**INTRODUCTION**

- The classification of eating disorders (EDs) has been a matter of considerable debate.
- Most ED classification studies have been on ED symptoms.
- ED subtypes with bulimic symptoms may be considered impulsive: e.g. absence of planning, uncontrolled eating & binge eating/purging behaviors.
- EDs are also commonly associated with impulsive behaviors such as suicidal & self-harming behaviors, substance use, behavioral addictions (e.g. pathological gambling) & aggression.
- No studies have attempted to assess whether ED patients can be naturally grouped based on impulsive behaviors.

**OBJECTIVES**

To assess:

1.) The natural grouping of a large sample of ED patients based on impulsive behaviors.

2.) Whether the derived clusters differed a.) amongst each other and b.) to a healthy control group (HC) on a range of clinical measures

3.) The concordance of the derived clusters with DSM-5 ED diagnoses

**METHODOLOGY**

- **Sample**
  - ED patients = 2,972
  - Anorexia-Restrictive (AN-R) = 437; AN-Binge Purging (AN-BP) = 307; Bulimia Nervosa (BN) = 1350; Binge Eating Disorder (BED) = 358; OSFED-Purging Type = 240; Atypical-AN = 162; UFED=118
  - Healthy Controls (HCs) = 1,041

- **Indicators**
  - Suicidal behaviour
  - Substances
  - Behavioural addictions
  - Self-Harming Behaviours
  - Aggressions

- **Validators**
  - EDI-2: ED symptomatology
  - SCL-90-R: General Psychopathology
  - TCI-R: Personality

**RESULTS**

- **Objective 1: Cluster Analyses**
  - Cluster 1 “Adaptive”
  - Cluster 2 “Negative mood state”
  - Cluster 3 “Severe dysfunctional”

- **Objective 2: Validation Analyses**
  - Cluster 1 & 2 obtained statistically differences for almost all measures
  - Fewer differences were found between Clusters 2 & 3

- **Objective 3: DSM-5 Validation Analyses**
  - Cluster 1 AN-R patients (23.3%) compared to the other two clusters
  - Cluster 3 comprised BN patients (51.5%), nearly followed by Cluster 2, which included 48.2% of BN individuals.

**CONCLUSIONS**

- ED patients can be meaningfully grouped based on impulsive behaviours.
- **Cluster 1 “Adaptive”:** Absence of impulsive behaviours.
- **Cluster 2 ‘Negative mood state’:** Mainly impulsive behaviors related to negative mood states (100% of patients reported suicidal behaviours and 40% the presence of Self-Harming behaviours).
- **Cluster 3 “Severe dysfunctional”:** Individuals with multiple types of impulsive behaviours.
- Clusters 2 & 3 (with impulsive behaviours) differed from Cluster 1 (without impulsive behaviours).
- The different ED subtypes were all represented amongst the 3 clusters.

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