

Negative Affect and Avoidance in a Comorbid Sample of Eating Disorders Not Otherwise Specified, Generalized Anxiety Disorder, and Controls

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INTRODUCTION

Eating disorders are prevalent among women in Western societies (Fairburn, Cooper, Doll, Norman, & O'Connor, 2000; Quadflieg & Fichter, 2003). The American Psychiatric Association (APA; 1994) estimates the rate of anorexia nervosa (AN) to be 0.5 to 1.0%, and bulimia nervosa (BN) to be 1 to 3%. However, although research has focused on AN and BN, 20 to 60% of individuals presenting for clinical evaluation are diagnosed with eating disorders not otherwise specified (EDNOS; Anderson, Bowers, & Watson, 2001; Fisher, 1995; Mizes & Sloan, 1998), suggesting it is more prevalent than both AN and BN combined. Further, studies have indicated that many with obesity are actually suffering from an EDNOS, such as Binge Eating Disorder (BED; Santonasto, Ferrara, & Favaro, 1999).

Although extensive research on EDNOS has not been conducted, individuals with EDNOS, like those with AN and BN, are at risk for serious psychological and physical consequences. (Striegel-Moore, Garvin, Dohm, & Rosenback, 1999). Eating disorders frequently co-occur with mood and anxiety disorders. The pattern of comorbidity has been found to be remarkably similar for AN and EDNOS. Moreover, reported rates of comorbidity in treatment seeking samples have been as high as a 55% comorbidity rate for BN and Generalized Anxiety Disorder (GAD), and 36% for BED and GAD (Schwalberg et al., 1992).

GAD is a chronic and debilitating anxiety disorder characterized by early onset of persistent and excessive worry, and associated anxiety symptoms. Contemporary theoretical and empirical work posits that worry serves an escape and avoidance function (Borkovec, Alcaine, & Behar, 2004) because individuals with GAD possess core deficits in adaptive emotion regulation (Mennin, Heimberg, Turk, & Fresco, 2002; in press). When confronted with potent or negative moods, individuals with GAD resort to worry to ward off these feelings. Similarly, those with eating disorders have also been found to use avoidance as a coping mechanism (Sherwood, Crowther, Wills, & Ben-Porath, 2000).

THE PRESENT STUDY

The present study sought to examine negative mood and avoidance coping in the context of eating episodes in a sample of female college students diagnosed with comorbid EDNOS and GAD, EDNOS, and controls. The presence of this additional psychopathology (GAD), especially one characterized by chronic worry and deficits in emotion regulation, in individuals with EDNOS is hypothesized to be associated with higher levels of negative affect and avoidance than that experienced in individuals without this comorbid diagnosis. In other words, when faced with negative mood, those with comorbid EDNOS and GAD will utilize food as a control or avoidance strategy to a greater extent than individuals with EDNOS or BED alone or with no current psychopathology with the goal of neutralizing their negative mood..

HYPOTHESES

H1: Individuals in the comorbid group will report more negative mood before, during, and after an eating episode, as compared to the EDNOS, BED, and control group. Individuals with BED or EDNOS will report more negative mood before, during, and after an eating episode, as compared to the control group.

H2: Individuals in the comorbid group will report a greater use of eating as a means of avoidance coping or self-nurturance, as compared to the EDNOS, BED, or control group

METHODS

Participants

•One hundred sixty-six women (Control, $n = 95$; EDNOS, $n = 40$, BED, $n = 22$, and Comorbid, $n = 9$), screened using the Bulimia Test – Revised (Thelen, et al, 1996), and/or the Eating Disorders Questionnaire (Crowther, 1992), and the Generalized Anxiety Disorder Questionnaire – IV (Newman et al., 2002).

•Participants positive for one or more self-reported disorders and a random subset of participants with no self-reported disorder were assessed with the Structured Diagnostic Interview for DSM-IV (SCID; First et al., 1996) to confirm their diagnostic status. Only the GAD and Eating Disorders modules were administered for the current study.

•Participants self-monitored their all of their eating episodes for seven days, using a food diary (Sherwood et al., 1994). Embedded in the Food Diary were:

•The 20-item Positive Affect and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), which yields a Positive Affect subscale and a Negative Affect subscale; and

•The Function of Eating Scale (Sherwood et al., 2000), which yields an Avoidance Coping and a Self-Nurturance subscale.

•A subset of individuals completed a packet of self-report measures of emotion regulation.

Means and Standard Deviations of Negative Affect and Function of Eating

	Comorbid	EDNOS	BED	Controls
	Mean/ SD	Mean/ SD	Mean/ SD	Mean/ SD
PANAS				
Negative Affect Before Eating	20.01/ 4.74	15.35/ 4.25	14.93/ 5.06	12.84/ 2.61
Negative Affect During Eating	19.68/ 5.19	15.17/ 4.54	14.67/ 4.25	12.26/ 2.30
Negative Affect After Eating	20.53/ 4.39	15.24/ 4.42	15.10/ 5.14	12.43/ 2.56
Function of Eating Scale				
Use of Eating as Avoidance	10.22/ 2.65	7.98/ 2.30	10.00/ 3.52	7.21/ 2.63
Use of Eating as Self-Nurturance	7.30/ 2.09	6.52/ 2.08	9.13/ 4.06	6.19/ 2.47

RESULTS

One-way analyses of variance with planned nonorthogonal contrast analyses were conducted. Results indicated that individuals with comorbid diagnoses of EDNOS and GAD reported significantly greater negative mood before, during, and after eating episodes in comparison to those with EDNOS, BED, or controls. BED and EDNOS participants reported significantly greater negative mood during and after an eating episode than did control participants. Interestingly, the four groups did not differ on reported positive affect before, during, and after an eating episode. Comorbid individuals and individuals with BED reported significantly greater use of eating as a means of avoidance coping than did the EDNOS or control groups, and those with BED reported significantly higher use of eating as a means of self-nurturance than did the comorbid, EDNOS, or control groups.

One way Analyses of Variance

	F(3,165)	p	Main Effect ES	Contrast ES
PANAS				
Negative affect before eating	14.36	$p < .001$	.52	.51
Negative affect during eating	17.91	$p < .001$	.58	.56
Negative affect after eating	18.38	$p < .001$	.59	.58
Function of Eating Scale				
Eating for avoidance	8.64	$p < .001$	.40	.34
Eating for self-nurturance	7.73	$p < .001$	.38	.2

Note. PANAS = Positive and Negative Affect Scale. ES = Effect Size in Cohen's f. Small = .10, Medium = .25, Large = .40.

CONCLUSIONS

While all three of the eating disorder groups reported significantly more negative mood than controls, the comorbid and BED groups reported significantly greater use of food as a coping strategy. While the size of the comorbid group was small, the presence and impact of comorbid diagnoses on these individuals' levels of affect and use of eating as a coping strategy may potentially be an important aspect of understanding clinical presentation and planning for treatment. Data collection continues, and will incorporate additional diagnoses to address the issue of comorbidity.