



Binge eating and psychological distress: Is the degree of obesity a factor?

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Abstract

The purpose of the present study was to examine whether individuals with Binge Eating Disorder (BED) demonstrate comparable levels of eating pathology and psychological distress independent of weight status. Male and female participants with BED ($N=96$) completed the Questionnaire on Eating and Weight Patterns-Revised; Beck Depression Inventory (BDI), Symptom Checklist (SCL)-90-Revised, and Eating Disorder Inventory-2 (EDI-2). Participants were divided into categories of normal/overweight, obese, and severely obese based on their body mass index (BMI). Analysis of variance was performed using scores on the psychological measures with subjects grouped according to weight status. Participants with BED did not differ on any of the measures of psychological or eating symptoms regardless of weight status. These results replicate and extend previous findings, suggesting that binge eating pathology independent of weight status, accounts for psychological distress among binge eaters.

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A number of studies have found that severity of binge eating is associated with body weight (Brody, Walsh, & Devlin, 1994; de Zwann et al., 1994; Fitzgibbon & Blackman, 2000; Kolotkin, Revis, Kirkley, & Janick, 1987; Spitzer et al., 1992, 1993; Telch, Agras, & Rossiter, 1988; Yanovski, Nelson, Dubbert, & Spitzer, 1993). Specifically, findings from community, clinical and population samples suggest that degree of binge eating increases with body mass index (BMI)

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(Bruce & Agras, 1992; Fairburn, Cooper, Doll, Norman, & O'Conner, 2000; Smith, Marcus, Lewis, Fitzgibbon, & Schreiner, 1998; Striegel-Moore, Wilfley, Pike, Dohm, & Fairburn, 2000). However, other studies have failed to support this association (Goldfein, Walsh, LaChaussee, Kissileff, & Devlin, 1993; Gormally, Black, Daston, & Rardin, 1982; Striegel-Moore, Wilson, Wilfley, Elder, & Brownell, 1998; Wadden, Foster, Letizia, & Wilk, 1993; Wilson, Nonas, & Rosenblum, 1993).

One reason that the research may support the association between obesity and binge eating is that the majority of investigations have been conducted with obese populations (Brody et al., 1994; de Zwann et al., 1994; Goldfein et al., 1993; Gormally et al., 1982; Kolotkin et al., 1987; Striegel-Moore et al., 1998; Telch & Agras, 1988; Wadden et al., 1993; Wilson et al., 1993; Yanovski et al., 1993). Whereas there has been a history of restricting the inclusion criteria to obese individuals without a clear rationale, recent data suggest among both community and clinic studies that many individuals who meet criteria for Binge Eating Disorder (BED) are not obese, and almost half are not even overweight (Barry, Grilio, & Masheb, 2003; Fairburn et al., 2000; Grilo, 2002; Spitzer et al., 1992). Thus, the reliance on obese samples in the study of BED limits the generalizability of findings. More importantly, reliance on only obese samples may obscure important differences among normal weight and obese patients with BED. In fact, it has been suggested that there may be differences in the clinical presentation of eating pathology and psychological distress of BED patients at varying points along the BMI continuum (Brody et al., 1994). Therefore by restricting the range of binge eating samples to obese participants, differences in psychological and eating symptoms may not emerge.

Studies that have found a positive relationship between body weight and severity of binge eating have been significantly larger than used in those that have failed to find this relationship. Sample sizes of studies that have found positive results ranged from 69 (Brody et al., 1994) to almost 2000 participants (Spitzer et al., 1992). Sample sizes used in studies that have failed to find a relationship between weight status and binge eating ranged from 20 (Goldfein et al., 1993) to 132 participants (Wadden et al., 1993). Furthermore, larger sample sizes among those studies that have found a positive relationship between weight and binge eating have included participants with a greater weight range. Body mass indices of participants have been in the moderately to severely obese range (Brody et al., 1994; de Zwann et al., 1994). By comparison, studies that have failed to find a relationship between weight and binge eating have generally been isolated to moderately obese. Across all studies, only one included normal weight binge eaters (Telch et al., 1988). Unfortunately, this study did not examine participants whose BMI was in the lower range of normal weight (BMI<23). Taken together, these results suggest that the larger range used in studies that found a positive relationship between binge eating and weight status may account for the positive association found between weight and binge eating status.

Regardless of weight status, it does appear that increased binge eating is associated with a significant amount of distress and dysfunction (Grilo, 2002; Wilfley, Pike, Dohm, Striegel-Moore, & Fairburn, 2001; Yanovski et al., 1993). It has been suggested that this distress may be better accounted for by the severity of binge eating rather than the degree of obesity. For example, Telch and Agras (1994) compared obese women (BMI>30) diagnosed via self-report with BED. Participants were divided into moderate or severe binge eaters based on their scores on the Binge Eating Scale (Gormally et al., 1982), with higher scores indicating greater severity of binge behavior. Binge eating severity was significantly associated with greater psychological distress, higher depression scores,

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