



Antecedent life events of binge-eating disorder

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Abstract

The present study investigated the occurrence of life events preceding the onset of disturbed eating in binge-eating disorder (BED). In a case-control design, 162 matched pairs of black and white women with BED and women with no current psychiatric disorder, and 107 matched pairs of women with BED and a current general psychiatric disorder were recruited from the community for the New England Women's Health Project. Life events in the year before the onset of disturbed eating were assessed retrospectively with an investigator-based interview. Women with BED reported exposure to a significantly greater number of life events during the year before onset of eating disturbances than both the non-psychiatric and psychiatric control women during the same period of time in their lives. Women with BED had a significantly higher risk of exposure to certain specific life events (e.g., critical comments about shape, weight, or eating; stress related to work, school or other sources; major changes in life circumstances and relationships; physical abuse; and feeling unsafe in a variety of settings) than the non-psychiatric control women, while differences between the BED and the psychiatric control group were less marked. There was no evidence for race-specific exposure to antecedent life events. The results suggest that a greater number and certain specific types of life events increase risk for the subsequent development of BED.

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1. Introduction

The inclusion of binge-eating disorder (BED) in the Diagnostic and Statistical Manual of Mental

Disorders (DSM-IV; American Psychiatric Association, 1994) catalyzed research on the etiology of this disorder. Two comprehensive studies of psychosocial risk factors converge to document a multi-determined etiology of BED (Fairburn et al., 1998; Striegel-Moore et al., 2005). Specifically, those community-based, case-control investigations used a retrospective

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interview to assess a range of adverse childhood experiences, disturbances in family functioning and psychopathology, and disturbances in individual and family eating and weight patients that increase risk for the subsequent development of BED. Findings from the New England Women's Health Project (NEWHP; Striegel-Moore et al., 2005) further suggest that risk factors are comparable for black and white women.

Although the extant data indicate that vulnerability for the development of BED is multidetermined, why an individual develops BED at a certain moment in time was not addressed in these reports. Yet, the role of antecedent life events in the onset of psychopathology is well established, particularly for depression and anxiety disorders (Bebbington et al., 1993; Kendler et al., 1999, 2003). Within the field of eating disorders, a number of studies suggest that stressful life events often closely antedate the onset of anorexia nervosa (AN) and bulimia nervosa (BN; for an overview, see Jacobi et al., 2004). Stressful life events associated with the onset of adolescent AN include significant family conflict and disruption, change of school or home, and increased academic pressure (Margo, 1985; Horesh et al., 1995). Compared with early-onset AN, late-onset AN may be antedated by a greater number of stressful life events, of which family conflict or loss and medical illness are the most notable (Mynors-Wallis et al., 1992). The onset of BN has been associated with losses and separations from significant others (Pyle et al., 1981; Lacey et al., 1986), interpersonal problems with family and friends, health problems (Schmidt et al., 1993, 1997), and threat to physical safety (Welch et al., 1997). Moreover, some data suggest that severe life-event stresses may have particular potency in increasing risk for both AN and BN (Schmidt et al., 1997).

To our knowledge, the occurrence of life events before the onset of BED has not been studied. Thus, the two primary questions addressed in this investigation are the following: 1) Do individuals with BED experience a significantly greater number of stressful life events in the year immediately preceding the emergence of their eating problems compared with matched individuals with either other current general psychiatric disorders (PC group) or no current psychiatric disorder (NC group) at the same stage in their lives? 2) Are particular types of antecedent life events especially likely to precede the onset of BED?

In addition, secondary analyses were conducted to assess the potential moderating role of race, weight status, comorbid psychiatric disorder, and age.

2. Methods

The data reported in this study derive from an interview-based assessment conducted under the auspices of the NEWHP that compared the life experience of black and white women with BED before the onset of significant eating disturbance with those of PC and NC control groups with respect to the same period of time in their lives. A detailed description of the overall methods of the NEWHP is provided in Pike et al. (2001) and Striegel-Moore et al. (2005). Methodological details pertinent to this report are included below.

2.1. Recruitment

Two strategies of recruitment were used 1) a consumer data base was used to contact approximately 10,000 potential participants and 2) an advertising campaign invited women to participate in a study of women's health. There was no selective ethnic bias in the results of the recruitment strategies (51.8% of the white women and 52.4% of the black women were recruited through the consumer database). The advertising campaign yielded 76.7% of the BED cases whereas the consumer data base yielded 80.7% of the healthy controls. The consumer data base and the advertising campaign yielded approximately equal percentages of PC cases (53.7% and 46.3% respectively).

Fifteen-minute screening interviews assessed study eligibility (participation rate: 91%). Exclusion criteria were age over 40 or under 18 years, physical conditions known to influence eating habits or weight, current pregnancy, presence of psychotic disorder, not being black or white, or not being born in the United States. On the basis of US census criteria, information about race/ethnicity was obtained at the end of the call and eligible women were invited to complete the diagnostic (First et al., 1995) and risk factor assessment interviews (Fairburn et al., 1998). Overall participation rates for black and white women in the NEWHP, respectively, were as follows: BED 84.8%, 85.2%; NC 62.7%, 74.5%; PC 76.6%, 73.9%.

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