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Clarifying boundaries of binge eating disorder and psychiatric comorbidity: A latent structure analysis

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ABSTRACT

Binge eating disorder (BED) presents with substantial psychiatric comorbidity. This latent structure analysis sought to delineate boundaries of BED given its comorbidity with affective and anxiety disorders. A population-based sample of 151 women with BED, 102 women with affective or anxiety disorders, and 259 women without psychiatric disorders was assessed with clinical interviews and self-report-questionnaires. Taxometric analyses were conducted using DSM-IV criteria of BED and of affective and anxiety disorders. The results showed a taxonic structure of BED and of affective and anxiety disorders. Both taxa co-occurred at an above-chance level, but also presented independently with twice-as-large probabilities. Within the BED taxon, diagnostic co-occurrence indicated greater general psychopathology, lower social adaptation, and greater premorbid exposure to parental mood and substance disorder, but not greater eating disorder psychopathology. Eating disorder psychopathology discriminated individuals in the BED taxon from individuals in the affective and anxiety disorders taxon. Diagnostic criteria of BED were more indicative of the BED taxon than were criteria of affective and anxiety disorders. The results show that at the latent level, BED was co-occurring with, yet distinct from, affective and anxiety disorders and was not characterized by an underlying affective or anxiety disorder.

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Introduction

Classification of eating disorders is an enduring focus of debate. It relates to our understanding of the nature of pathology and its boundaries with other disorders, especially the preliminarily defined binge eating disorder (BED). Given BED's substantial comorbidity with affective and anxiety disorders (Grilo, White, & Masheb, 2009; Javaras et al., 2008; Wilfley et al., 2000), the current study sought to elucidate at the latent level whether BED represents an associated feature of affective and anxiety disorders, or a separate mental disorder.

Included in the Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) as a provisional diagnosis in need of further study, BED is characterized by recurrent binge eating that occurs in the absence of regular compensatory behaviors (American Psychiatric Association, 1994, 2000). Ample evidence has accumulated that BED is a clinically significant disorder, associated with overweight and obesity, impaired quality of life, and increased general psychopathology and psychiatric comorbidity, especially affective and anxiety disorders (Latner & Clyne, 2008; Striegel-Moore & Franko, 2008; Wilfley, Wilson, & Agras, 2003; Wonderlich, Gordon, Mitchell, Crosby, & Engel, 2009). In anticipation of DSM-V, researchers have begun to empirically examine the boundaries of BED within the eating and weight disorders spectrum, using specific analytical procedures to examine their latent structure, such as taxometric or latent class analysis (Bulik, Sullivan, & Kendler, 2000; Eddy et al., 2009; Mitchell et al., 2007; Striegel-Moore et al., 2005; Wade, Crosby, & Martin, 2006; Williamson et al., 2002). In contrast, the nature of the relationship between BED and other co-occurring psychiatric disorders has received little attention (see Wonderlich, Joiner, Keel, Williamson, & Crosby, 2007).

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Psychiatric comorbidity in BED is important to our understanding of this disorder. Some researchers have proposed that BED is a marker of psychopathology within obese individuals rather than a separate mental disorder, due to its fluctuating course and non-specific response to pharmacological and psychological treatment (Stunkard & Allison, 2003). Although the validity of this position has been increasingly challenged by evidence documenting BED's stability (Fichter, Quadflieg, & Hedlund, 2008; Hudson, Hiripi, Pope, & Kessler, 2007), normative placebo-response (Jacobs-Pilipski et al., 2007), and specific responsiveness to psychological treatment (Grilo, Masheb, & Wilson, 2006; Masheb & Grilo, 2007; Wilson, Wilfley, Agras, & Bryson, 2010), it remains unknown how strongly BED and major comorbid conditions such as affective and anxiety disorders are related at the latent level. If BED is an associated feature of affective or anxiety disorders, it should be more likely to co-occur with these conditions than to present without them. In addition, the question has been raised as to whether BED is characterized by an underlying affective (Devlin, Goldfein, & Dobrow, 2003) or anxiety disorder. If this was the case, diagnostic indicators of affective or anxiety disorders should at the latent level be more characteristic of BED than its own diagnostic criteria. These are questions that await examination.

In this context, the goal of the present study was to examine the latent structure of BED in relation to that of comorbid psychiatric disorders in order to elucidate (1) whether BED is an associated feature of affective and anxiety disorders and (2) whether it is characterized by an underlying affective or anxiety disorder. For external validation, associations of latent structures were examined with clinically relevant parameters of eating disorder and general psychopathology, health care use, social adaptation, and etiological factors.

Method

Design and recruitment

Under the auspices of the *New England Women's Health Project*, BED cases, psychiatric controls, and non-psychiatric controls were recruited using two recruitment avenues: The first avenue involved telephone recruitment utilizing a consumer information database of 10,000 women; the second avenue consisted of an advertising campaign using posters, newspaper advertisements, community referrals, and public service announcements.

After completion of a telephone screening interview, eligible individuals were invited to participate in the study that included diagnostic interviews, a risk factor interview, and several self-report instruments. Body weight and height were measured. The institutional review boards at Wesleyan and Columbia Universities approved this study. (For further methodological detail, see Pike et al., 2008; Striegel-Moore et al., 2005).

Participants

Participants in this study were 151 women with BED as their primary diagnosis, 102 women with non-eating disorder DSM-IV psychiatric diagnoses (PC group), and 259 women with no psychiatric diagnosis (NC group). Exclusion criteria for all groups were physical conditions known to influence eating or weight, current pregnancy, or presence of a psychotic disorder. For the BED group, inclusion required presence of all DSM-IV criteria for BED. Diagnosis of current BED was ascertained through the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993), a semi-structured, investigator-based interview, considered to be the gold standard in eating disorder diagnosis. For the PC group, inclusion required the presence of a lifetime DSM-IV axis I affective or anxiety disorder, but no history of clinically significant eating disorder symptoms. Psychiatric diagnoses other than eating disorders were made using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 1997), a well-established, semi-structured diagnostic interview. For the NC group, inclusion required absence of past or current clinically significant eating disorder symptoms and absence of a current psychiatric disorder. Both diagnostic interviews were conducted by trained assessors (bachelor level or higher) who received ongoing supervision to ensure standardized administration.

Sociodemographic and clinical characteristics are presented in Table 1. The BED group had a higher BMI than the other study groups and was more racially diverse than the PC group ($p < .001$; see Hudson, Hiripi, Pope, Jr., & Kessler, 2007; Striegel-Moore et al., 2005). Both clinical groups had higher rates of lifetime and current

Table 1
Sociodemographic and clinical characteristics.

	BED		PC		NC		Univariate tests			Post hoc tests
	$N = 151$		$N = 102$		$N = 259$					($p < .01$)
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*df*	*p*	
Age, years	31.12	5.81	29.61	6.85	30.07	5.44	2.40	2, 509	.092	
Body mass index, kg/m^2	34.45	9.54	26.04	6.94	25.50	6.23	73.59	2, 509	<.001	BED > PC, NC
	n	%	*n*	%	*n*	%	χ^2	*df*	*p*	
Race							9.91	2	.007	BED > PC
Black	56	37.1	19	18.6	78	30.1				
White	95	62.9	83	81.4	181	69.9				
Education							1.97	4	.741	
High school or less	30	19.9	21	20.6	41	15.8				
Some college	76	50.3	48	47.1	131	50.6				
College grad or higher	45	29.8	33	32.4	87	33.6				
Lifetime psychiatric comorbidity										
Affective disorder	102	67.5	69	67.6	12	4.6	220.86	2	<.001	BED, PC > NC
Anxiety disorder	61	40.4	69	67.6	14	5.4	79.49	2	<.001	PC > BED > NC
Affective or anxiety disorder	119	78.8	102	100.0	24	9.3	323.67	2	<.001	PC > BED > NC
Current psychiatric comorbidity										
Affective disorder	38	25.2	29	28.4	0	0.0	156.20	2	<.001	BED, PC > NC
Anxiety disorder	38	25.2	57	55.9	0	0.0	157.42	2	<.001	PC > BED > NC
Affective or anxiety disorder	62	41.1	78	76.5	0	0.0	235.68	2	<.001	PC > BED > NC

Note. BED indicates binge eating disorder; PC, psychiatric control group; NC, non-psychiatric control group.

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