



Personality profiles in young adults with disordered eating behavior



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ABSTRACT

Personality traits are closely related to eating disorders (ED) and might be involved in their development and maintenance. Nevertheless little is known regarding the association between personality traits and disordered eating in subclinical populations. College students answered questionnaires assessing disordered eating behaviors (DEB) and the following personality disorder (PD) traits: schizotypal, autistic, obsessional, borderline and cyclothymic. Participants with DEB ($n = 101$, 87% women) displayed significantly higher scores for several variables including schizotypy, cyclothymic, borderline and obsessional traits compared to other participants ($n = 378$). Cluster analysis in the DEB subsample led to the identification of three groups: 1) a cluster with a high level of traits (HT); 2) a cluster scoring high on schizotypal, borderline and cyclothymic traits (SBC); 3) a cluster with a low level of traits (LT). Symptoms of depression, suicidal ideations, trait anger and obsessive-compulsive symptoms were higher in the HT and the SBC clusters compared to the LT cluster. Given that two thirds of participants suffering from DEB appeared to display a morbid personality profile, it appears of prime importance to take into account PD traits of individuals with DEB.

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1. Introduction

Personality features might play an important role in both etiology and outcome of eating disorders (ED) (MacGregor & Lamborn, 2014). Personality disorders (PD) are common among individuals suffering from ED with a comorbidity reaching 60% according to several studies (Cassin & von Ranson, 2005; Wonderlich & Mitchell, 2001). Furthermore, individuals suffering from anorexia nervosa (AN) are frequently affected by obsessive-compulsive PD (Young, Rhodes, Touyz, & Hay, 2013). Regarding individuals with bulimic symptoms, high levels of borderline PD traits (including impulsivity and sensation seeking) have been reported (Atiye, Miettunen, & Raevuori-Helkamaa, 2014; MacGregor & Lamborn, 2014; von Lojewski & Abraham, 2014).

While previous ED classifications were mainly based on the presence or absence of obsessive-compulsive or borderline PD traits, more recent studies have introduced larger comorbid personality psychopathology, leading to the description of three personality profiles, observed either in adolescents or in adults: undercontrolled, overcontrolled and low psychopathology profiles which could be associated to distinct illness course and treatment response (Lavender et al., 2013; Turner et al., 2014; Wildes & Marcus, 2013).

Other comorbidities of ED have been explored including autism-spectrum disorders. Recent studies have reported 20% of autism-spectrum traits among individuals with ED (Huke, Turk, Saeidi, Kent, &

Morgan, 2013; Westwood et al., 2015). In addition, the presence of bipolar and schizophrenia-spectrum disorders were also described (Kouidrat, Amad, Lalau, & Loas, 2014; Remberk, Bazynska, Krempa-Kowalewska, & Rybakowski, 2014).

A major issue to better understand ED etiology lies in the relationship between clinical and subthreshold ED. Subthreshold ED have a high prevalence among adolescents and young women, representing an important source of physical and psychological impairments including symptoms of anxiety and depression (Chamay-Weber, Narring, & Michaud, 2005; Touchette et al., 2011). Nevertheless the relationship between threshold and subthreshold ED remains unclear, with a lack of consensus regarding whether subthreshold ED represent a less severe form of ED or a transitional phase to full-blown ED. Due to this lack of consensus, the characteristics of patients who will develop clinical ED are still unclear and surprisingly, to date, only a few studies focused on personality features associated to subthreshold ED. To our knowledge, only one study has explored the personality profiles of women with subthreshold ED, using an instrument assessing 18 dimensions of personality disorders. It found the three personality clusters already emphasized in ED, suggesting that the same personality traits may contribute to both ED and subthreshold ED (Perkins, Slane, & Klump, 2013).

Following a similar approach, the aim of this study was to identify a typology of young adults with DEB based on personality disorder traits. Contrary to prior study, we focused on traits associated to ED and not limited to personality disorders (including traits reflecting the association to autistic, bipolar and schizophrenia spectra, that are obsessive-compulsive traits, borderline traits, autistic traits, cyclothymic traits and schizotypal traits).

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2. Methods

2.1. Participants

Participants were recruited through social networks and official website of several French universities. Only those who answered >95% of the items were included in this study. The sample was thus composed of 479 individuals (96 males; 383 females) aged between 18 and 25 (mean age of males = 21 ± 2.3 ; mean age of females = 20.7 ± 1.9 ; $p = 0.32$). The study followed the ethical guidelines of the Helsinki Declaration and its procedures were approved by the ethics committee of the research ward. Participants provided their willingness to participate through a consent form and no compensation was offered. The questionnaires were anonymous.

2.2. Measures

2.2.1. Eating behavior

Disordered eating was assessed using the French translation of Eating Attitudes Test-26 (EAT-26) (Garner, Olmsted, Bohr, & Garfinkel, 1982; Lechner, Steiger, Puentes-Neuman, Perreault, & Gottheil, 1994) which assessed symptoms of ED through 26 items scored on a 6-point scale, ranging from 1 (never) to 6 (always). An example item is "I avoid eating when I am hungry." A cutoff score of 20 has been identified as indicating DEB (Garner et al., 1982). Cronbach's α was 0.83–0.9 in Garner et al.'s study and 0.92 in our study.

2.2.2. Personality traits

2.2.2.1. Schizotypal traits. Schizotypal traits were assessed using the Schizotypal Personality Questionnaire- Brief (SPQ-B) (Raine & Benishay, 1995), a self-administered scale including 22 dichotomous items. Each item (e.g., "People sometimes find me aloof and distant") was scored 0/1 (no/yes). Cronbach's α was 0.81 in a former study (Fonseca-Pedreiro, Paino-Pineiro, Lemos-Giraldez, Villazon-Garcia, & Muniz, 2009).

2.2.2.2. Cyclothymic traits. The *Temperament Evaluation of Memphis, Pisa, Paris and San Diego autoquestionnaire* (TEMPS-A) (Akiskal et al., 2005) was used to measure cyclothymic traits, using the relevant subscale (12 items; e.g., "My ability to think varies greatly from sharp to dull for no apparent reason"). Items were scored 0 (no) or 1 (yes). Cronbach's α range was 0.78 to 0.89 in Akiskal et al.'s study.

2.2.2.3. Obsessional personality traits. Obsessional traits were measured using the French version of the Obsessional personality disorder scale of the *Personality Diagnostic Questionnaire-4* (Bouvard, 2002; Hyler, Rieder, Williams, Spitzer, & Lyons, 1988). This scale contained 8 items (e.g., "I feel that my standards and ethics are higher than those of my peers") scored 0 (false) or 1 (true). Cronbach's α range was 0.46–0.66 in a former study (Bouvard, 2002; Hyler et al., 1988).

2.2.2.4. Borderline personality traits. Borderline PD traits were assessed using the nine relevant items of the *Personality Diagnostic Questionnaire-4* (Bouvard, 2002; Hyler et al., 1988). Items (e.g., "I often question my personal identity and frequently change my opinion of who I am") were scored from 1 (totally false) to 7 (totally true). Cronbach's α range was 0.69 in a former study (Chabrol, Valls, van Leeuwen, & Bui, 2012).

2.2.2.5. Autistic traits. Autistic traits were measured using the Autism spectrum Quotient (AQ) (Baron-Cohen, Wheelwright, Skinner, Martin, & Clubley, 2001) under its 10-item version (e.g., "When I am reading a story, I find it difficult to work out the characters intentions"). Items were scored 0 [no] or 1 [yes], except for items 2–6 and 9 that were

scored inversely (Booth et al., 2013). Cronbach's alpha was 0.85 in Tchanturia et al. (2013)'s study.

2.2.3. Psychopathological symptoms

2.2.3.1. Depression symptoms and suicidal ideation. Depression was evaluated using The *Centre for Epidemiological Studies-Depression* scale (CES-D) (Radloff, 1977) under its 10-item version (e.g., "My sleep has not been good"). Responses were made on a 4-point Likert scale, ranging from 0 to 3. Cronbach's α was 0.70 in Radloff's report. A short suicidal ideation scale was added, containing 3 items (e.g., "I felt life was not worth living") that were scored similarly as CES-D. This scale showed Cronbach's α above 0.85 (Chabrol, Rodgers, & Rousseau, 2007).

2.2.3.2. State-trait anger. State-trait anger was assessed using the second part of the *State-trait anger expression inventory-2* (STAXI-2) (Spielberger, 1988) under its French version (Borteyrou, Bruchon-Schweitzer, & Spielberger, 2008). This scale contained 8 items (e.g., "I get easily angry") scored 1 (almost never) to 4 (almost always). Cronbach's α range was from 0.78 to 0.82 in Borteyrou et al.'s study.

2.2.3.3. Obsessive-compulsive symptoms. Obsessive-compulsive symptoms were assessed using the French version of the *Obsessive Compulsive Inventory-Revised* (OCI-R) (Foa et al., 2002; Zermatten, Van der Linden, Jermann, & Ceschl, 2006). It contained 18 items (e.g., "I check things more often than necessary") scored from 0 ("Not at all") to 4 ("Extremely"). Cronbach's α range was 0.81–0.93 in Foa et al.'s report.

2.2.4. Substance use

Cannabis use was measured with the *Cannabis Use Disorder Identification Test-Revised* (CUDIT-R) (Adamson et al., 2010). Alcohol consumption was assessed using the first item of the *Alcohol Use Disorders Identification Test* (AUDIT) (Saunders, Aasland, Babor, Delafuente, & Grant, 1993). Cronbach's α range was 0.84 in Adamson et al.'s study.

2.2.5. Personal information

This study collected general information regarding the participants (age, sex, academic degree and academic results during the past semester). The variable "academic results" was obtained by asking students their overall grade for the last semester (Failed; Passed with grade $\geq 10/20$ and $<12/20$; Passed with grade $\geq 12/20$ and $<14/20$; Passed with grade $\geq 14/20$ and $<16/20$; Passed with grade $\geq 16/20$).

Cronbach's α and score ranges are presented in Table 1. The obsessive-compulsive personality trait and the autistic trait scales showed suboptimal Cronbach's alphas ranging between 0.50 and 0.70, an acceptable level of consistency for short scales (Schmitt, 1996).

3. Results

3.1. Comparison of participants with and without DEB

Participants scoring above 20 on the EAT-26 ($n = 101$, 87.3% female, 12.7% male) were compared to the rest of participants (considered as the control group; $n = 378$, 77.2% female, 21.8% male). The proportion of female was higher in the group scoring above 20 (the DEB group) compared with the control group ($p = 0.018$, Fisher's exact test). The DEB group had higher scores on all personality traits and psychopathological symptoms (Table 1). Cohen's d indicated large size effects.

3.2. Cluster analysis

Cluster analysis was conducted among the DEB group in two steps to generate personality profiles, based on personality traits (schizotypal, cyclothymic, borderline, obsessional and autistic) converted to z-scores. Absence of multicollinearity was evaluated through an analysis of the correlations between the variables selected for the cluster analysis (all

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