

Adolescent eating disorder psychopathology on a continuum: comparing normal controls, screen positives and clinical cases in Ireland

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Background research

- Recognition over past decade that a range of eating disorders (ED) occur on a vulnerability continuum
- More research attention to partial presentations of ED ("sub-clinical", "partial", "sub-threshold", "EDNOS" "atypical") using inconsistent definitions
- 3 main ED diagnostic categories: AN, BN and EDNOS. Clinically, EDNOS common (BUT a diagnosis of exclusion). Also patients tend to migrate over time across categories.
- AN/BN cases and EDNOS cases similar on clinical and psychosocial characteristics (e.g. Turner and Bryant-Waugh, 2004; Fairburn et al, 2007).



- Continuum debate
 - Is AN the furthest point on a continuum starting with normal dieting?

Normal dieting → More rigorous dieting and increasing loss of insight → AN

i.e. is difference between mild/sub-threshold cases and clinical cases qualitative or quantitative?



Context for current study

- Research into ED in Ireland has developed over past 5 years
- McLaughlin and Dooley (2004) reported rates of disordered eating in Irish adolescents similar to international estimates
- Funding obtained for large-scale Eating Problems in Children and Adolescents/EPICA in 2004



The Present Study- Main aims

1. To compare normal controls, screen positives and clinical cases of eating disorder on
 - Eating disorder psychopathology and psychological constructs/risk factors:
 - Depression
 - Self esteem
 - Family functioning

Is there a continuum?



2. To what extent those identified as "at risk" or in treatment meet criteria for AN, BN or EDNOS using a diagnostic interview



Method

Participants

- 3,033 students from 52 randomly selected schools took part in **Study 1** of EPICA (11-19 years; M = 14.64 years; 61% female).
- Using the Eating Attitudes Test/EAT-26
 - 7.5% (n = 228) scored >20 (at risk)
 - 11% of girls; 2.3% of boys
- 92 adolescents took part in **Study 2** of EPICA (the Current Study)
 - Random sample of 34 controls and 47 adolescents "at risk"
 - Convenience sample of 11 clinical cases attending CAMHS



Measures

- Eating Disorder Examination/EDE (Fairburn and Cooper, 1993)
- Rosenberg Self Esteem Scale/RSE (Rosenberg, 1965)
- Family Assessment Device/FAD Global functioning subscale (Epstein et al, 1983)
- Body Mass Index/BMI
- Operationalised ED diagnoses (from EDE)



Results

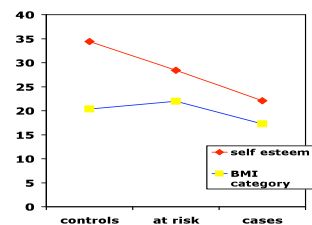
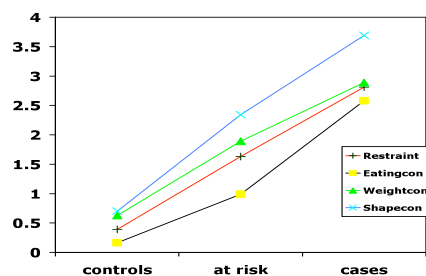
1. Univariate analysis

- One-way ANOVAs showed strong group effect for each dependent variable, i.e. ED psychopathology, depression, self-esteem (SE), BMI category (not for family functioning)
 - Post hoc tests: differences between groups were significant.
 - BUT- those "at risk" and clinical cases did not statistically differ for Dietary Restraint, Weight Concerns (EDE) and depression.



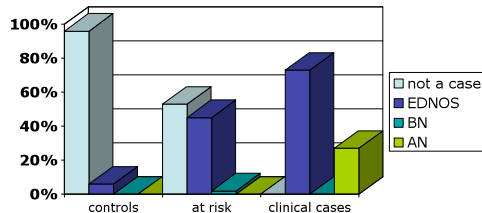
ED psychopathology and risk factors across group category

	MEAN			F	* < .05	Post hoc
	controls	at risk	cases	(2,89)	** < .001	Grp diff
Restraint	.394	1.63	2.81	18.69	**	1<2,1<3
Eating	.165	.987	2.58	28.19	**	1<2<3
Weight	.629	1.89	2.89	14.77	**	1<2,1<3
Shape	.702	2.34	3.69	24.32	**	1<2<3
Global	.473	1.72	2.99	25.79	**	1<2<3
CDI	6.79	10.68	18.72	9.15	**	1<3
RSE	32.41	28.42	22.09	15.01	**	1>2>3
FAD	1.89	2.03	2.18	1.52		
BMI	20.35	22.00	17.24	7.79	*	1>3,2>3



2. ED Diagnoses

- 2 cases of EDNOS identified among controls (6%)
- 22 adolescents (47%) of those identified as "at risk" met criteria for ED (21 EDNOS, 1 BN)
- 73% of ED cases were EDNOS, 27% were AN



- EAT was specific in identifying controls
- Not sensitive for identifying cases
- Majority of eating disorder cases did not fit neat category of AN or BN. Similar for cases identified in the community.



Summary and Clinical implications

- ED psychopathology, depression and SE occur on a continuum from normal adolescents to those presenting for treatment
 - Findings suggestive of quantitative rather than qualitative differences
 - Support for continuum hypothesis of disordered eating in Irish adolescents



- 47% of those "at risk" in community met ED criteria.
 - Treatment services in Ireland
 - "at risk group"- significant levels of dieting and depression. NB risk factors for full blown ED.
- 73% of those presenting for ED treatment in CAMHS meet diagnosis of EDNOS. AN and BN are rare in clinical settings (and also in community cases)



Strengths and limitations

- Strengths
 - Large representative sample
 - Use of EDE
 - First study of its kind in Ireland
- Limitations
 - No definitive treatment history so difficult to make statement regarding gap in services
 - Low numbers in clinical group
 - Making the EDNOS diagnosis in research (Fairburn and Bohn (2005)
 - Determine there is an ED of clinical severity
 - Determine criteria for AN and BN are not met



Future directions

- What works for EDNOS? (Fairburn et al, 2009- but adult population)
- Studies should include measure of clinically significant distress to make EDNOS diagnosis (e.g. Clinical Impairment Assessment, Bohn and Fairburn, 2008)
- Resilience in those whose symptoms remit post-adolescence. LT follow up study ?
 - Patton et al (2003): partial EDs brief and self limiting, only 10% persisting into adulthood
 - Lewisohn et al (2000)- EDs often limited to adolescence, only 30% persisting into adulthood.



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