



Family correlates of childhood binge eating: A systematic review



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ABSTRACT

Objective: Binge Eating Disorder is the most prevalent eating disorder in the US, and binge eating has been identified in children as young as five. As part of a larger registered systematic review, we identified family correlates of binge eating in children (C-BE) aged 12 and under.

Method: Using established guidelines, we searched PubMed and PsycInfo for peer-reviewed studies published in English between 1980 and April 2015 that examined family correlates and predictors of C-BE. This yielded 736 records for review; after exclusions fifteen studies were reviewed. Risk of bias was assessed. A risk factor typology was used to classify correlates.

Results: Nine of the included studies were cross-sectional and six longitudinal. Family weight teasing and parent emotional unresponsiveness were correlates of C-BE. Parent weight, education/socio-economic situation, and parent race/ethnicity were not associated with C-BE in any study reviewed. There was insufficient or unclear evidence regarding associations between C-BE and parent disordered eating, weight or thinness concern, harsh discipline, maternal dieting, attachment security, and mealtimes and feeding practices. Limitations included too few studies on many of the correlates to summarize, inconsistency of findings, homogenous samples, and predominately cross-sectional designs.

Discussion: Weight-related teasing in families and parental emotional unresponsiveness are correlates of C-BE and important areas to address in parent education and eating disorder prevention programs with families. Further longitudinal studies on putative risk factors for binge eating in childhood are needed to address current limitations, enable synthesis across studies, and inform public health efforts to prevent binge eating problems in children.

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1. Introduction

Binge Eating Disorder (BED; American Psychiatric Association and DSM-5 Task Force, 2013) is the most prevalent eating disorder across all race/ethnic groups and among both male and female adolescents (Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). Binge eating (BE) onset has been reported in children as young as five, and the lifetime prevalence of BED among US adolescents is more than five times greater than that of Anorexia and twice that of Bulimia (Swanson et al., 2011). BED is associated with psychological and physical health issues in adolescents and adults—such as depression (Araujo, da Santos, & Nardi, 2010) and obesity (de Zwaan, 2001)—rendering it a significant public health concern. To date there have been no US surveillance studies of the prevalence or incidence of BE among children aged 12 and under, although research on loss of control (LOC) eating among children aged 6–14 suggests that prevalence rates range from 2 to 10% (Tanofsky-Kraff, Marcus, Yanovski, & Yanovski, 2008). However, there has been no systematic review of risk factors for child BE (C-BE) for more than a decade (Marcus & Kalarchian, 2003), and we found no prior systematic review of family factors of BE.

Most research on BE in children (C-BE) has focused on cognitions and behaviors—such as negative affect (Pearson, Zapolski, & Smith, 2015), self-regulation (Czaja, Rief, & Hilbert, 2009), and dieting (Tanofsky-Kraff, Faden, Yanovski, Wilfley, & Yanovski, 2005)—with less attention devoted to the *context* in which these characteristics develop. Socio-Ecological and Ecological Systems Theories posit that bidirectional interactions between various, nested settings influence individual development, and that the family is the most proximal and influential setting affecting behaviors, attitudes, and resource access for children (Bronfenbrenner, 1979; Davison & Birch, 2001; Grusec & Davidov, 2015). Family demographics and resources (e.g. socio-economic situation [SES]), as well as individual parent (e.g. parent dieting) and relational characteristics (e.g. attachment security) have all been examined as putative family correlates of C-BE, but to date there has been no synthesis of this literature.

To address this gap, we conducted a systematic review of the literature on family correlates of BE in children aged 12 and under. First, we summarize associations by study and assess the risk of bias across

studies. We then classify correlates according to an established risk factor typology to highlight current applicability of findings to C-BE prevention (Kraemer et al., 1997). Finally, we discuss findings, future directions, and implications of research on family correlates of childhood binge eating.

2. Methods

2.1. Protocol registration

Studies in this review are the product of a focused search on family factors and correlates of C-BE drawn from a larger systematic review of the literature about correlates of C-BE which was conducted under a protocol registered on the International Prospective Register of Systematic Reviews (PROSPERO; see Saltzman, Liechty, & Badskey, 2013). The initial pool of eligible studies was the same as for the larger review. For this study, a more focused set of exclusion criteria was applied to the full-text review process in order to narrow the pool to those studies that examined *family* correlates. We used guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA; Moher, Liberati, Tetzlaff, & Altman, 2009) as well as the PROSPERO registration system to ensure review process transparency, and to improve quality and confidence in findings (Fig. 1).

2.2. Inclusion and exclusion criteria

Inclusion and exclusion criteria for this review were the same as for the larger study discussed in Section 2.1, with the addition of the ninth inclusion and sixth exclusion criteria that narrowed the review to family correlates (Table 1). Because childhood is defined as ages birth to 12 years old (US Department of Health and Human Services, 2015), we used this range for the review.

2.3. Search and selection

PubMed and PsycInfo were searched to identify peer-reviewed studies using the following terms: “binge eating,” “binge eating disorder,” “LOC,” or “loss of control;” and truncated variations of the terms

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