



Sex differences in psychosocial impairment associated with eating-disordered behavior: What if there aren't any?



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ABSTRACT

Objective: We sought to test the hypothesis that eating-disordered behavior (EDB) is associated with comparable levels of impairment in psychosocial functioning in men and women.

Method: Postal questionnaires that assessed EDB (binge eating, purging, extreme dietary restriction, excessive exercise and weight/shape overvaluation) and psychosocial impairment (general psychological distress, life satisfaction and social support) were completed by a general population sample of men ($n = 957$) and women ($n = 1899$).

Results: Binge eating, purging and overvaluation were associated with comparable levels of psychosocial impairment for both men and women and this was the case for each of the three measures of psychosocial functioning employed. Extreme dietary restriction was associated with greater psychosocial impairment in women than in men, whereas excessive exercise was not associated with psychosocial impairment in either women or men.

Conclusions: There appear to be few differences between men and women in terms of psychosocial impairment associated with EDB. It may no longer be appropriate to base the development of eating disorder prevention programs on the premise that EDB is primarily a problem of women. Health professionals may be more likely to see more men with EDB in their practices in the future.

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1. Introduction

Findings from recent population-based studies suggest that the prevalence of eating-disordered behavior (EDB), namely, binge eating, extreme weight-control behaviors, and key cognitive features, such as the overvaluation of body weight/shape, may be increasing in men (Hay, Mond, Darby, & Buttner, 2008; Mond, Mitchison, & Hay, 2014). Thus, cross-sectional surveys of some 3000 men and women aged 15 years or more (mean in 1995 = 43.4 years, $SD = 19.2$; mean in 2005 = 45.1 years, $SD = 24.5$) conducted in Australia in 1995 and 2005 found that the prevalence of each of the three behaviors assessed – binge eating, purging and extreme dietary restriction – more than doubled in both men and women during this (10-year) period (Hay et al., 2008). Some behaviors, such as binge eating, may now be as common, or nearly as common, in men as in women (Striegel, Bedrosian, Wang, & Schwartz, 2012). Others, such as extreme dietary restriction, likely remain more common in women but may be increasing more rapidly in men (Hay et al., 2008).

Recent research evidence also suggests that men, like women, experience significant distress and disability associated with EDB (Mond et al., 2014; Striegel et al., 2012). Findings that EDB may be associated with comparable levels of psychosocial impairment in men as in women, when taken with evidence for increases in the prevalence of EDB in men, may have public policy implications. For example, there may be a need to give greater attention to the occurrence of EDB in males when developing preventive interventions (Mond et al., 2014). This would be an important shift in the field in that eating disorder prevention programs have, thus far, been developed on the premise that EDB is primarily a problem of women (Stice, Black-Becker, & Yokum, 2013; Wilfley, Agras, & Taylor, 2013). There may also be implications for clinical practice, such as demand for treatment, given that impairment in psychosocial functioning is strongly predictive of help-seeking behavior among individuals with eating disorders and individuals with mental health problems more generally (Mond et al., 2009). For these reasons, it has been suggested that greater priority may need to be given to the inclusion of males in studies of the prevalence and correlates of EDB (Mond et al., 2014; Striegel et al., 2012).

To our knowledge, only three recent studies have examined impairment in psychosocial functioning associated with EDB in population-based samples of men and women. Mond and Hay (2007), in an Australian sample of men and women ($n = 3047$) aged 15 years or

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more (mean = 49.6 years, SD = 18.7), found that participants who reported regular extreme dietary restriction, binge eating or purging, experienced greater impairment in role functioning than individuals who did not report these behaviors and that this was the case for both men and women. Further, women and men who reported regular EDB and weight/shape overvaluation experienced greater impairment than those who reported EDB alone, although impairment was more closely linked to the presence of overvaluation in women. Mitchison and colleagues (Mitchison, Mond, Slewa-Younan, & Hay, 2013), also in an Australian sample of men and women (n = 3034) aged 15 years or more (mean = 45.7 years, SD = 18.9) found that extreme dietary restriction, binge eating, purging and overvaluation, were associated with comparable levels of impairment in quality of life in women and men, with the exception that impairment in mental health associated with overvaluation was greater in women. Striegel et al. (2012) found, in a very large sample of USA employees (n = 46,351) aged 18 to 64 years (mean = 42.16–44.25 years, SD = 10.15–11.28), that participants who reported binge eating experienced significantly greater distress and disability than those who did not. Further, on a range of different measures, impairment associated with binge eating did not differ by sex. No other behaviors were assessed in this study. In all of these studies, men constituted a substantial minority – in excess of one third – of participants reporting EDB.

Findings from these studies suggest that impairment in psychosocial functioning associated with EDB may be similar in men and women, although further research, employing a more comprehensive assessment of EDB, is needed. The goal of the current study was to conduct research of this kind. Specifically, we sought to examine sex differences in psychosocial impairment associated with a broad range of EDB in a large, general population sample of men and women. In view of the paucity of existing evidence, hypotheses were tentatively made, first, that the occurrence of EDB would be associated with significant impairment in psychosocial functioning in both men and women; and second, that EDB would be associated with comparable levels of impairment in men and women, with the possible exception of greater impairment associated with weight/shape overvaluation in women.

2. Method

2.1. Study design and recruitment of participants

Participants were Australian men and women aged 20 to 44 years who completed a postal survey questionnaire in 2006, namely, the Food, Drink, Lifestyle and Wellbeing Survey (FDLWBS) (Lucas, Windsor, Caldwell, & Rodgers, 2010; Van Zutven, Mond, & Rodgers, in press). The questionnaire included measures of EDB, psychosocial functioning, height and weight and socio-demographic information as well as other measures not relevant to the present study which are detailed elsewhere (Lucas et al., 2010; Van Zutven et al., in press).

Questionnaires were posted to 18,000 Australian residents born in 1983–1985, 1973–1975 and 1963–1965, selected at random from the Australian electoral roll (inclusion on the Australian electoral roll is a legal requirement). Questionnaires were sent to an equal number of females and males in each of these subgroups. No remuneration or other incentives to participation were provided. The research was approved by the Australian National University Human Research Ethics Committee (protocol no. 2006/97). Completed questionnaires were received from 2856 individuals (crude response rate = 15.9%), of whom 1899 (66.5%) were females. The demographic characteristics of the study participants are shown in Table 1.

2.2. Study measures

2.2.1. Assessment of EDB

EDB was assessed using the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994; Fairburn & Beglin, 2008), a 36-

Table 1
Demographic characteristics of study participants.

	Women (n = 1899)	Men (n = 957)	Total Sample (n = 2856)
	%	%	%
Sex	65.4	34.6	100
Born in Australia	85.9	85.2	85.6
Married/living as married	52.9	53.1	53.0
Educated beyond year 12	59.3	63.1	60.6
Employed full-time	41.7	71.2	52.0
	Mean (SD)	Mean (SD)	Mean (SD)
Age (years)	31.39 (8.31)	32.74 (8.43)	31.86 (8.37)
BMI (kg/m ²)	24.90 (6.15)	26.68 (5.60)	25.5 (6.02)

item, self-report version of the Eating Disorder Examination interview (EDE; Fairburn & Cooper, 1993) that focuses on the past 28 days. Scores on four subscales (Restraint, Eating Concerns, Weight Concerns and Shape Concerns) and a Global Score are derived from 22 items addressing attitudinal aspects of eating disorder psychopathology (Mond, Hay, Rodgers, & Owen, 2006a). Scores on these items (and subscale scores) range from "0" to "6", with higher scores indicating higher symptom levels. In the current study, as in previous studies (Berg, Peterson, Frazier, & Crow, 2012; Mond, Hay, Rodgers, & Owen, 2007), scores on the Weight and Shape Concerns subscales were highly correlated in both women (r = 0.92) and men (r = 0.89). Hence the items of these scales were combined to form a single, Weight/Shape Concerns subscale. Reliability (Cronbach's alpha) coefficients for the Restraint, Eating Concerns, Weight/Shape Concerns, and Global score, scales in the current study were 0.77, 0.70, 0.92, and 0.92, respectively, for men, and 0.79, 0.82, 0.94, and 0.95, respectively, for women.

Remaining items of the EDE-Q assess the occurrence and frequency of specific EDB, namely, binge eating, self-induced vomiting, laxative misuse and excessive exercise. For binge eating, self-induced vomiting and laxative misuse, "regular" occurrence was defined as, on average, at least weekly during the past four weeks (APA, 2013), whereas regular excessive exercise was defined as "exercising really hard or in a driven or compulsive way as a means of controlling your weight or shape" on average at least five times per week during the past four weeks (Lavender, De Young, & Anderson, 2010; Mond, Hay, Rodgers, & Owen, 2006b; Reas, Øverås, & Rø, 2012). Regular extreme dietary restriction was defined, using an item of the Restraint subscale, as "going for long periods of time (for example, 8 h or more in the daytime) without eating anything at all to control your weight or shape" on average at least three times per week during the past four weeks (Lavender et al., 2010; Mond et al., 2006b; Reas et al., 2012). The overvaluation of weight/shape was defined as a score of 5 or 6 on one or both of the (Weight/Shape Concerns subscale) items addressing this construct (Grilo, Masheb, & White, 2010; Mond et al., 2007).

A high level of agreement between self-report (EDE-Q) and interview (EDE) assessment of attitudinal features, as measured by the EDE-Q subscales, has been demonstrated in various study populations (Berg et al., 2012; Fairburn & Beglin, 1994; Fairburn & Beglin, 2008; Mond, Hay, Rodgers, Owen, & Beumont, 2004), whereas agreement between self-report and interview assessment of EDB has been found to be lower and more variable and this is generally taken to reflect the superiority of interview assessment (Berg et al., 2012; Fairburn & Beglin, 1994; Fairburn & Beglin, 2008; Mond et al., 2004). In particular, the prevalence of binge eating may be overestimated when using self-report assessment due to a tendency for participants to overstate the amount of food consumed and/or the experience of loss of control over eating (APA, 2013; Fairburn & Beglin, 1994; Mond et al., 2004).

2.2.2. Kessler 6-item psychological distress scale (K-6)

The K-6 (Furukawa, Kessler, Slade, & Andrews, 2003; Kessler et al., 2002) is a brief measure of general psychological distress designed to

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