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Behaviour Research and Therapy 44 (2006) 43–51

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## Reliability of the Eating Disorder Examination-Questionnaire in patients with binge eating disorder

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Received 7 September 2004; received in revised form 14 December 2004; accepted 17 December 2004

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### Abstract

This study examined the test–retest reliability of the Eating Disorder Examination-Questionnaire (EDE-Q) in patients with binge eating disorder (BED). Short-term (mean days = 4.8; SD = 3.6) test–retest reliability of the EDE was examined in a sample of 86 patients with BED. Test–retest reliability was excellent for objective bulimic episodes (correlation = .84), but poor to unacceptable for subjective bulimic episodes and objective overeating episodes (correlations = .51 and .39, respectively). Test–retest reliabilities were good for the EDE-Q scales (correlations = .66 to .77), albeit somewhat variable for the individual EDE-Q items (.54 to .78). These findings support the reliability of the EDE-Q for patients with BED. The EDE-Q has utility for assessing the number of binge eating episodes (objective bulimic episodes) and associated features of eating disorders in patients with BED. The results for subjective bulimic episodes are consistent with previous studies in suggesting that these eating behaviors may not be reliable indicators of eating disorders for patients with BED.

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*Keywords:* Eating disorder examination; Binge eating disorder; Reliability; Eating behavior; Obesity

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## Introduction

The Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994) is the self-report version of the investigator-based Eating Disorders Examination interview (EDE; Fairburn & Cooper, 1993). Similar to the interview version, the EDE-Q provides a comprehensive assessment of eating disorder psychopathology and concomitant behaviors, but—unlike the interview—requires minimal time and resources to administer.

A growing number of studies have examined the concordance between the EDE-Q and the EDE interview, which is currently regarded as the best established method for the assessment of eating disorder psychopathology (Grilo, 1998; Wilson, 1993). The EDE-Q and EDE have been compared in diverse study groups including community samples (Fairburn & Beglin, 1994; Mond, Hay, Rodgers, Owen, & Beumont, 2004a), various eating disorder patient groups (Carter, Aime, & Mills, 2001; Grilo, Masheb, & Wilson, 2001a, b; Loeb, Pike, Walsh, & Wilson, 1994; Sysko, Walsh, & Fairburn, *in press*; Wilfley, Schwartz, Spurrell, & Fairburn, 1997), and other clinical groups such as substance abusers (Black & Wilson, 1996), obese patients seeking bariatric surgery (Kalarchian, Wilson, Brodin, & Bradley, 2000), and children or adolescents (Declawue & Braet, 2004; Passi, Bryson, & Lock, 2003). Overall, most studies with adult groups have reported some areas of acceptable levels of agreement between the self-report and interview formats. In general, the agreement between the EDE-Q and EDE is quite good for certain concrete behaviors (such as vomiting), but appears to be less impressive for more complex overeating behaviors, although there is considerable discrepancy across studies (Grilo *et al.*, 2001a, b; Wilfley *et al.*, 1997) and for different patient groups (Kalarchian *et al.*, 2000; Passi *et al.*, 2003). Lastly, studies generally find that the EDE-Q tends to yield higher scores (albeit significantly correlated) than the EDE for the attitudinal features of eating disorders.

The EDE-Q is being increasingly used to measure treatment outcome (Carter & Fairburn, 1998; Walsh, Fairburn, Mickley, Sysko, & Parides, 2004) and in prospective epidemiological studies (Mond, Hay, Rodgers, Owen, & Beumont, 2004b). This trend likely reflects a combination of potent pragmatic issues (low cost and low burden associated with self-report) and the generally acceptable findings noted above for the EDE-Q. We emphasize here, as have others (Sysko *et al.*, *in press*) that the discrepancies across the studies comparing the EDE-Q and EDE dictate the need for further psychometric investigation in this area.

In contrast to the growth of studies examining the convergence between the EDE-Q and EDE (one aspect of validity), there exists a dearth of data pertaining to the reliability of both instruments. To date, only two studies have examined the test–retest reliability of the EDE (Grilo, Masheb, Lozano-Blanco, & Barry, 2004; Rizvi, Peterson, Crow, & Agras, 2000); both reported good reliabilities for binge eating and acceptable (albeit variable) reliabilities for the four EDE subscales. To our knowledge, only one published report (Luce & Crowther, 1999) exists for the test–retest reliability of the EDE-Q. Luce and Crowther (1999) performed a short-term (2 weeks) test–retest study of the EDE-Q in a study group of 139 female undergraduates. Test–retest correlations ranged from .81 to .94 for the four EDE-Q scales, demonstrating impressive reliabilities for the attitudinal features of eating disorders. The test–retest reliability for objective bulimic episodes was .68, demonstrating lower reliability for this key behavioral feature of eating disorders. Although these findings are promising and suggest good short-term test–retest

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