An examination of the relationships between neuropsychological and self-reported cognitive rigidity and attention to detail on eating disorder symptoms

Giles, S., Hughes, E., K & Krug, I.

INTRODUCTION

- Cognitive rigidity and heightened attention to detail (ATD) are prominent features within eating disorders (ED).1,2
- However, agreement as to the best way to assess these constructs remains equivocal.
- Aim/Objectives: To investigate performance on neuropsychological measures of set-shifting and ATD, and assess their relationship to self-report questionnaires assessing cognitive rigidity, attention to detail, and ED symptoms.

METHODS

Participants were 68 adult females recruited from the community (n=44) and ED services (n =24; 75% Anorexia Nervosa).
All participants were tested individually and completed self-report measures of cognitive rigidity, ATD, and ED symptoms:
- Detail and Flexibility Questionnaire (DFlex)3
- Eating Disorder Examination Questionnaire (EDE-Q)4
- Performance-based measures assessing set-shifting and ATD:
  - Wisconsin Card Sorting Test (WCST)5 see Figure 1.
  - Group Embedded Figures Task (GEFT)6 see Figure 2.

RESULTS

Total preservative errors on the WSCT were not associated with self-reported cognitive rigidity (r = 0.03, p=.840) (Figure 3A). Similarly, GEFT performance was not associated with self-reported ATD (r = -.22, p=.067), (Figure 3B).

Scores for the WCST and GEFT were not significantly associated with EDE-Q global scores (r=.06 and r=-.16 respectively) (Figure 4). Both the DFlex ATD and cognitive rigidity subscale scores, were significantly associated with EDE-Q global scores (r=-.32 and r=.50 respectively) all p’s < .001 (Figure 5).

DISCUSSION

- Self-report, but not performance-based, measures of cognitive rigidity and ATD were associated with ED symptoms.
- The non-significant correlations between self-report and neuropsychological measures may suggest these measures are assessing discrete aspects of these psychological processes.
- Given the empirical interest in establishing whether cognitive rigidity and heightened ATD represent endophenotypes of EDs, further research is needed to verify whether self-report measures, such as the DFlex, are in fact assessing the purported cognitive styles. Such research would provide greater confidence to interpret the existing literature regarding self-reported cognitive rigidity and heightened ATD and their relationships to EDs.

REFERENCES


CORRESPONDENCE: giless1@student.unimelb.edu.au