Redefining eating disorders based on impulsive symptoms

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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 behaviours.
- ❖ EDs are also commonly associated with impulsive behaviours such as suicidal & self-harming behvaiours, substance use, behavioural addictions (e.g. pathological gambling) & aggression.
- ❖ No studies have attempted to assess whether ED patients can be naturally grouped based on impulsive behaviours.

OBJECTIVES

To assess:

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

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
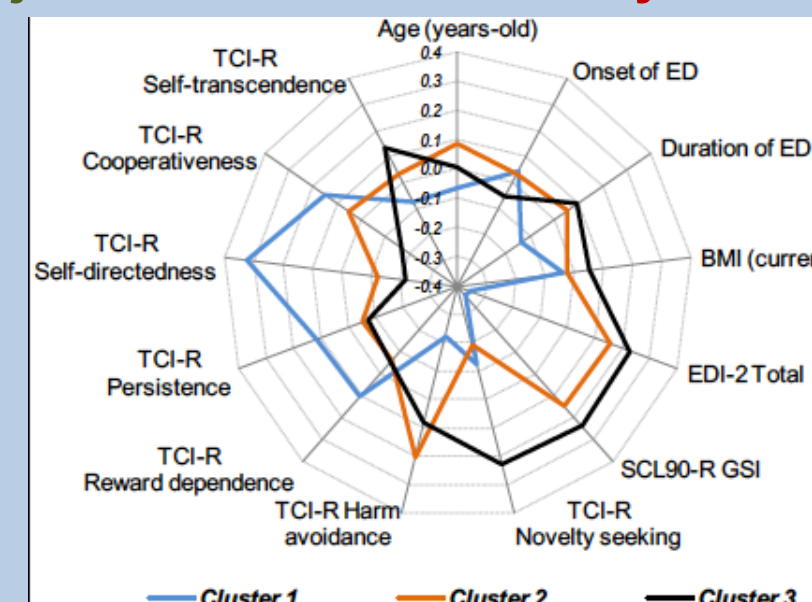- Aggressions

Validators

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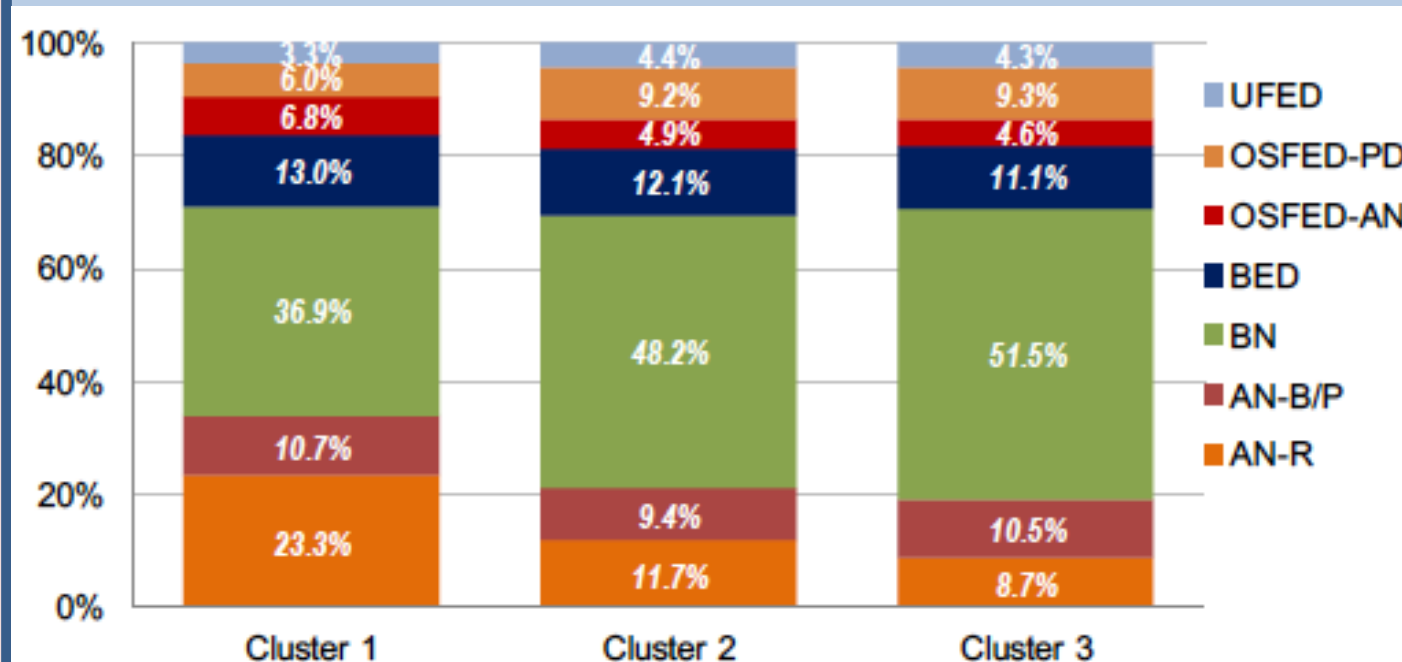- **TCI-R:** Personality

RESULTS

Objective 1: Cluster Analyses

		CI1 n=1,077	CI2 n=709	CI3 n=1,186
Suicidal behaviour	No	100%	0%	39.2%
	Yes	0%	100%	60.8%
Substances	No	100%	100%	48.0%
	Yes	0%	0%	52.0%
Behavioural addictions	No	100%	100%	57.5%
	Yes	0%	0%	42.5%
Self-Harming Behaviours	No	100%	60.3%	51.9%
	Yes	0%	39.7%	48.1%
Aggressions	No	100%	100%	58.5%
	Yes	0%	0%	41.5%

- ❖ *Cluster 1 "Adaptive"*
- ❖ *Cluster 2 "Negative mood state"*
- ❖ *Cluster 3 "Severe dysfunctional"*

Objective 3: DSM-5 Validation Analyses

Cluster 1: UFED 3.3%, OSFED-PD 6.0%, OSFED-AN 6.8%, BED 13.0%, BN 36.9%, AN-B/P 10.7%, AN-R 23.3%
Cluster 2: UFED 4.4%, OSFED-PD 9.2%, OSFED-AN 4.9%, BED 12.1%, BN 48.2%, AN-B/P 9.4%, AN-R 11.7%
Cluster 3: UFED 4.3%, OSFED-PD 9.3%, OSFED-AN 4.6%, BED 11.1%, BN 51.5%, AN-B/P 10.5%, AN-R 8.7%

Objective 2: Validation Analyses

- ❖ Cluster 1 & 2 obtained statistically differences for almost all measures
- ❖ Fewer differences were found between Clusters 2 & 3

- ❖ 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 behaviours 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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