



Variability in Binge Eating Frequency in Bulimia Nervosa and Binge Eating Disorder: It Depends on Neuroticism and Affective Lability.

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Introduction

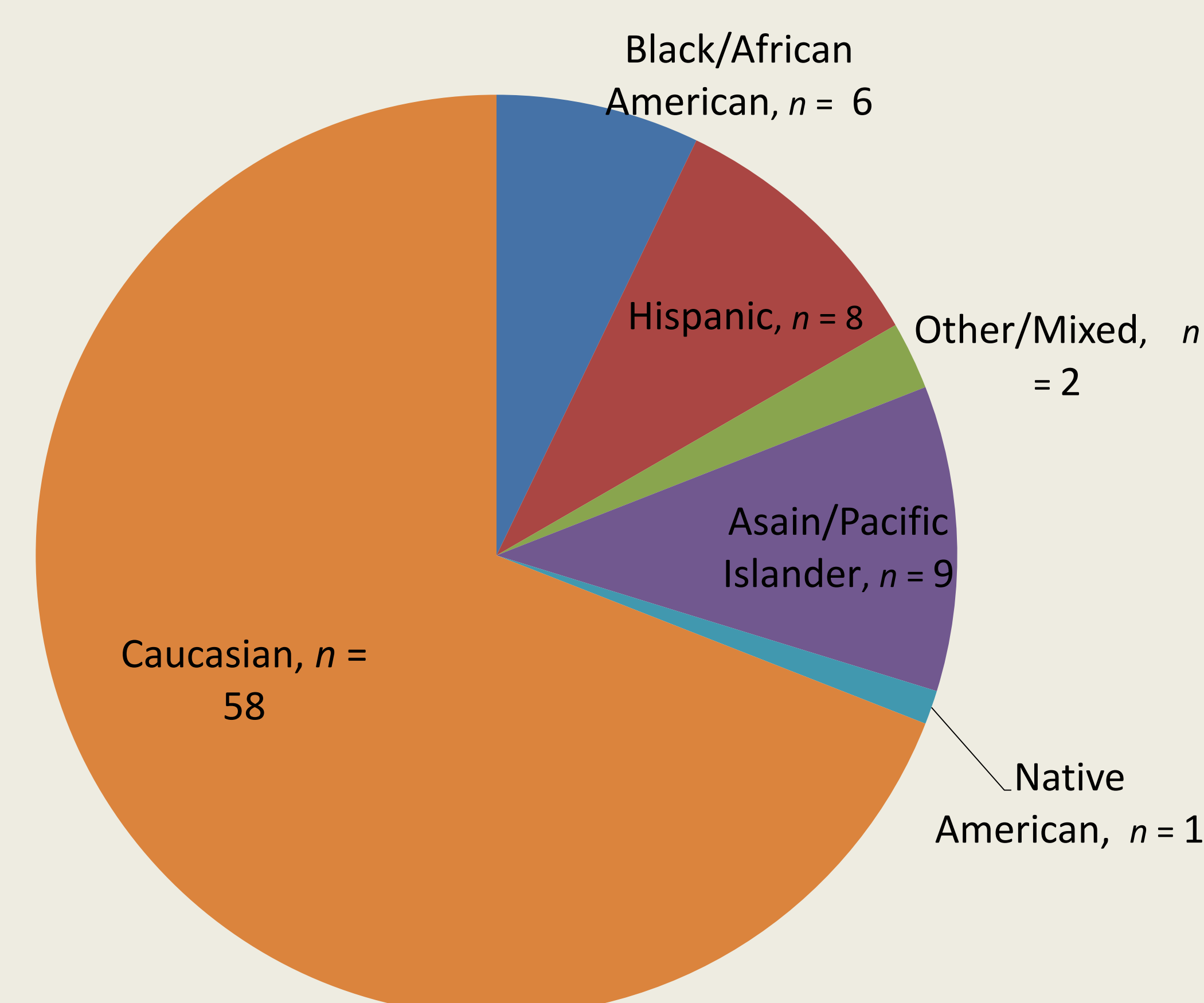
- Neuroticism describes the tendency to have strong negative reactions to stress and has been associated with eating disorder (ED) symptom severity.
- Likewise, affective lability has been noted to drive fluctuations in binge eating (BE) episodes.
- Although BE occurs in both binge eating disorder (BED) and bulimia nervosa (BN), it is unknown whether BE fluctuations are related to the same factors across these disorders.

Purpose

- This study aimed to evaluate the differences of BE fluctuation between BED and BN.

Methods

- Individuals with BED ($n=26$) and BN ($n=46$) from the community completed the self-report measures at baseline and weekly for 12 consecutive weeks, prospectively.
- Seventy-nine percent of participants were female ($n = 68$).
- This was a diverse community sample with participants identifying as the following ethnicities:



Self-report Measures at Baseline:

Weight and height

Big Five Personality Inventory (BFI)

Assess personality traits, including Neuroticism

Eating Disorder Examination-Questionnaire (EDE-Q)

- Assesses eating pathology, including dietary restraint

Self-report Measures Assessed Weekly

Positive and Negative Affect Schedule (PANAS)

Assesses negative affect experience within that week

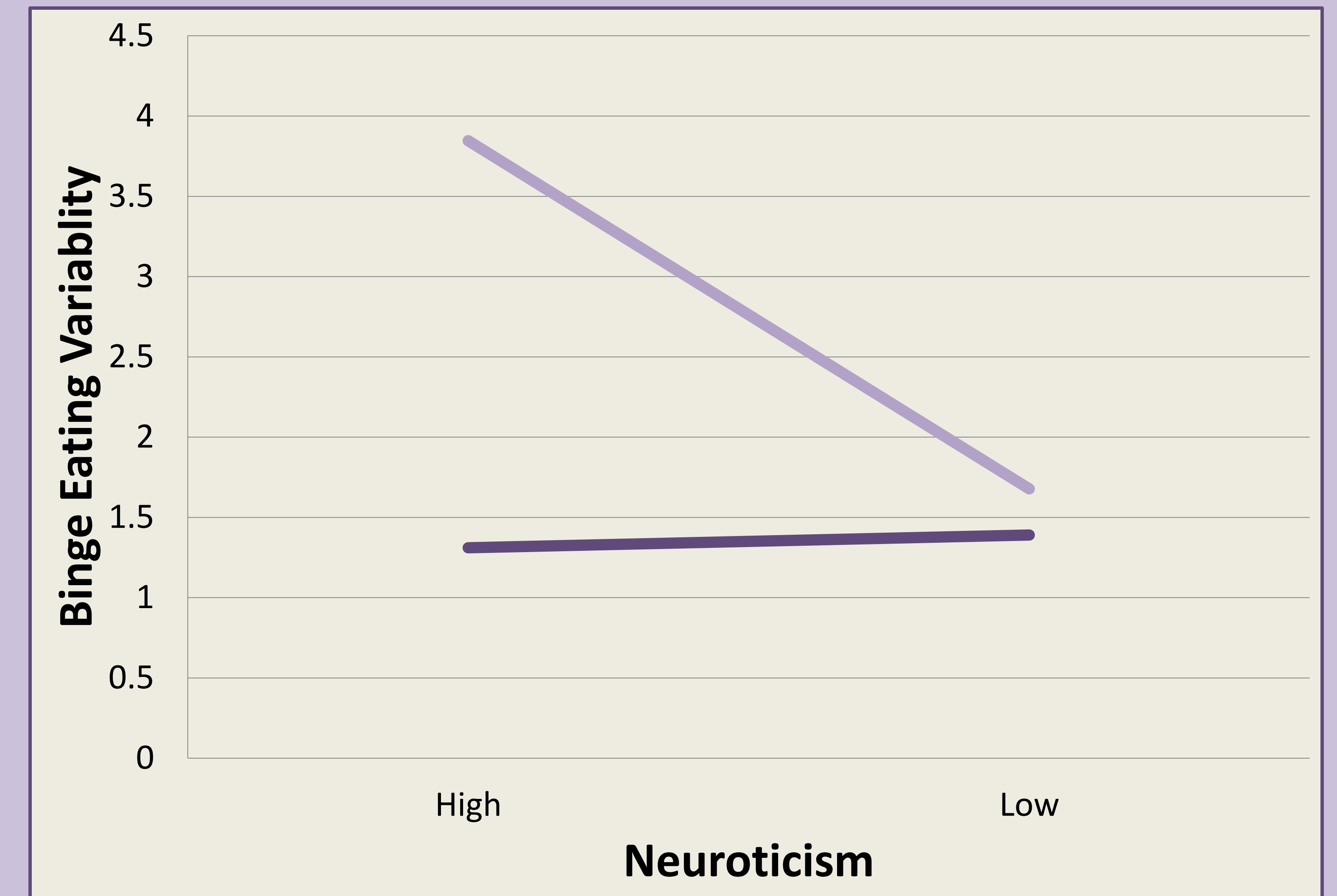
Binge Eating Times

Asked participants to report the number of binge eating episodes s/he experienced within that week

	BED Mean (SD)	BN Mean (SD)	T-Test
BMI	37.13 (12.93)	31.78 (12.50)	6.10*
Age	30.93 (11.63)	26.51 (7.65)	6.21*
Binge Eating Per Week	17.37 (13.84)	17.27 (11.42)	.114
Neuroticism	52.38 (9.74)	56.84 (10.53)	-6.47*
Average Negative Affect	46.58 (8.95) ^a	63.97 (72.05) ^c	-4.56*
Negative Affect Variability	25.58 (8.95) ^b	27.73 (8.32) ^d	-3.36*

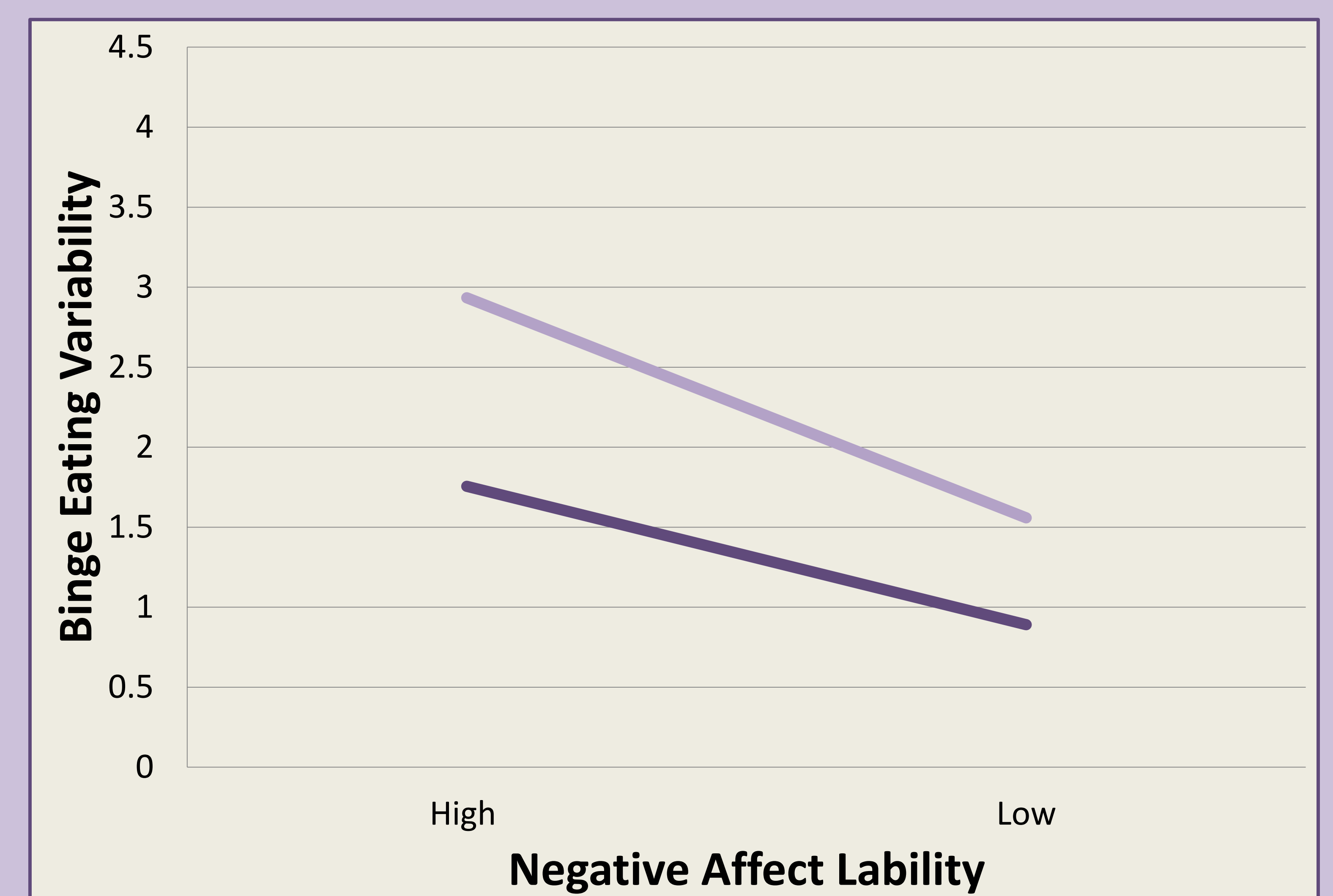
Results

- T-tests indicate significant differences between BED and BN for BMI, Age, neuroticism, average negative affect, and negative affect variability. These variables will be used as covariates in regression analysis to control for differences between groups.
- Multiple regression analysis indicated the presence of two 2-way interactions ($p<.05$) after controlling for age, body-mass index, and binge eating frequency. Individuals with BED who experienced high variability in negative affect experienced the most variability in BE frequency, whereas the frequency of BE in individuals with BN was not as strongly related to negative affect variability. Similarly, individuals with BED who scored high on neuroticism experienced the most variability in BE frequency. Interestingly, individuals with BN who were high on neuroticism did not report greater variability in BE than those who were low.



— BED

— BN



Conclusion

- These findings illustrate unique differences in BE fluctuations between BN and BED and highlight the importance of addressing mood fluctuations, and the tendency toward negative moods, in the treatment of individuals with EDs, especially BED.