

ALTERED EATING BEHAVIORS IN OBESITY: THE MORE THE WORST!



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INTRODUCTION

Obesity is a global pandemic affecting approximately 300 million people worldwide¹. Altered eating behaviors can coexist with obesity and contribute to its development and maintenance². Some of the most explored altered eating behaviors in relation to obesity are binge eating, grazing, night eating, sweet eating, hyperphagia and food addiction. Recently the self-administered Eating Behaviors Assessment for Obesity (EBA-O) was developed and validated as an easy to use an reliable tool to identify pathological eating behaviors (i.e., "food addiction", "night eating", "binge eating", "sweet eating"; and "hyperphagia") in obesity³.

- 104 female patients, aged $39,3 \pm 13,9$ years old (18-60) and body mass index $40,2 \pm 8,3 \text{ kg/m}^2$ (22,0-69,5) were included in the study.
- According to EBA-O factors, 2/3 of participants reported clinically relevant altered eating behaviours.
- The most and the least frequent eating behaviours were respectively sweet eating (56%) and night eating (Figure 1).
- Almost half of women exhibited more than two pathological eating behaviour (Figure 2).
- Significant correlations emerged between EBA-O, specially food addiction and binge eating) and EDE-Q, BDI-II and STAI-S scores with the exception of EDE-Q Restraint (Figure 3).

- A significant effect of the number ($p < .001$; $\eta^2 = 0,151$) and the type ($p < .001$) of eating behaviours on the severity both of eating and general psychopathology was evident (Table 1).

REFERENCES

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AIM

This study aimed:

- at assessing the frequency of pathological eating behaviors among patients with obesity using EBA-O and
 - at evaluating the association with general and specific eating psychopathology.
- Our hypothesis is that the higher number of pathological eating behaviors the more severe psychopathological impairment.

RESULTS

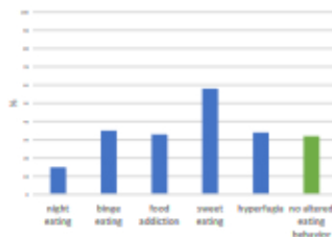


Fig. 1. Frequency of altered eating behaviors according to EBA-O

	EBA-O R	EDE-Q EC	EDE-Q SC	EDE-Q WC	STAI-S	BDI-II
NIGHT EATING	0.080	0.003	0.277	0.279	0.427	0.376
FOOD ADDICTION	0.059	0.692	0.485	0.516	0.327	0.503
SWEET EATING	-0.048	0.348	0.347	0.348	0.323	0.311
HYPERPHAGIA	-0.032	0.303	0.163	0.215	0.324	0.298
BINGE EATING	0.016	0.645	0.387	0.406	0.501	0.391

Fig. 2. Correlations between EBA-O and EDE-Q, STAI-S and BDI-II

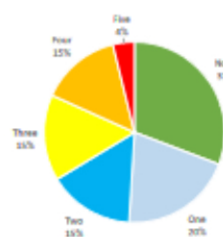


Fig. 2. Number of associated altered eating behaviors in the sample

Dependent variable	F	p	η^2
BDI-II	4,543	0.001	0,219
STAI-S	4,168	0.002	0,205
EDE-Q R	0,837	0,527	0,049
EDE-Q EC	8,745	<0.001	0,351
EDE-Q SC	5,178	<0.001	0,247
EDE-Q WC	5,945	<0.001	0,268

Tab. 1. MANOVA: between subjects effect independent variable: number of current associated altered eating behaviors)

METHOD

Consecutively patients seeking weight loss treatment for obesity (BMI $\geq 30 \text{ kg/m}^2$), age ≥ 18 years and < 60 were recruited. Participants underwent a medical visit and answered Eating Disorder Examination Questionnaire (EDE-Q, 6.0), Eating Behaviors Assessment for Obesity (EBA-O), State-Trait Anxiety Inventory (STAI) and Beck Depression Inventory (BDI-II). Multivariate Analysis of Variance (MANOVA) and correlation analysis were performed to assess associations between the number and the type of altered eating behaviours and the psychopathological variables.

CONCLUSIONS

The higher number of pathological eating behaviors (i.e., bingeing, sweet eating, food addiction, hyperphagia, night eating) is associated with greater general psychopathological (e.g., anxiety and depression) and eating severity in patients with obesity. Pathological eating behaviors deserve attention and treatment as they may turn into more problematic eating disorders and put patients at risk of serious health consequences.

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