

Bulimia nervosa in overweight and normal-weight women

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Abstract

The aim of the present study was to examine overweight bulimia nervosa (BN) in a community sample of women. Volunteers ($n = 1964$) completed self-report questionnaires of weight, binge eating, purging, and cognitive features. Participants were classified as overweight (body mass index ≥ 25) or normal weight (body mass index < 25). Rates of BN within the overweight and normal-weight classes did not differ (6.4% vs 7.9%). Of the 131 participants identified as BN, 64% ($n = 84$) were classified as overweight BN and 36% ($n = 47$) as normal-weight BN. The overweight BN group had a greater proportion of ethnic minorities and reported significantly less restraint than the normal-weight BN group. Otherwise, the 2 groups reported similarly, even in terms of purging and depression. In summary, rates of BN did not differ between overweight and normal-weight women. Among BN participants, the majority (two thirds) were overweight. Differences in ethnicity and restraint, but little else, were found between overweight and normal-weight BN. Findings from the present study should serve to increase awareness of the weight range and ethnic diversity of BN, and highlight the need to address weight and cultural sensitivity in the identification and treatment of eating disorders.

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1. Introduction

According to the *Diagnostic and Statistical Manual Of Mental Disorders, Fourth Edition (DSM-IV)* and the *DSM-IV-Text Revision (DSM-IV-TR)*, the two prominent behavioral features of bulimia nervosa (BN) include recurrent episodes of binge eating and recurrent episodes of inappropriate compensatory behavior to prevent weight gain (eg, self-induced vomiting; fasting; excessive exercise; or misuse of laxatives, diuretics, enemas, or other medications). Although weight status is not a diagnostic criterion for BN, the *DSM-IV* states that moderate obesity and morbid obesity are uncommon comorbid conditions within this diagnostic group.

There is a substantial body of eating disorder literature in which investigators have examined subgroups of, or groups with many similarities to, patients with BN. This has included comparisons of behavioral and eating disorder-related functioning for individuals with BN and differing histories of anorexia nervosa [1–3], for individuals with BN who use different methods of compensatory behaviors [4],

for individuals who have recurrent episodes of binge eating but not compensatory behaviors (binge eating disorder [5]), for individuals who do not binge eat but do engage in recurrent compensatory behaviors (purging disorder [6]), and for individuals with BN who have personality disorder or substance abuse comorbidities [7,8]. Thus, much has been learned about the behavioral and eating disorder pathology of individuals with BN or behaviorally similar eating disorders in relation to eating disorder history, method and presence of compensatory behaviors, and presence of binge eating and other comorbidities.

Despite the rapid escalation in rates of overweight and obesity in the general population since the publications of *DSM-IV* and *DSM-IV-TR*, only one study to date has examined comorbid overweight or obesity among individuals with BN [9]. In 1990, Mitchell and colleagues [9] found that only a small percentage (4.2%) of clinic patients with BN were also overweight and that this subgroup differed considerably from patients with normal-weight BN. The aim of the present study was to examine overweight in a community sample of women with BN. Overweight and normal-weight community volunteers who self-reported symptoms consistent with a diagnosis of BN were compared on rates of diagnosis, demography, diagnostic criteria, and associated clinical features. We hypothesized that an overweight subgroup of women with BN would be well

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represented and that this group would report greater levels of binge eating, lower levels of purging, and similar levels of severity for the clinical eating disorder features in comparison to a normal-weight group of women with BN.

2. Method and procedures

2.1. Participants

Participants were 1964 community women (18 years or older) who completed a battery of questionnaires online in response to advertisements requesting participation in a research study on eating and dieting. Participants were identified for the present study if they (1) were normal or overweight defined as a body mass index (BMI) of greater than or equal to 18.5 ($n = 1897$ of 1964) and (2) met modified criteria for BN (binge eating and purging at least once per week for the past 28 days, and overvaluation of body shape/weight at an intensity of “moderately” or greater on the Eating Disorder Examination-Questionnaire described in greater detail below; $n = 131$ of 1897). The approach of defining BN with a once-weekly frequency criterion was used because research has consistently supported a broadening of the required frequency criterion from twice weekly to once weekly [10,11].

2.2. Procedure

Advertisements were placed on Craigslist Internet classified ads throughout the United States (eg, New York, Washington DC, San Antonio, Philadelphia, Boston, Baton Rouge, Tulsa, Austin, Oklahoma City, Seattle, San Francisco). Volunteers were sought to complete online questionnaires about dieting, weight concerns, and/or eating habits. Ads contained a link to the online data gathering Web site SurveyMonkey (www.surveymonkey.com). Volunteers were offered a 1 in 20 chance to receive a \$50 gift card in exchange for participation. Participants were required to affirm willingness to participate and to provide informed consent before accessing the questionnaires. Procedures for obtaining consent received approval from the Yale School of Medicine Institutional Review Board. No personal identifying information was collected.

2.3. Assessments and measures

Participants provided basic demographic information, including self-reported height and current weight, and completed the following self-report measures:

The Eating Disorder Examination Questionnaire (EDE-Q) [12], the self-report version of the EDE interview [13], was used in part to create the two study groups based on the three prominent diagnostic features of BN according to the *DSM-IV-TR* [14]: recurrent episodes of binge eating, recurrent episodes of inappropriate compensatory behaviors to avoid weight gain, and self-evaluation unduly influenced by body shape and weight. The EDE-Q focuses on the previous 28 days and

assesses the frequency of binge eating episodes (objective bulimic episodes; ie, eating unusually large amounts of food while experiencing a subjective sense of loss of control), as well as the frequency of purging episodes (self-induced vomiting, and laxative and diuretic misuse). The EDE-Q has received empirical support for identifying binge eating and purging in community studies [15]. In addition, the EDE-Q contains two items that tap overvaluation of body shape/weight (ie, the *DSM-IV-TR* [14] diagnostic criterion “self-evaluation unduly influenced by body shape and weight”). Participants who reported moderate importance or greater (ie, a score of 4 or greater) on either “Has your *shape* influenced how you think about (judge) yourself as a person?” or “Has your *weight* influenced how you think about (judge) yourself as a person?” were considered to meet this criterion, as this methodology has been used in previous studies (eg, Grilo et al [16]). In addition, the EDE-Q generates 4 subscales that reflect the attitudinal features of eating disorders. These are dietary restraint, eating concern, weight concern, and shape concern. The total EDE-Q score represents the average of the four subscales.

The Beck Depression Inventory (BDI) [17] 21-item version is a widely used inventory of the cognitive, affective, and somatic symptoms of depression. Studies have reported adequate internal consistency (coefficient α generally ranges from .73 to .95), acceptable short-term test-retest reliability, and convergent validity [18]. Higher scores reflect greater depressive symptoms.

2.4. Overview of analyses

Descriptive summaries were presented in terms of means and standard deviations, and relative frequencies and percentages for continuous and discrete variables, respectively. Analyses using analysis of variance (ANOVA) and analysis of covariance (ANCOVA) controlling for BMI and ethnicity were conducted to test for differences between groups on diagnostic and clinical features. Correlation analyses were performed between BMI and eating disorder variables within groups.

3. Results

3.1. Rates of overweight and obesity, and BN diagnosis

The prevalence of overweight and obesity in the overall sample ($N = 1897$) was 68.7% with BMI at least 25, 44.9% with BMI at least 30, and 14.4% with BMI at least 40. Among the 1897 women with a BMI of 18.5 or greater, the overall rate of BN was 6.9% ($n = 131$). Rates of BN within each weight classification were 6.4% in the overweight class ($n = 84$ of 1303) and 7.9% in the normal-weight class ($n = 47$ of 594). Overweight and normal-weight classes did not differ in rates of BN ($\chi^2 [1] = 1.36, P = .243$). In the BN subgroup ($n = 131$), the prevalence of overweight and obesity was 64.1% with BMI at least 25, 40.5% with BMI at least 30, and 15.3% with BMI at least 40.

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