

Examining the relationship between food thought suppression and binge eating disorder

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Abstract

Food thought suppression, or purposely attempting to avoid thoughts of food, is related to a number of unwanted eating- and weight-related consequences, particularly in dieting and obese individuals. Little is known about the possible significance of food thought suppression in clinical samples, particularly obese patients who binge eat. This study examined food thought suppression in 150 obese patients seeking treatment for binge eating disorder (BED). Food thought suppression was not associated with binge eating frequency or body mass index but was significantly associated with higher current levels of eating disorder psychopathology and variables pertaining to obesity, dieting, and binge eating.

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Thought suppression, or purposely trying to avoid certain thoughts, may have unwanted consequences such as increases in target thoughts at the onset of attempts to suppress, increases in target thoughts following purposeful suppression attempts (the rebound effect) [1,2] and increases in priming of the target thoughts (hyperaccessibility) [2]. The nascent research investigating the relationship between thought suppression and eating behaviors has reported mixed findings. Some studies [3–7] found that the outcomes of thought suppression, such as hyperaccessibility and rebound, do result from attempting to suppress food-related thoughts, whereas one study did not [8–10]. The latter study, however, [8] did not examine if the outcomes of thought suppression differed between participants who were currently dieting versus not or healthy weight versus overweight/obese, both of which appear to affect the outcomes of thought suppression [11–13].

In addition to altering frequency of thoughts, food thought suppression may also influence behavior. For example, when chocolate cravers and non-cravers attempted to suppress thoughts about chocolate, those who were instructed to use thought suppression worked harder at a computer game to earn chocolates compared to those not instructed to suppress thoughts, regardless of craving status [14]. Erskine & Georgiou also found that individuals high in restraint consumed more chocolate after a suppression period than did control groups [11]. Similarly, Pop and colleagues [13] found that food thought suppression increased food-related thoughts regardless of weight status, but resulted in increased food intake only among overweight and obese persons who reported dieting. More recently, undergraduate women instructed to rely on food thought suppression specific to chocolate ate more chocolate at a post experiment taste test than did those in the control or the acceptance group, who were instructed to pay attention to their cravings. There were no differences, however, during the week-long experiment in number of cravings or chocolate consumed [15].

Although Ward and colleagues posited a link between thought suppression and binge eating over 15 years ago [16], only recently has this hypothesis received empirical attention in nonclinical [17,18] and clinical [19] samples. Food thought suppression may have even greater significance for

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obese persons with disordered eating such as binge eating disorder (BED). One study comparing matched samples of obese persons with versus without BED reported significantly higher levels of food thought suppression in the BED group [19]. One similar finding between clinical and non-clinical samples was the positive association between food thought suppression and binge eating frequency among women [17,19]. Surprisingly, there was a negative correlation observed between food thought suppression and binge frequency for men with BED [19], which contrasts with the positive associations for nonclinical men who binge eat [17,18]. In addition to binge eating, food thought suppression also may be related to weight cycling [20]. Food thought suppression, therefore, may not only be associated with binge frequency but also weight loss efforts, however, such relationships have not been examined in clinical patients.

The equivocal findings suggest the need for further investigation of possible sex differences in food thought suppression and its association with treatment-related variables such as binge eating episodes. A better understanding of how food thought suppression is associated with obesity and BED may inform interventions targeted at weight loss and binge eating. Thus, the current study sought to replicate and expand the findings of Barnes and colleagues [19] with a larger sample of obese individuals with BED and more rigorous assessment methods, encompassing a broader range of both eating- and weight-related variables. Based on previous research suggesting that women are more likely to endorse specific food thought suppression [17,19], women were hypothesized to report higher levels of food thought suppression than men. Further hypotheses were that food thought suppression would be positively associated with binge eating frequency and eating- and weight-related variables.

1. Methods

1.1. Participants

Participants were 150 (40 men and 110 women) consecutively evaluated, treatment-seeking obese individuals ($BMI \geq 30$) who met full *DSM-IV-TR* [21] research diagnostic criteria for BED. Participants responded to advertisements for treatment targeting problems with both binge eating and a desire to lose weight. Participants had a mean age of 48.3 ($SD = 8.6$) years and BMI of 39.8 ($SD = 6.1$). Ethnicity was as follows: 80.0% ($n = 120$) Caucasian, 14.0% ($n = 21$) African–American, 3.3% ($n = 5$) Hispanic, 0.7% ($n = 1$) Asian, and 2.0% ($n = 3$) considered themselves “other.”

1.2. Procedures

Study procedures were IRB approved and all participants provided written informed consent. Participants were

recruited via newspaper advertisements seeking obese men and women who binge eat for treatment studies at a medical school-based program. Exclusion criteria included: pregnancy or breastfeeding, current anti-depressant therapy, medical conditions (heart disease, liver disease, uncontrolled hypertension, hypothyroidism, or diabetes) or certain severe psychiatric illnesses (e.g., bipolar disorder) requiring alternative treatments. Assessment procedures were performed by trained doctoral-level research-clinicians. BED diagnosis was based on the Structured Clinical Interview for *DSM-IV* Axis I Disorders (SCID-I/P) [22]. Participants’ height was measured using a wall-mounted measure and weight was measured using a high-capacity digital scale. Participants completed the self-report measures described below.

1.3. Measures

The *Eating Disorder Examination* (EDE) [23] is a semi-structured investigator-based interview for assessing eating disorders. The EDE focuses on the previous 28 days, except for the diagnostic items that are rated per the durations stipulated in the *DSM-IV-TR* [21]. The EDE assesses the frequency of different forms of overeating, including *objective bulimic episodes* (OBEs, defined as unusually large quantities of food with a sense of loss of control) which correspond to the *DSM*-based definition of binge eating episodes. The EDE also comprises four subscales: Dietary Restraint, Eating Concern, Weight Concern, and Shape Concern, and an overall Global score. The items for the four EDE subscales are rated on a seven point forced-choice format (0–6), with higher scores reflecting greater severity or frequency. The EDE has demonstrated good inter-rater and test–retest reliability in diverse groups, including BED [24].

Food Thought Suppression Inventory (FTSI) [18,25,26] is a self-report measure that includes a single, reliable, and valid factor. Factor analysis with an obese clinical sample of women with BED resulted in an 11-item scale. Scores can range from 11 to 55, with higher scores reflecting higher levels of food thought suppression. The mean score for this sample of women with BED was 34.98 ($SD = 11.29$) [26].

The *Questionnaire for Eating and Weight Patterns-Revised* (QEWP-R) [27] is a self-report measure used to assess eating- and weight-related variables, including: age at overweight onset, age at first binge eating episode, age first lost 10 lb via a diet, weight cycling (number of times lost and regained ≥ 20 lb), and time spent dieting (“Since you have been an adult—18 years old—how much of the time have you been on a diet, been trying to follow a diet, or in some way been limiting how much you were eating in order to lose weight or keep from regaining weight you had lost?”).

2. Results

There were no significant differences in food thought suppression between men ($M = 32.45$, $SD = 12.37$) and

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