



## Generic and eating disorder-specific impairment in binge eating disorder with and without overvaluation of weight or shape



Carmel Harrison<sup>a, \*</sup>, Jonathan Mond<sup>a, b</sup>, Elizabeth Rieger<sup>a</sup>, Bryan Rodgers<sup>c</sup>

<sup>a</sup> Research School of Psychology, Australian National University, Canberra, Australia

<sup>b</sup> Department of Psychology, Macquarie University, Sydney, Australia

<sup>c</sup> Australian Demographic and Social Research Institute, Australian National University, Canberra, Australia

### ARTICLE INFO

#### Article history:

Received 6 January 2015

Received in revised form

10 July 2015

Accepted 13 July 2015

Available online 15 July 2015

#### Keywords:

Binge eating disorder

Diagnostic criteria

Quality of life

### ABSTRACT

**Objective:** We sought to elucidate the nature and extent of impairment in quality of life among individuals with binge eating disorder (BED) with and without the overvaluation of weight or shape (“overvaluation”).

**Method:** Subgroups of women – probable BED with overvaluation ( $n = 102$ ), probable BED without overvaluation ( $n = 72$ ), obese individuals reporting no binge eating (“obese control”,  $n = 40$ ), and “normal weight” individuals reporting no binge eating (“healthy control,”  $n = 40$ ) – were recruited from a community-based sample in which individuals with eating disorder symptoms were over-represented. They were compared on measures of eating disorder psychopathology and generic and disease-specific measures of quality of life. Scores on these measures among individuals with BED receiving specialist treatment were also considered.

**Results:** Participants with BED and overvaluation had high levels of eating disorder psychopathology and impairment in both generic and disease-specific quality of life, comparable to those of BED patients receiving specialist treatment, and significantly higher than all other subgroups, whereas participants with BED in the absence of overvaluation did not differ from obese controls on any of these measures.

**Conclusion:** The findings provide further evidence for the need to consider reference to overvaluation among the diagnostic criteria for BED. The relative merits of the inclusion of overvaluation as a diagnostic criterion or as a diagnostic specifier for BED warrant greater consideration.

© 2015 Elsevier Ltd. All rights reserved.

In recent years, concerns have been expressed about the lack of reference to the overvaluation of weight and/or shape (“overvaluation”), or a similar cognitive criterion, among the diagnostic criteria for binge eating disorder (BED) (Grilo, 2013). These concerns are based on evidence, from both community and clinical samples, that: (i) individuals with BED or variants of BED who overvalue their weight or shape report high levels of eating disorder and comorbid psychopathology (Goldschmidt et al., 2010; Grilo et al., 2008; Grilo, Masheb, & White, 2010; Mond, Hay, Rodgers, & Owen, 2007a); and (ii) BED in the absence of overvaluation does not appear to be associated with clinically significant levels of distress and disability (Harrison, Mond, Rieger, Hay, & Rodgers, 2015; Mond et al., 2007a). Further, the lack of a cognitive

criterion for BED means that criteria for this diagnosis are at odds with those of other eating disorder diagnoses (American Psychiatric Association [APA], 2013). For these reasons, it has been suggested that overvaluation should be included as either a diagnostic criterion, or severity specifier, for BED (Grilo, 2013; Mond, Star, & Hay, 2013). Neither of these options were adopted in DSM-5, presumably because the available evidence was not considered to be sufficiently compelling by the Eating Disorders Work Group (Mond, 2013).

A limitation of existing research concerning the status of BED with and without overvaluation is the failure to adequately describe the nature of the impairment within the respective subgroups (Grilo et al., 2009, 2010). Studies examining impairment in psychosocial functioning associated with BED with and without overvaluation have, thus far, relied on generic measures of health-related quality of life (Harrison et al., 2015; Mond et al., 2007a). These measures assess key areas of the individual's functioning likely to be impacted by ill-health, such as their physical, emotional,

\* Corresponding author. Research School of Psychology, the Australian National University, Canberra ACT 0200, Australia.

E-mail address: [Carmel.Hill@anu.edu.au](mailto:Carmel.Hill@anu.edu.au) (C. Harrison).

social, and occupational functioning, without reference to the particular condition or disease that is causing the ill-health (Frisch, 1999). They provide a simple, tangible assessment of the impact of ill-health on individuals' quality of life and as such, are routinely used as an outcome measure among individuals treated for mental health problems, including eating disorders (Mond, Owen, Hay, Rodgers, & Beumont, 2005a,b; Spitzer, Kroenke, Linzer et al., 1995).

However, a concern with the use of generic quality of life measures is that they may not be sufficiently sensitive to the sorts of impairment uniquely associated with particular health problems. For this purpose, disease-specific quality of life measures, which assess the impact of specific health or disease states on role functioning, may be more appropriate (Frisch, 1999). In the eating disorders field, as in other fields of clinical research, several disease-specific measures of quality of life have been developed (Engel, Adair, Las Hayas, & Abraham, 2009). It has been proposed that these measures should be employed instead of, or in addition to, generic measures for monitoring and outcome assessment purposes, although evidence for the putative superiority of eating-disease-specific measures is thus far limited (Mitchison et al., 2013).

In the context of research addressing impairment among individuals with BED, reliance on generic quality of life measures may be problematic because it may lead to erroneous conclusions concerning the clinical significance of participant subgroups. In particular, it is possible that the comparatively low levels of impairment observed among individuals with BED in the absence of overvaluation may reflect, in part, the use of measures that are insufficiently sensitive to the types of impairment affecting these individuals' lives. If so, then the conclusion that BED in the absence of overvaluation is not "clinically significant" due to its lack of associated with elevated impairment may be premature. Including both generic and disease-specific measures of quality of life in research examining the correlates of BED with and without overvaluation would make it possible to address this concern, while also providing more detailed information concerning the nature of the impairment experienced by individuals in both subgroups.

The goal of the current study was, therefore, to compare individuals with a probable BED diagnosis with and without overvaluation on measures of eating disorder psychopathology and both generic and disease-specific measures of quality of life. As in our previous research (Harrison et al., 2015; Mond et al., 2007a), we chose to recruit participants for the BED subgroups from a community-based, rather than a treatment-seeking, sample, since only a minority of individuals with bulimic-type eating disorders receive treatment for an eating problem and impairment in psychosocial functioning is strongly predictive of whether such treatment is received (Mond et al., 2009a,b; Mond, Hay, Rodgers, & Owen, 2007b). Also, as in previous research conducted by the authors (Harrison et al., 2015; Mond et al., 2007a), subgroups of obese individuals who did not report binge eating ("obese controls") and individuals who were neither obese nor reported binge eating ("healthy controls") were included for comparative purposes. The inclusion of an obese control group was important given individuals with BED are frequently obese and in women specifically, obesity is associated with distress and functional impairment independent of binge eating (Dingmans & van Furth, 2012; Mond, Hay, Rodgers, & Owen, 2009). Additionally, given the current study compared individuals with a probable diagnosis of BED, a further comparison group comprising of individuals with BED receiving specialist treatment was included. The inclusion of both the healthy control and BED patients receiving specialist treatment allowed for the issue of the clinical significance of BED with and without overvaluation could more specifically be addressed.

Based on findings from previous, population-based studies (Grilo et al., 2010; Harrison et al., 2015; Mond et al., 2007a), we hypothesized: first, that individuals with probable BED and overvaluation would have significantly higher levels of eating disorder psychopathology and significantly greater impairment on both quality of life measures, than individuals with probable BED in the absence of overvaluation. In view of inconsistency among existing evidence, there were no other a priori hypotheses.

## 1. Method

### 1.1. Study design and participants

Participants included 748 women aged 18–79 years ( $M = 40.23$   $SD = 14.39$ ) recruited from two main sources, namely: (i) the websites and social media channels of Non-Government organizations likely to have an interest in women's eating and/or weight-related health problems (29.4% of the sample); and ii) Australian newspapers within the Australian Capital Territory (ACT), and (the two largest Australian states) New South Wales and Victoria (69.8% of the sample).

For the recruitment of participants via the internet, potentially relevant health organizations were first identified via Google and Facebook searches using the following key words: 'obesity', 'diabetes', 'type two diabetes', 'weight loss', 'eating disorders' and 'women's health'. Terms were then further specified through combining the key words with 'Australia' and each of the Australian states/territories. For each organization identified, the administrators of Facebook groups and/or relevant contacts were approached with a request to advertise the study, including a link to the online survey, via their website, social media channels, and/or email to members/clients. Of the 69 organizations approached, 18 (26%) agreed to participate.

For the recruitment of participants via newspapers, an online listing of Australian newspapers ([newspapers.com.au](http://newspapers.com.au)) was used to identify newspapers in the selected geographical areas, which were then approached via email and/or phone. The approach included information about the study and a request to promote the study, including a link to the online survey, by means of: (i) a community notice (either in print or on their Facebook page); (ii) a letter to the Editor; or (iii) a news story. Newspapers not approached included those for which online contact details were not available and those that catered for specific cultural or religious groups. Of a total of 437 newspapers approached, 136 (30.8%) agreed to promote the study in one or more of the forms mentioned above.

The online survey, which utilised the Qualtrics survey software package, was anonymous and took approximately 30 min to complete. It included measures of eating disorder features, generic and eating disorder disease-specific measures of health-related quality of life, height and weight, and basic demographic information. All participants were offered the chance to enter a draw to win one of three \$100 gift vouchers. The study was approved by the Australian National University Human Research Ethics Committee (2013/027).

Of 748 questionnaires that were initiated, data for 122 participants who had unacceptably high levels of missing data (failure to complete all items of one or more of the key study measures) were excluded. Participants in the current study were the remaining 626 women. Missing data was minimal among these participants (<.01% for all variables). No significant differences were observed between respondents who were excluded or retained on any of the demographic characteristics assessed as outlined below (all  $p > .05$ ), with the exception that respondents who were excluded were older than study participants ( $t_{(746)} = 3.25$ ,  $p < .05$ ).

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات