

# Unique Contributions of Individual Eating Disorder Symptoms to Eating Disorder-Related Impairment

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## Introduction

- The current Clinical Impairment Assessment (Bohn & Fairburn, 2008) questionnaire evaluates overall psychosocial impairment resulting from various eating disorder symptoms
- Recent research (Mitchison, Mond, Slewa-Younan, & Hay, 2013) suggests that eating disorder symptoms affect health-related quality of life and mental impairment differently across genders
- However, there is minimal research evaluating the effect of individual eating disorder symptoms on overall impairment within individuals
- The current study determined the unique contribution of different eating disorder symptoms to overall eating disorder-related impairment

## Method

### Participants:

- •109 men (*n*=19) and women (*n*=90) recruited from community
- •Age range from 18 to 62 years (*M*=32.49, *SD*=12.11)
- •Minimum body mass index was 14.70 and the maximum was 78.37 (*M*=26.34, *SD*=9.46).
- •78 participants identified as Caucasian, 10 as Asian, 9 as African American, 8 as Hispanic, and 4 as either other or missing
- Varying eating disorders were represented by this sample including anorexia nervosa, restrictive type (n=7) and binge eating-purging (n=10) type, binge eating disorder (n=30), bulimia nervosa, purging type (n=52), and purging disorder (n=10).
- Participants reported their average binge eating episodes (*M*=15.19, *SD*=17.03) and purging episodes (*M*=13.79, *SD*=21.41), which included vomiting and use of laxatives, over the past 28 days

#### Measures:

- •Clinical Impairment Assessment Questionnaire (CIA) CIA (Bohn & Fairburn, 2008) is a 16-item self-report measure of psychosocial impairment resulting from eating disorder symptoms over the previous 28 days, and provides an indication of eating disorder severity
- •Eating Disorder Examination Questionnaire (EDE-Q)
  Fairburn and Beglin's (1994) self-report questionnaire is concerned with the frequency in which the participant engages in certain behaviors over a 28 day period and quantifies body weight and shape concerns.

#### **Procedure:**

- Participants who were recruited from the community were then screened over the telephone to determine eligibility.
- Participants then completed various online self-report questionnaires over the course of 12 weeks.
- Participants were then categorized into different eating disorder groups based on the criteria similar to those specified in the DSM-5 (APA, 2013).

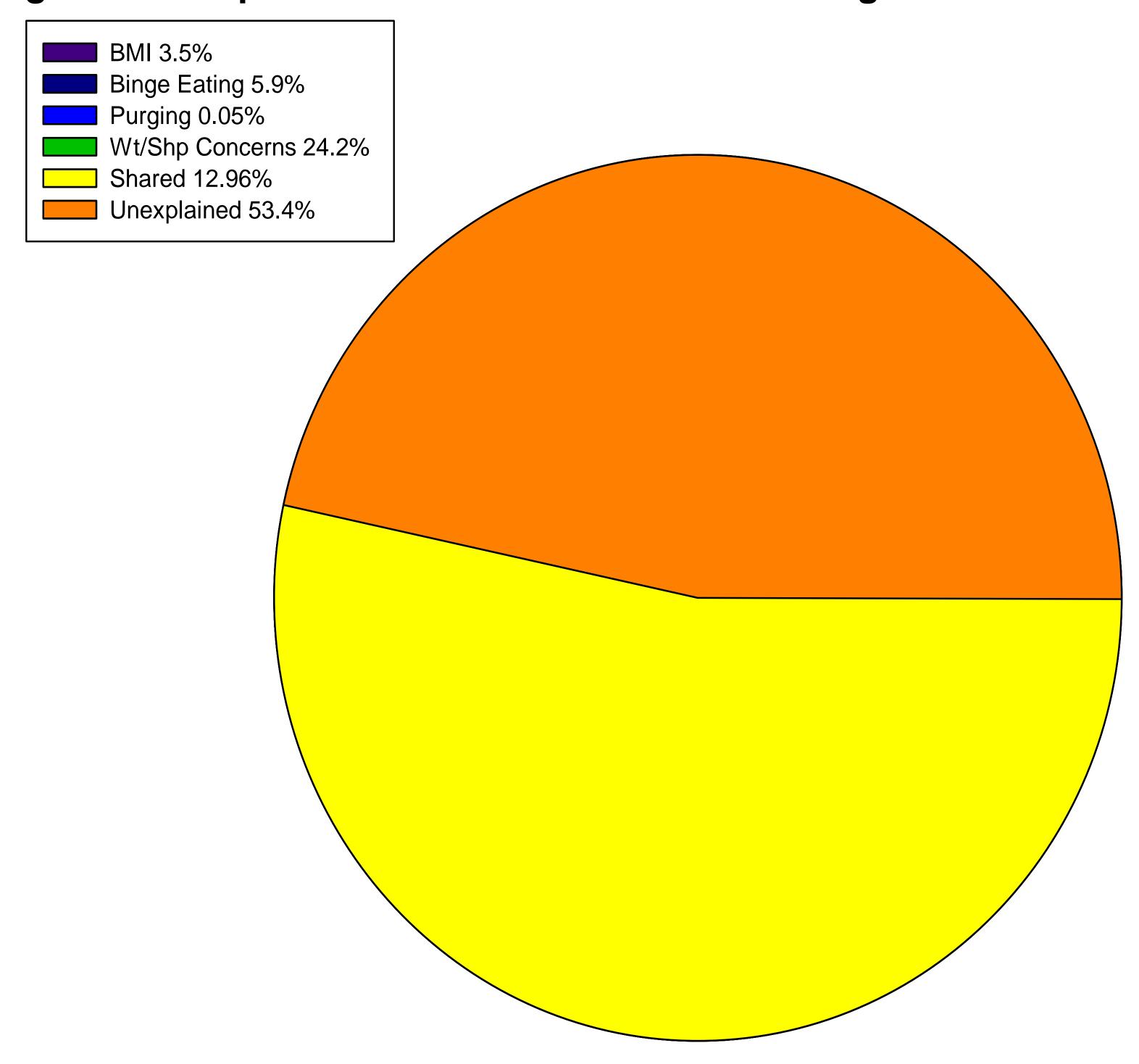
## Results

• A multiple linear regression analysis indicated that 44.5% (F(4, 104)=22.692, p<.001) of the variance in the CIA was accounted for by:

|              | β    | t      | p     |
|--------------|------|--------|-------|
| BMI (square  | 205  | -2.617 | .010  |
| root         |      |        |       |
| transformed) |      |        |       |
| Weight/Shape | .539 | 6.872  | <.001 |
| Concerns     |      |        |       |
| Purging      | .025 | 0.303  | .762  |
| (square root |      |        |       |
| transformed) |      |        |       |
| Binge eating | .279 | 3.390  | <.001 |
| (square root |      |        |       |
| transformed) |      |        |       |

- These findings indicate that binge eating, weight and shape concerns, and body mass index uniquely account for eating disorder-related impairment.
- However, purging does not contribute uniquely to eating disorder-related impairment.

Figure 1. Unique contributions of individual eating disorder-related symptoms



- Findings indicate that, although over half of eating disorder-related impairment remains unexplained, a significant percentage is explained by individual eating disorder symptoms.
- •Weight and shape concerns contribute the most to overall impairment while purging symptoms do not significantly contribute.

## Discussion

- •The results indicate that a number of individual eating disorder symptoms uniquely contribute to overall psychosocial impairment.
- •Weight and shape concerns contribute the most to overall impairment while purging does not significantly contribute. Perhaps this is because purging is a behavior that is consistent with many individuals' weight and shape goals, while other symptoms are more closely associated with distress.
- These results imply that the majority of impairment could be a result of cognitive symptoms rather than weight or overt behaviors.
- Future research should further evaluate the effects of individual eating disorder symptoms on impairment in an attempt to better understand the specific way in which eating disorder symptoms impair individuals' functioning. This research could help develop therapeutic techniques that effectively alleviate impairment.