wolk, Loeb, & Walsh, 2005).

Normative data are necessary for appropriate interpretation of scores on measures such as the EDE-Q. While norms for the EDE-Q among adolescent girls and women are available (Carter, Stewart, & Fairburn, 2001; Luce et al., 2008; Mond, Hay, Rodgers, & Owen, 2006), norms for young men have not been published. Although the prevalence of full threshold bulimia nervosa and anorexia nervosa remains lower in men than women, the gender difference in the prevalence of binge eating disorder is comparatively small (Striegel-Moore & Franko, 2003). Furthermore, many young men report body dissatisfaction, which may place them at risk for disordered eating (Ricciardelli & McCabe, 2004).

Men with eating disorders have been the focus of numerous studies. For example, Braun, Sunday, Huang and Halmi (1999) reported on a

sample of men and women admitted to an inpatient eating disorder service over a thirteen-year period. Overall, the authors noted that men and women were more similar than dissimilar in terms of core eating disorder attitudes and behaviors. Results from other studies support this notion and suggest that men and women exhibit comparable eating disorder symptoms, though they may differ in psychiatric comorbidity and in the frequency of certain compensatory behaviors (Carlat, Camargo, & Herzog, 1997; Olivardia, Pope, Mangweth, & Hudson, 1995; Striegel-Moore et al., 2009; Woodside et al., 2001).

Studies have reported that the average age of onset of eating disorders in men is approximately 19–20 years (Braun et al., 1999; Carlat et al., 1997), suggesting that college-aged men may be at risk for developing eating disorders. Undergraduate men involved in athletic activities that stress weight control (e.g., wrestling) may be particularly vulnerable (Braun et al., 1999). The aim of the present research was therefore to provide EDE-Q norms for undergraduate men, which may be useful to researchers and clinicians seeking to assess eating pathology among members of this population.

## 2. Method

Undergraduate men ( $N = 404$ ) from a Northeastern university who were enrolled in an introductory-level psychology course participated in one of two studies that administered the EDE-Q (De Young & Anderson, 2010; Lavender & Anderson, in press). Participants had a mean age of  $19.02 \pm 1.41$  years and BMI of  $25.26 \pm 4.23$  kg/m<sup>2</sup>. A total of 67.8% identified themselves as Caucasian, 10.6% as African American, 7.9% as Latino American, 7.7% as Asian American, and 5.9% as other/missing. Independent samples *t*-tests revealed no significant differences in age and BMI between the two samples, and a chi-square analysis revealed no significant differences in ethnic composition.

<sup>\*</sup> Corresponding author. Tel.: +1 518 442 4851; fax: +1 518 442 4867.  
E-mail address: j1979833@albany.edu (J.M. Lavender).

The EDE-Q is a self-report questionnaire that assesses disordered eating attitudes and behaviors over the previous 28 days. The measure provides a Global score and four subscale scores: Restraint, Eating Concern, Shape Concern, and Weight Concern. Responses are on a 7-point scale, and higher scores reflect greater eating-related pathology. Frequencies of disordered eating behaviors including binge eating and various compensatory behaviors also are assessed. In this study, Cronbach's alpha was .93 for the global score, .78 for the restraint subscale, .78 for the eating concern subscale, .89 for the shape concern subscale, and .80 for the weight concern subscale.

### 2.1. Data analyses

To assess the similarity of male norms obtained from the present sample to norms published for undergraduate women by Luce et al. (2008) and the 18–22 age group of women reported by Mond et al. (2006), *z*-tests were conducted comparing the proportions of individuals who reported each eating disorder behavior. Independent samples *t*-tests were used to compare the global and subscale scores in this study to those of the comparison studies. Both of these were two-tailed tests with a Bonferroni-corrected *p*-value set at .005 for significance.

## 3. Results

Only 0.003% of item responses necessary for calculating the EDE-Q subscale and global scores were missing. Subscale scores were calculated by averaging the available item responses when less than half of the relevant items were missing (Fairburn & Cooper, 1993; Mond et al., 2006). Failure to respond to a behavioral item was interpreted as non-endorsement of the particular behavior (Mond et al., 2006).

Table 1 presents the EDE-Q global and subscale score means, standard deviations, and percentile ranks. Prior EDE-Q norms studies utilized a cut-off of  $\geq 4$  as a marker of clinical significance. Using this cut-off, 2.2% of men scored in the clinically significant range on the Restraint subscale, 1.0% on the Eating Concern subscale, 7.7% on the Shape Concern subscale, 3.7% on the Weight Concern subscale, and 1.7% on the Global scale.

Table 2 presents the percentages of men who reported any occurrence or regular occurrence of disordered eating behaviors.

**Table 1**  
EDE-Q means, standard deviations, and percentile ranks for EDE-Q global and subscale scores for undergraduate men ( $N = 404$ ).

	Restraint	Eating concern	Shape concern	Weight concern	Global score
Mean (SD)	1.04 (1.19)	0.43 (0.77)	1.59 (1.38)	1.29 (1.27)	1.09 (1.0)
Percentile rank					
5	–	–	–	–	–
10	–	–	0.13	–	0.06
15	–	–	0.25	–	0.14
20	–	–	0.38	0.20	0.21
25	–	–	0.50	0.20	0.30
30	–	–	0.63	0.40	0.38
35	0.20	–	0.75	0.60	0.47
40	0.40	–	1.00	0.60	0.62
45	0.60	–	1.13	0.80	0.73
50	0.60	–	1.25	1.00	0.84
55	0.80	0.20	1.38	1.20	0.95
60	1.00	0.20	1.63	1.20	1.09
65	1.20	0.20	1.75	1.40	1.22
70	1.40	0.40	2.00	1.80	1.37
75	1.60	0.60	2.38	2.00	1.59
80	2.00	0.80	2.63	2.40	1.83
85	2.40	1.00	3.16	2.80	2.08
90	2.80	1.20	3.63	3.20	2.55
95	3.60	2.20	4.38	3.80	3.16
99	5.19	3.98	5.74	5.39	4.30

**Table 2**  
Proportion of men engaging in disordered eating behaviors.

Disordered eating behavior	Any occurrence (%)	Regular occurrence (%)
Objective binge episodes	25.0	7.9
Excessive exercise	31.4	4.5
Dietary restraint	24.0	5.0
Self-induced vomiting	3.2	1.2
Laxative misuse	2.7	0.25

Note. Regular occurrence of excessive exercise was defined as exercising in a driven or compulsive way as a means of controlling weight, shape or amount of fat, or burning off calories for  $\geq 20$  days over the past 28 days. Regular occurrence of dietary restraint was defined as going for long periods of time (8 h) without eating anything to influence shape or weight for  $\geq 13$  days over the past 28 days. For all other behaviors, regular occurrence was defined as  $\geq 4$  occurrences over the past 28 days.

Approximately one-quarter of the sample reported at least one objective eating binge and one episode of dietary restraint during the previous 4 weeks. Nearly one-third of the sample reported at least one episode of excessive exercise. The percentage of men reporting purging behaviors was fairly small. BMI was found to be positively associated with EDE-Q scores: Restraint ( $r = .32, p < .001$ ), Eating Concern ( $r = .25, p < .001$ ), Shape Concern ( $r = .39, p < .001$ ), Weight Concern ( $r = .39, p < .001$ ), and Global score ( $r = .40, p < .001$ ).

There were no differences between the proportion of men in this study and the proportion of undergraduate women in Luce et al's (2008) study for binge eating (25.0% versus 21.3%, respectively;  $z = 1.25, p > .005$ ), excessive exercise (31.4% versus 30.8%, respectively;  $z = 0.17, p > .005$ ), or dietary restraint (24.0% versus 25.9%, respectively;  $z = -.61, p > .005$ ). However, men endorsed significantly lower rates of purging compared to women (self-induced vomiting: 3.2% versus 8.8%, respectively;  $z = -3.45, p < .005$ ; laxative misuse: 2.7% versus 8.3%, respectively;  $z = -3.59, p < .005$ ).

There were no differences between men in this study and women in the 18–22 age group from Mond et al's (2006) study for rates of binge eating (25.0% versus 20.7%, respectively;  $z = 1.60, p > .005$ ), excessive exercise (31.4% versus 34.5%, respectively;  $z = -0.93, p > .005$ ), or purging (self-induced vomiting: 3.2% versus 4.8%, respectively;  $z = -1.32, p > .005$ ; laxative misuse: 2.7% versus 1.3%, respectively;  $z = 1.90, p > .005$ ). However, men reported significantly higher rates of dietary restraint compared to women (24.0% versus 4.7%, respectively;  $z = 10.80, p < .005$ ).

Additional significant differences emerged for global and subscale scores. Men scored lower on the global scale than women in Luce et al's (2008) study ( $t_{(1125)} = -8.71, p < .005; d = -0.54$ ) and Mond et al's (2006) study ( $t_{(1588)} = -6.96, p < .005; d = -0.40$ ). They also scored lower on the Restraint subscale (Luce et al.:  $t_{(1125)} = -6.55, p < .005; d = -0.41$ ; Mond et al.:  $t_{(1588)} = -3.20, p < .005; d = -0.18$ ), Eating Concerns subscale (Luce et al.:  $t_{(1125)} = -10.93, p < .005; d = -0.68$ ; Mond et al.:  $t_{(1588)} = -7.27, p < .005; d = -0.42$ ), Shape Concerns subscale (Luce et al.:  $t_{(1125)} = -7.37, p < .005; d = -0.46$ ; Mond et al.:  $t_{(1588)} = -7.55, p < .005; d = -0.44$ ), and Weight Concerns subscale (Luce et al.:  $t_{(1125)} = -7.48, p < .005; d = -0.46$ ; Mond et al.:  $t_{(1588)} = -6.84, p < .005; d = -0.39$ ). As indicated by Cohen's *d*'s, these differences ranged from small to medium-sized effects.

## 4. Discussion

This study found that one in four men reported objective binge eating and purposefully going without food for weight or shape reasons for at least 8 waking hours over the prior 4 weeks. In addition, over 30% of men endorsed engaging in "driven" or "compulsive" exercise. Rates of purging were substantially lower.

Two other published studies have reported EDE-Q norms for young women, and thus represent a source for comparison to the present study. Luce et al. (2008) examined EDE-Q norms in undergraduate women while Mond et al. (2006) did so in a large

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