Generic and eating disorder-specific impairment in binge eating disorder with and without overvaluation of weight or shape

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Objective: We sought to elucidate the nature and extent of impairment in quality of life among individuals with binge eating disorder (BED) with and without the overvaluation of weight or shape (“overvaluation”).

Method: Subgroups of women — probable BED with overvaluation (n = 102), probable BED without overvaluation (n = 72), obese individuals reporting no binge eating (“obese control”, n = 40), and “normal weight” individuals reporting no binge eating (“healthy control”, n = 40) — were recruited from a community-based sample in which individuals with eating disorder symptoms were over-represented. They were compared on measures of eating disorder psychopathology and generic and disease-specific measures of quality of life. Scores on these measures among individuals with BED receiving specialist treatment were also considered.

Results: Participants with BED and overvaluation had high levels of eating disorder psychopathology and impairment in both generic and disease-specific quality of life, comparable to those of BED patients receiving specialist treatment, and significantly higher than all other subgroups, whereas participants with BED in the absence of overvaluation did not differ from obese controls on any of these measures.

Conclusion: The findings provide further evidence for the need to consider reference to overvaluation among the diagnostic criteria for BED. The relative merits of the inclusion of overvaluation as a diagnostic criterion or as a diagnostic specifier for BED warrant greater consideration.

In recent years, concerns have been expressed about the lack of reference to the overvaluation of weight and/or shape (“overvaluation”), or a similar cognitive criterion, among the diagnostic criteria for binge eating disorder (BED) (Grilo, 2013). These concerns are based on evidence, from both community and clinical samples, that: (i) individuals with BED or variants of BED who overvalue their weight or shape report high levels of eating disorder and comorbid psychopathology (Goldschmidt et al., 2010; Grilo et al., 2008; Grilo, Masheb, & White, 2010; Mond, Hay, Rodgers, & Owen, 2007a); and (ii) BED in the absence of overvaluation does not appear to be associated with clinically significant levels of distress and disability (Harrison, Mond, Rieger, Hay, & Rodgers, 2015; Mond et al., 2007a). Further, the lack of a cognitive criterion for BED means that criteria for this diagnosis are at odds with those of other eating disorder diagnoses (American Psychiatric Association [APA], 2013). For these reasons, it has been suggested that overvaluation should be included as either a diagnostic criterion, or severity specifier, for BED (Grilo, 2013; Mond, Star, & Hay, 2013). Neither of these options were adopted in DSM-5, presumably because the available evidence was not considered to be sufficiently compelling by the Eating Disorders Work Group (Mond, 2013).

A limitation of existing research concerning the status of BED with and without overvaluation is the failure to adequately describe the nature of the impairment within the respective subgroups (Grilo et al., 2009, 2010). Studies examining impairment in psychosocial functioning associated with BED with and without overvaluation have, thus far, relied on generic measures of health-related quality of life (Harrison et al., 2015; Mond et al., 2007a). These measures assess key areas of the individual’s functioning likely to be impacted by ill-health, such as their physical, emotional, and psychiatric status. There is a need for more specific and tailored measures of quality of life in this population.
Based on findings from previous, population-based studies (Grilo et al., 2010; Harrison et al., 2015; Mond et al., 2007a), we hypothesized: first, that individuals with probable BED and overvaluation would have significantly higher levels of eating disorder psychopathology and significantly greater impairment on both quality of life measures, than individuals with probable BED in the absence of overvaluation. In view of inconsistency among existing evidence, there were no other a priori hypotheses.

1. Method

1.1. Study design and participants

Participants included 748 women aged 18–79 years ($M = 40.23$ SD $= 14.39$) recruited from two main sources, namely: (i) the websites and social media channels of Non-Government organizations likely to have an interest in women’s eating and/or weight-related health problems (29.4% of the sample); and (ii) Australian newspapers within the Australian Capital Territory (ACT), and (the two largest Australian states) New South Wales and Victoria (95.8% of the sample).

In the recruitment of participants via the internet, potentially relevant health organizations were first identified via Google and Facebook searches using the following key words: ‘obesity’, ‘diabetes’, ’type two diabetes’, ‘weight loss’, ‘eating disorders’ and ‘women’s health’. Terms were then further specified through combining the key words with ‘Australia’ and each of the Australian states/territories. For each organization identified, the administrators of Facebook groups and/or relevant contacts were approach with a request to advertise the study, including a link to the online survey, via their website, social media channels, and/or email to members/clients. Of the 69 organizations approached, 18 (26%) agreed to participate.

For the recruitment of participants via newspapers, an online listing of Australian newspapers (newspapers.com.au) was used to identify newspapers in the selected geographical areas, which were then approached via email and/or phone. The approach included information about the study and a request to promote the study, including a link to the online survey, by means of: (i) a community notice (either in print or on their Facebook page); (ii) a letter to the Editor; or (iii) a news story. Newspapers not approached included those for which online contact details were not available and those that catered for specific cultural or religious groups. Of a total of 437 newspapers approached, 136 (30.8%) agreed to promote the study in one or more of the forms mentioned above.

The online survey, which utilised the Qualtrics survey software package, was anonymous and took approximately 30 min to complete. It included measures of eating disorder features, generic and eating disorder disease-specific measures of health-related quality of life, height and weight, and basic demographic information. All participants were offered the chance to enter a draw to win one of three $100 gift vouchers. The study was approved by the Australian National University Human Research Ethics Committee (2013/027).

Of 748 questionnaires that were initiated, data for 122 participants who had unacceptably high levels of missing data (failure to complete all items of one or more of the key study measures) were excluded. Participants in the current study were the remaining 626 women. Missing data was minimal among these participants (<.01% for all variables). No significant differences were observed between respondents who were excluded or retained on any of the demographic characteristics assessed as outlined below (all $p > .05$), with the exception that respondents who were excluded were older than study participants ($t(746) = 3.25, p < .05$).
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