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ORIGINAL ARTICLE

Emotional eating and cognitive conflicts as predictors of binge eating disorder in patients with obesity

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KEYWORDS

Obesity;
Binge eating disorder;
Emotional eating;
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Ex post facto study.

Abstract *Background/Objectives:* Binge Eating Disorder (BED) is often associated with obesity. In order to identify the variables that allow to better detect the presence of BED, people with overnutrition were compared with and without BED in the presence of cognitive conflicts, eating symptoms and anxious-depressive symptoms. The inclusion of cognitive conflicts had been relevant in bulimia studies but had not been investigated with respect to BED. *Method:* Two groups with obesity were evaluated, one without BED (OB, $n = 54$) and the other with BED (OB-BED, $n = 48$), using a social-demographic questionnaire as well as a semi-structured interview to assess BED, questionnaires (DASS-21, EDE-Q, EEQ) and the Repertory Grid Technique. *Results:* Overall, the OB-BED group presented more conflicts and more symptoms. The model that best differentiated between the groups included emotional eating and level of cognitive conflicts, correctly classifying 91.4% of the sample. *Conclusion:* These results highlight the role played by cognitive conflicts and emotional eating as differentiating elements between OB and OB-BED, with a high level of predictive accuracy.

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PALABRAS CLAVE

Obesidad;
Trastorno por
atracción;
Alimentación
emocional;
Conflictos cognitivos;
Estudio ex post facto.

Alimentación emocional y conflictos cognitivos como predictores del trastorno por atracción en pacientes con obesidad

Resumen *Antecedentes/Objetivos:* El trastorno por Atracción (TA) es un trastorno de la conducta alimentaria asociado frecuentemente con la obesidad. Con el objetivo de identificar las variables que permiten detectar mejor la presencia de TA se compararon personas con malnutrición por exceso con y sin TA respecto a la presencia de conflictos cognitivos, sintomatología alimentaria y sintomatología ansioso-depresiva. La inclusión de los conflictos cognitivos había resultado relevante en estudios con bulimia pero no habían sido investigados con respecto al TA. *Método:* Se evaluó a dos grupos con obesidad, uno sin TA (OB, $n = 54$) y otro con TA (OBTA, $n = 48$), utilizando un cuestionario sociodemográfico, una entrevista semiestructurada para evaluar TA, cuestionarios (DASS-21, EDE-Q, EEQ) y la Técnica de la Rejilla. Se realizaron análisis de comparación de grupos y de regresión logística. *Resultados:* El grupo OBTA presentó más conflictos y más sintomatología. El modelo que mejor diferenció entre los grupos incluyó la alimentación emocional y el nivel de conflictos cognitivos, clasificando correctamente al 91,4% de la muestra. *Conclusiones:* Estos resultados resaltan el rol que juegan los conflictos cognitivos y la alimentación emocional como aspectos diferenciadores entre OB y OBTA, con un alto nivel de precisión predictiva.

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Overweight and obesity have become a serious problem worldwide, and Spain is no exception. The World Health Organization (WHO, 2015) estimates that approximately 1900 million adults across the world now have a higher than normal body mass index (BMI), while data for Spain suggest that around half the population aged over 18 are at least overweight (Instituto Nacional de Estadística, 2016). These are worrying figures, since obesity is directly linked to medical, psychological, and social problems. As a phenomenon it, therefore, requires a multidisciplinary approach.

Relevant to the psychological perspective is the fact that obesity is often comorbid with binge eating disorder (BED), which is estimated to be present in between 30% and 50% of people who seek weight-loss treatment for obesity (Spitzer et al., 1992; Vinai et al., 2015). This disorder is characterized by the regular occurrence of binges, defined as an excessive intake of food associated with a sense of loss of control (American Psychiatric Association, APA, 2013).

Although obesity itself is associated with psychiatric comorbidity (Baile & González, 2011), the presence of binges makes it more likely that forms of psychopathology other than BED will also be present, the most common being affective and anxiety disorders (Escandón-Nagel, 2016; Klatzkin, Gaffney, Cyrus, Bigus, & Brownley, 2015).

Binges appear to be triggered by a breakdown in emotion regulation, such that food itself becomes a regulator, even though no substantial and stable improvement in mood occurs after the binge episode (Munsch, Meyer, Quartier, & Wilhelm, 2012). The phenomenon of overeating in response to unpleasant emotions has been referred to as 'emotional eating' (Ganley, 1989), and it tends to occur more often in obese individuals with BED than in those without such comorbidity (Leehr et al., 2015).

Despite being a relatively common problem in the context of obesity, less than half of individuals with BED receive treatment (Kessler et al., 2013), perhaps due to a lack of awareness of this disorder. It is worth noting that although obesity itself is not formally classified as an eating disorder, some studies (Ugazio, Negri, & Fellin, 2015) have blurred the distinction, as if it were indirectly synonymous with BED, thereby highlighting the lack of diagnostic clarity. However, as Castiglioni, Pepe, Gandino, and Veronese (2013) point out, although obesity and BED are related, the differences and similarities in the psychological processes that underpin them are yet to be clearly understood, this being a question that requires a doubling of research efforts.

A further and related issue, highlighted by Tanofsky-Kraff et al. (2013), is that the majority of studies to date have been conducted within independent fields, either from the perspective of eating disorders or in the context of research on obesity, and hence there is a need for studies that integrate the two lines. The present study focuses precisely on the twin aspects of obesity and BED, and also considers the notion of internal or cognitive conflict, a concept used frequently in psychology when describing the various elements that influence behaviour, but which has been overlooked in many studies of the psychological factors underpinning eating disorders, probably due to the difficulty of measuring it. In this context, personal construct theory (PCT) offers both an operational definition of cognitive conflicts (Feixas, Saúl, & Ávila-Espada, 2009) and a tool for measuring them - the Repertory Grid Technique (RGT).

Underlying PCT is the metaphor of the scientist, the idea being that each person develops implicit hypotheses about the self and the world which are then subjected to continuous testing (mostly without the person being aware of doing

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