

Body dissatisfaction across eating disorders: the role of anxiety and depression

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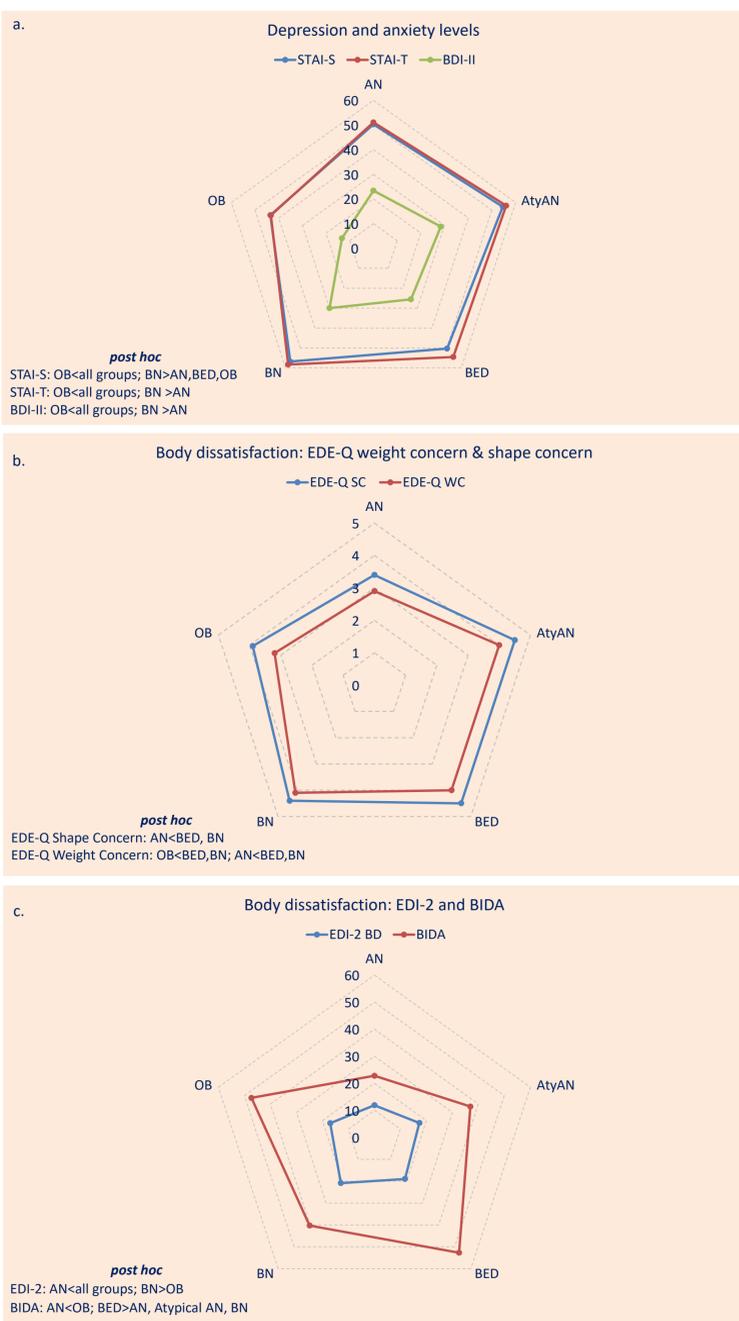
PURPOSE

Body dissatisfaction (BD) is considered a risk and maintenance factor of eating disorders (EDs)¹ and a key diagnostic criterion for anorexia nervosa (AN) and bulimia nervosa (BN), but not for binge eating disorder (BED), despite the high BD described in BED². BD is bi-directionally associated with anxiety and depression, which in turn may lead to the use of maladaptive strategies to regulate negative emotional states³. This study aims to investigate BD in patients with EDs and a group of patients with obesity and to evaluate the impact of depression, anxiety and diagnosis on BD measures.

METHODS

Overall, 408 female patients (AN,70; atypical AN,22; BED,158; BN,58 plus a control group,100 non-BED obese patients) completed the EDE-Q, EDI-2, BIDA, BDI-II and STAI tests. A univariate GLM was run to investigate differences in BD according to diagnosis and the association with anxiety, depression, body mass index (BMI) and age.

Figure 1. Clinical characteristics: comparison between groups and post-hoc



AN: anorexia nervosa; BDI-II: beck depression inventory-II; BED: binge eating disorder; BIDA: Body Image Dimensional Assessment; BMI: body mass index; BN: bulimia nervosa; EDE-Q: Eating Disorder Examination Questionnaire; EDI-2: Eating disorder inventory-2; OB: obese; STAI-S/T: State-Trait Anxiety Inventory.

RESULTS

The AN and atypical AN groups were younger and students, whereas the BED and obese groups were more frequently married than the other groups (Tab. 1). Patients with BED and BN exhibited the highest BD among all groups whereas patients with AN exhibited the lowest. Patients with BN had the highest depression and anxiety levels (Fig. 1). When controlling for anxiety, depression, BMI, age and diagnosis, the GLM analysis shows that all the dissatisfaction scores are higher in those with a higher depression level. Shape and weight concerns are associated with anxiety levels whereas higher BMI influences the levels of BD of the EDI-2 and BIDA and the weight concern of the EDE-Q. Diagnosis is an important variable only for the EDI-2 score (Tab. 2).

Table 1. Socio-demographic characteristics

	AN		Atypical AN		BED		BN		OB		χ ²	p	η ²	post hoc	
	N = 70		N = 22		N = 158		N = 58		N = 100						
Age	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	65.2	<.001	0.4	BED>all groups	
BMI	mean	SD	mean	SD	mean	SD	mean	SD	mean	SD	171.7	<.001	0.7	BED,OB>all groups	
Civil status	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%	131.9	<.001			
	Single	67	95.7	21	95.5	61	38.6	46	79.3	26					26
	Married	3	4.3	1	4.5	87	55.1	12	20.7	67					67
	Divorced/Separated	0	0	0	0	9	5.7	0	0	6					6
Education	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%	51.1	<.001			
	Primary	2	2.9	0	0	8	5.0	0	0	3					3
	Intermediate	41	58.6	13	59.1	46	29.1	19	32.8	32					32
	Secondary	23	32.8	9	40.9	76	48.1	30	51.7	51					51
Occupation	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%	153.9	<.001			
	University or post-graduate	4	5.7	0	0	28	17.8	9	15.5	14					14
	Students	58	82.9	19	86.4	33	20.9	33	56.9	16					16
	Employed	8	11.4	2	9.1	67	42.4	14	24.1	36					36
Not employed	Fr	%	Fr	%	Fr	%	Fr	%	Fr	%					
	Retired	4	5.7	1	4.5	51	32.3	11	19	45					45
Retired	0	0	0	0	7	4.4	0	0	3	3					

AN: anorexia nervosa; BED: binge eating disorder; BMI: body mass index; BN: bulimia nervosa; OB: obese.

Table 2. Univariate GLM of body dissatisfaction's measures

Dependent variable	Independent variable	F	p	N ²	R ²	
EDE-Q	Shape Concern	STAI-S	8.056	.005	.027	0.184
		BDI-II	14.074	.000	.046	
	Weight Concern	BMI	3.914	.049	.013	0.264
		STAI-S	8.155	.005	.027	
EDI-2	Body Dissatisfaction	BDI-II	25.75	<.001	.082	
		BMI	9.015	.003	.036	0.229
		BDI-II	1.785	.001	.044	
BIDA	Body Dissatisfaction Index	Diagnosis	11.174	.001	.079	
		BMI	36.734	<.001	.108	0.323
		BDI-II	8.155	.005	.026	

BDI-II: beck depression inventory-II; BIDA: Body Image Dimensional Assessment; BMI: body mass index; EDE-Q: Eating Disorder Examination Questionnaire; EDI-2: Eating disorder inventory-2; STAI-S: State Anxiety Inventory.

CONCLUSIONS

Depression, anxiety and BMI account for BD more than diagnosis. In fact, patients with BED, for which poor body image is not a diagnostic criterion, exhibit the highest level of BD, as do patients with BN. For this reason, BD should be considered a target in the comprehensive treatment of all patients with EDs.

References

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