



Dietary restraint and weight loss as risk factors for eating pathology



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ABSTRACT

Measures of dietary restraint do not consistently predict caloric restriction, and these scales appear inadequate for differentiating between healthy and risky restraint in individuals. The current study examined the relationship between self-reported dietary restraint, recent weight loss, body mass index (BMI), and eating pathology in a college sample to determine if dietary restraint coupled with caloric restriction would prove to be a more sensitive marker of eating disorder risk than restraint alone. Participants ($N = 245$) completed a series of measures evaluating dietary restraint, recent weight loss, and eating habits. Results suggested that dietary restraint related most consistently to eating pathology, with more nuanced results for women regarding the relations between dietary restraint, recent weight loss, and BMI. Findings provided further evidence that dietary restraint and weight loss may relate to eating pathology through independent pathways. In addition, recent weight loss may be a relevant risk factor for women at lower current BMI.

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1. Introduction

Etiological models of eating disorders, including the dual pathway model of Bulimia Nervosa (BN; Stice, 2001), the cognitive-behavioral model of Anorexia Nervosa (AN; Fairburn, Shafran, & Cooper, 1999) and BN (Fairburn, Marcus, & Wilson, 1993), models of the development of binge eating (Polivy & Herman, 1993), and the transdiagnostic model of eating disorders (Fairburn, 2008), suggest that dieting, defined as the intentional and consistent restriction of caloric intake for weight management purposes, promotes eating disturbance. These theories propose that dieting precedes the onset of more pathological eating patterns, including binge eating and purging. Furthermore, some authors suggest that engaging in dietary restraint—purposefully eating less than one would like—relates to weight gain and incidence of bulimic symptoms over time (Polivy & Herman, 1985; Heatherton & Polivy, 1992). Thus, it follows that reductions in dietary restraint and dieting should produce healthier eating patterns and should be encouraged, and conversely, high levels of these behaviors should be discouraged.

Despite such predictions, studies that examine the effect of low-calorie diets on obese individuals typically do not find increased rates of binge eating or purging after dieting (Wadden et al., 2004). In addition, one recently developed eating disorder prevention intervention consistently indicates that engaging in relatively low levels of dieting can decrease risk of both obesity and eating disorders in healthy weight young women (Annunziato et al., 2009; Stice, Marti, Spoor, Presnell, & Shaw,

2008; Stice, Shaw, Burton, & Wade, 2006). Such evidence challenges the assertion that dieting behavior increases risk for eating pathology.

1.1. Measures of dietary restraint

In an attempt to evaluate the effects of dieting behaviors on eating pathology, researchers have developed several self-report scales of dietary restraint, including the Restraint Scale (RS; Herman & Polivy, 1980), the Three Factor Eating Questionnaire (TFEQ; Stunkard & Messick, 1985), and the Dutch Restrained Eating Scale (DEBQ-R; Van Strien, Frijters, Bergers, & Defares, 1986). These scales share some similarities in that all three measure an individual's motivation for restraint; however, some discrepancies have been shown among the measures. For instance, one study that compared these three scales found that the TFEQ-R and DEBQ-R appear to capture more successful caloric restriction over a 7-day period than the RS (Laessle, Tuschl, Kotthaus, & Pirke, 1989). Of note, recent studies have found that high scores on both the RS and the TFEQ-R predict weight gain in prospective studies of both adolescents and adults, and that no current restraint measure can accurately capture effective long-term caloric restriction (Lowe et al., 2006; Stice, Burton, & Shaw, 2004). Thus, dietary restraint, weight-loss dieting, and true caloric restriction represent separate constructs.

Although dietary restraint scales do not evaluate objective dieting behaviors, they seem to capture a cognitive effort that is expended in attempting to resist certain types and amounts of food in order to control weight. Furthermore, dietary restraint consistently predicts problematic eating patterns, including “counterregulatory eating” in which individuals are more likely to overeat after eating a food that is not consistent with their dieting goals (Federoff, Polivy, & Herman, 1997;

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Heatherton, Polivy, & Herman, 1991; Herman & Mack, 1975; Polivy, Herman, & Deo, 2010).

1.2. *Dieting does not consistently predict eating pathology*

Some studies have suggested that practicing dietary restraint does not consistently relate to eating pathology and weight gain. For example, one longitudinal investigation suggested that body mass index (BMI) predicts restrained eating to a greater degree than restrained eating predicts BMI (Snoek, van Strien, Janssens, & Engels, 2008). In addition, although many BN and binge eating patients report dieting prior to their eating disorder onset (Davis, Freeman, & Gardner, 1988; Polivy & Herman, 1985a), this is not a universal experience (Abbott et al., 1998; Mussell et al., 1997; Spurrell, Wilfley, Tanofsky, & Brownell, 1997), indicating that while dieting may relate to problematic eating patterns, it is not necessary for the development of problematic eating patterns.

In fact, several studies have found that certain levels of dieting may reduce incidence of disordered eating behaviors. For instance, obese individuals who are restraining their caloric intake by following a weight loss diet do not evidence high rates of problematic eating behaviors, and assignment to low-calorie weight loss diets may decrease binge-eating frequency (Lowe, Whitlow, & Bellwoar, 1991; Reeves et al., 2001). Such findings indicate the relationship between dietary restraint and eating pathology may also be different according to body mass index (BMI). Studies also suggest that prescribed, supervised dieting can reduce bulimic behaviors in normal weight individuals with body image concerns (Presnell & Stice, 2003; Stice, Martinez, Presnell, & Groesz, 2006a; Stice, Shaw et al., 2006b). Overall, while research does exist that links dietary restraint with the development of disordered eating, consistent evidence suggests that dieting interventions in controlled trials result in decreased bulimic symptoms for a variety of populations along with significant weight loss in overweight individuals. As dietary restraint also co-occurs with other eating disorder risk factors such as body dissatisfaction and perfectionism (Garner, Olmstead, & Polivy, 1983), it is possible that such risk factors promote both restraint and eating pathology and that the relation between restraint and eating pathology is in part contingent on such risk factors. For instance, findings that prescribed dieting is a less consistent predictor of eating risk as compared to naturally occurring levels of dietary restraint may be, in part, due to other risk factors that promote both efforts to reduce intake in addition to eating pathology.

1.3. *Healthy vs. risky restraint*

Many plausible explanations arise for the apparent contradictions in the two bodies of literature. For instance, qualitative differences may exist between naturalistic dieting behavior and the type of dieting behavior commonly prescribed in randomized controlled weight loss trials. Dieting in well-controlled studies is prescriptive in nature, minimizing differences of dieting practices between participants. Supervision in a randomized controlled trial may also curb the presence of problematic restraint strategies.

It is important to evaluate whether the success of naturalistic dietary restraint efforts might relate to eating disorder risk. Dietary restraint that leads to weight loss may relate to decreased obesity and eating disorder risk for some individuals (Heatherton, Herman, Polivy, King, & McGree, 1988; Masheb & Grilo, 2000; Presnell & Stice, 2003), and some evidence suggests that restrained eaters who successfully lose weight show less risk for eating pathology over time compared with those who are unsuccessful in their restraint efforts (Stice et al., 2006a). Furthermore, one study found that, for individuals seeking outpatient treatment for binge eating disorder, categorizing individuals on both their restraint status along with their attempt at weight loss produced different profiles of eating disorder risk (Masheb & Grilo, 2000). It is possible that a similar classification could also be of use to evaluate

risk in a nonclinical sample. It is clear that not all individuals who practice dietary restraint are at risk for eating disorders; thus, it would be valuable to identify indicators that could assist in distinguishing which restrained individuals might be most at risk for eating pathology. In addition, the role of self-reported weight loss as a proxy for the success of restraint efforts and a possible risk factor for eating pathology has received little attention. Examining the relationship between self-reported weight loss, BMI and reports of eating pathology could provide useful information for identifying at-risk individuals.

1.4. *Current study*

College students represent one group of individuals who are at high risk for both the development of eating pathology and weight gain (Delinsky & Wilson, 2008; Mintz & Betz, 1988). Evaluating the relationship between restraint, weight loss, and eating disorder risk in college students could provide useful information. For instance, such information could assist in differentiating between individuals who score high on dietary restraint scales but are following a healthy diet from those who score high on restraint scales and who are at risk for eating pathology.

Self-reported dietary restraint and weight loss could provide simple, sensitive indicators of eating disorder risk in a college sample. The current study investigated self-reported dietary restraint and short-term weight loss in college students as predictors of eating pathology. In addition, we examined whether the interaction between these two variables might relate to eating disorder risk. We hypothesized that, alone, reports of recent weight loss would not relate to the presentation of eating pathology; however, weight loss may moderate the effects of dietary restraint on eating disorder risk. In particular, those who displayed high dietary restraint scores without concurrent weight loss may show the highest risk for body image dissatisfaction and eating pathology, as their dietary restraint efforts are proving ineffective.

2. **Materials and methods**

2.1. *Participants and procedure*

College students ($N = 245$) were recruited from an undergraduate psychology subject pool to participate in this study. Participants in this study ranged in age from 18 to 52 ($M = 19.4 \pm 2.9$ years). A total of 39% of participants were male, 54% were female, and 7% did not report their gender. The average body mass index of participants was within a healthy weight range ($M = 23.1 \pm 3.8$ kg/m²). Of the individuals in this study, 43.2% reported that they were currently dieting to lose weight. In a separate, independent question, 57% of individuals in this study stated that they were currently watching their caloric intake in an effort to maintain their current weight. One third of participants (33.6%) reported that they had been overweight by at least 10 lb at some point in their lives. Of those who reported dieting in the past, the average age of first diet was 16.4 ± 3.5 years, and the average weight lost on their first dieting attempt was 8.6 ± 12.7 lb. Variables of interest are presented by gender in Table 1. Participants attended an appointment in which research assistants performed an informed consent procedure, and participants completed surveys online. The university's Institutional Review Board approved the study.

2.2. *Measures*

Independent variables in this study included dietary restraint and recent weight loss. We assessed participants' recent weight loss by asking them to self-report how many pounds they had lost in the past four weeks. Weight loss was assessed prior to additional measures in order to reduce likelihood of self-presentation bias in weight loss reports.

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