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Recurrent binge eating with and without the "undue influence of weight or shape on self-evaluation": Implications for the diagnosis of binge eating disorder

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Abstract

Levels of eating disorder psychopathology, impairment in psycho-social functioning and use of health services were compared among probable cases of binge eating disorder (BED) with and without extreme weight or shape concerns ("undue influence of weight or shape on self-evaluation") recruited from a large community sample of women. Data for obese non-binge eaters ($n = 457$), also recruited from the community sample, and for a clinical sample of eating disorder patients ($n = 128$), recruited separately, were included for comparative purposes. BED cases who reported extreme weight or shape concerns ($n = 51$, 46.4%) had significantly higher levels of eating disorder psychopathology and functional impairment than those who did not report such concerns ($n = 59$), after controlling for between-group differences in age and body weight. In addition, BED cases who reported extreme weight or shape concerns were more likely to have sought treatment for an eating or weight problem than those who did not. Whereas levels of eating disorder psychopathology and functional impairment were markedly elevated among BED cases with extreme weight or shape concerns, BED cases who did not report extreme weight or shape concerns resembled obese non-binge eaters in most respects. The findings support the inclusion of an undue influence of weight or shape on self-evaluation as a diagnostic criterion for BED. In the absence of this influence, eating disorders that otherwise resemble BED do not appear to be "clinically significant".

Keywords: Eating disorders; Binge eating; Weight or shape concerns; Undue influence; Classification

Introduction

Since the introduction of binge eating disorder (BED) as a provisional diagnosis in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994), researchers have sought to describe the characteristics of this disorder and its relationship to anorexia nervosa (AN) and bulimia nervosa (BN). A body of evidence has now accumulated concerning the clinical significance

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of BED. Specifically, it has been found that BED is associated with marked impairment in psycho-social functioning, high comorbidity with anxiety and affective disorders, elevated levels of obesity and poor physical health (Wilfley, Wilson, & Agras, 2003). In light of these findings, many experts believe that BED should be accorded formal diagnostic status in the DSM.

Which of the specific criteria for BED might be retained, however, is less clear. In particular, it is unclear whether the over-evaluation of weight or shape should be required for the diagnosis of BED, as it is for anorexia nervosa (AN) and bulimia nervosa (BN) (American Psychiatric Association, 1994). Whereas an "undue influence of weight or shape on self-evaluation" was not included in the criteria for BED suggested in DSM-IV, research in both community and clinical samples suggests that extreme weight or shape concerns are present in many individuals affected by BED and that the levels of these concerns are similar to those of individuals with AN and BN (Eldredge & Agras, 1996; Masheb & Grilo, 2000; Striegel-Moore et al., 2000; Striegel-Moore et al., 2001; Wilfley, Schwartz, Spurrell, & Fairburn, 2000).[1] In view of this evidence, it has been suggested that the over-evaluation of weight or shape should be included among the diagnostic criteria for BED in future revisions of the DSM (Masheb & Grilo, 2000; Wilfley et al., 2000). A change of this kind would be consistent with a "transdiagnostic" view of eating disorders (Fairburn, Cooper, & Shafran, 2003), in that the over-evaluation of weight or shape would be seen as a core diagnostic feature of all eating disorders.

While evidence suggests that many individuals who meet DSM-IV criteria for BED have levels of weight and shape concerns comparable to those of AN and BN (Eldredge & Agras, 1996; Masheb & Grilo, 2000; Striegel-Moore et al., 2000; Striegel-Moore et al., 2001; Wilfley et al., 2000), we are not aware of any research to consider the characteristics of individuals who meet criteria for BED in the absence of extreme weight or shape concerns and whether and how these cases differ from those involving such concerns. In the absence of this evidence, it is difficult to argue for the over-evaluation of weight or shape as a core feature of BED. Ideally, the significance of extreme weight or shape concerns would be investigated in a large community-based sample of individuals with BED, since research conducted in clinical samples may be affected by sampling bias (Mond et al., 2006; Wilfley et al., 2000).

The aim of the present study was to compare levels of eating disorder psychopathology, functional impairment (health-related quality of life, subjective quality of life and days "out-of-role"), and use of health services, among probable cases of BED with and without extreme weight or shape concerns, recruited from a large community-based sample of women. We hypothesized that the presence of extreme weight or shape concerns would indicate a more severe disorder and that this would be reflected in higher levels of eating disorder psychopathology, functional impairment and use of health services.

Method

Participants

Participants were 110 individuals who met simulated diagnostic criteria for BED and who were recruited as part of the *Health and Well-Being of Female ACT Residents Study* (HWBS) (Mond, Hay, Rodgers, & Owen, 2006a), a large-scale epidemiological study of eating-disordered behaviour among young adult women in the community. A detailed description of the recruitment procedures has been given in several earlier publications (Mond et al., 2006; Mond, Hay, Rodgers, Owen, & Mitchell, 2006a; Mond, Hay, Rodgers, Owen, & Mitchell, 2006b; Mond, Hay, Rodgers, & Owen, 2006a; Mond, Hay, Rodgers, & Owen, 2006b; Mond et al., in press). In brief, self-report questionnaires were completed by 5255 female residents of the Australian Capital Territory (ACT) region aged 18–42 years. The questionnaire included measures of eating disorder psychopathology, health-related quality of life, subjective quality of life and health-service utilization. Body mass index (BMI, kg/m^2) was calculated from self-reported height and weight. Previously we found a high correlation ($r = 0.97$) between BMI calculated from self-reported height and weight and BMI calculated from actual (measured)

[1] In this paper, the terms "extreme weight or shape concerns", "undue influence of weight or shape on self-evaluation" and "over-evaluation of weight or shape" are used interchangeably and are distinguished from the more general terms "body image disturbance" and "body image dissatisfaction" (Cooper & Fairburn, 1993; Goldfein, Walsh, & Midlarsky, 2000; Masheb & Grilo, 2003; Masheb et al., in press). It is recognized that this usage may not be universally accepted.