

Prognostic significance of two sub-categorization methods for the treatment of binge eating disorder: Negative affect and overvaluation predict, but do not moderate, specific outcomes

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Abstract

Given the absence of known predictors and moderators for binge eating disorder (BED) treatment outcome and recent findings regarding meaningful sub-categorizations of BED patients, we tested the predictive validity of two subtyping methods. Seventy-five overweight patients with BED who participated in a randomized clinical trial of guided self-help treatments (cognitive-behavioral therapy (CBTgsh) and behavioral weight loss (BWLgsh)) were categorized in two ways. First, a cluster analytic approach yielded dietary-negative affect (29%) and pure dietary (71%) subtypes. Second, research conventions for categorizing patients based upon shape or weight self-evaluation yielded clinical overvaluation (51%) and subclinical overvaluation (49%) subtypes. At the end of treatment, participants subtyped as dietary-negative affect reported more frequent binge episodes compared to the pure dietary subtype, and those with clinical overvaluation reported greater eating disorder psychopathology compared to the subclinical overvaluation group. Neither method predicted binge remission, depressive symptoms, or weight loss. Neither sub-categorization moderated the effects of guided self-help CBT and BWL treatments on any BED outcomes, suggesting that these two specific treatments perform comparably across BED subtypes. In conclusion, dietary-negative affect subtyping and overvaluation subtyping each predicted, but did not moderate, specific and important dimensions of BED treatment outcome.

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Introduction

Binge eating disorder (BED) is characterized by recurrent binge eating without the inappropriate compensatory weight control methods that distinguish the condition from bulimia nervosa (BN). It is currently recognized as a prevalent and important clinical problem associated with high levels of eating disorder psychopathology, psychological distress, and medical comorbidity (Allison, Grilo, Masheb, &

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Stunkard, 2005; Johnson, Spitzer, & Williams, 2001). Although effective treatments have been identified for binge eating problems (Wilson, Grilo, & Vitousek, 2007), even among BED studies that have produced the most impressive results (Grilo, Masheb, & Wilson, 2005; Wilfley et al., 2002), a substantial proportion of patients do not achieve abstinence from binge eating and outcomes for weight loss have been unimpressive. Thus, it is important to find ways to predict response to treatments as this could facilitate the development of more targeted, effective interventions. Unfortunately, finding reliable patient predictors of treatment outcome has proven to be difficult (Wilson et al., 2007).

Stice and colleagues suggested statistical methods for sub-categorizing patients with binge eating problems, and cluster analytic studies of clinical patients with BN and BED have yielded two subtypes, a pure dietary subtype and a mixed dietary-negative affect subtype (Stice & Agras, 1999; Stice et al., 2001). Analyses based upon these models have shown that the two subtypes differ on eating, weight, and shape concerns as well as associated psychiatric and social maladjustment, such that the mixed dietary-negative affect subtype is a more pathological variant than the pure dietary subtype (Stice & Agras, 1999; Stice et al., 2001). These findings have been replicated in clinical and community patients with BN (Grilo, Masheb, & Berman, 2001; Stice & Fairburn, 2003), adolescent clinical groups (Grilo, 2004) and clinical patients with BED (Grilo, Masheb, & Wilson, 2001c), and the dietary-negative affect subtyping has been shown to be stable over time (Grilo et al., 2001c).

Two studies have reported that the dietary-negative affect subtyping may be predictive of treatment outcomes. Stice and Fairburn (2003), in a 5-year naturalistic community study of patients with BN, found that dietary-negative affect subtyping prospectively predicted remission from binge eating, but not compensatory behaviors. Stice et al. (2001), in a treatment study of BED women receiving dialectic behavior therapy (DBT), found that dietary-negative affect subtyping predicted binge remission. In both of these studies, the pure dietary subtype had greater binge remission than the dietary-negative affect subtype.

A second meaningful sub-categorization method for BED is based on the degree of shape or weight self-evaluation (Grilo et al., *in press*). The excessive influence of shape or weight on one's self-evaluation—hereafter referred to as overvaluation—is considered by some a core feature across eating disorders (Fairburn & Harrison, 2003). The presence of overvaluation is necessary for the diagnoses of anorexia nervosa and BN, but not for BED (American Psychiatric Association, 1994). Recent studies of patients with BED, however, have found that overvaluation does not simply reflect overweight status or a concern commensurate with being overweight, but rather is an important clinical construct strongly associated with eating-related psychopathology and psychological functioning (Grilo et al., *in press*; Hrabosky, Masheb, White, & Grilo, 2007; Masheb & Grilo, 2000). BED patients categorized with clinical levels of overvaluation reported greater eating-related psychopathology and depression levels than those with subclinical overvaluation levels, suggesting that the clinical overvaluation group is a more pathological variant of BED than the subclinical overvaluation group. Such findings suggest that the importance of shape/weight overvaluation is a meaningful distinction among BED patients and is a potentially important diagnostic specifier relevant for DSM-V (Grilo et al., *in press*). The predictive value of overvaluation subtyping on BED treatment outcomes is unknown.

Given the absence of reliable predictors for BED treatment outcome and the recent advances in methods for identifying meaningful categorizations of BED patients, we were interested in the potential of these two sub-categorization methods to predict treatment outcome. Thus, in the present study, we aimed to examine cluster analytic dietary-negative affect subtyping and overvaluation subtyping as predictors and moderators of treatment outcome among patients with BED. This was examined in a randomized controlled trial testing the efficacy of guided self-help cognitive-behavioral therapy (CBTgsh) and guided self-help behavioral weight loss (BWLgsh) treatments (Grilo & Masheb, 2005). More specifically we aimed to: (1) extend the predictive validity of dietary-negative affect subtyping for binge remission in DBT delivered in traditional individual sessions (Stice et al., 2001) to two guided self-help treatments (CBTgsh and BWLgsh) for BED, (2) extend previous findings for the predictive validity of dietary-negative affect subtyping by examining broad domains of BED treatment outcome (binge eating, eating disorder psychopathology, depressive symptoms, and weight loss), (3) compare the predictive validity of dietary-negative affect subtyping to the predictive validity of overvaluation subtyping, and (4) examine potential moderating effects of dietary-negative affect subtyping and overvaluation subtyping with guided self-help treatments for BED.

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