

The assessment of binge eating disorder in obese women: A comparison of the binge eating scale with the structured clinical interview for the DSM-IV[☆]

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Abstract

The purpose of the present study was to evaluate the clinical usefulness of the Portuguese version of the Binge Eating Scale (BES) to assess binge eating disorder (BED) in a clinical sample. The BES is a self-reported instrument developed to identify binge eaters within the obese population. The scale, at the cutoff point of 17, was compared with the Structured Clinical Interview for the DSM-IV—Patient version (SCID-I/P). It was administered to 178 obese Brazilian women, aged 18 to 60 years, seeking treatment for obesity at an outpatient clinic. To assess the test–retest reliability, 121 individuals filled the instrument again 15 days later. The Portuguese version of BES showed a sensitivity of 97.8%, a specificity of 47.7%, a positive predictive value of 66.7% and a negative predictive value of 95.3%. The test–retest reliability, measured by kappa statistics, was 0.66. Cronbach's alpha was 0.89. These results suggest that the BES is valid as a screening instrument for BED in obese Brazilian women seeking treatment for obesity. © 2005 Elsevier Ltd. All rights reserved.

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1. Introduction

Binge eating disorder (BED) is a newly recognized diagnostic entity characterized by recurrent binge eating episodes without inappropriate compensatory behaviors for weight control, as seen in bulimia nervosa. BED is an example of eating disorders not otherwise specified (EDNOS) and was included as a provisional diagnosis in the DSM-IV Appendix B (DSM-IV, American Psychiatric Association [APA], 1994).

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The prevalence of BED in clinical samples of obese individuals attending weight loss programs varies widely, from 7.5% to 30% (Brody, Walsh, & Devlin, 1994; Ricca et al., 2000; Spitzer et al., 1992, 1993; Stunkard, Berkowitz, Wadden et al., 1996). Conversely, in community samples the prevalence is lower, ranging from 1.8% to 4.6% (Bruce & Agras, 1992; Spitzer et al., 1992, 1993; Stunkard, Berkowitz, Tanrikut, Reiss, & Young, 1996). The highest prevalence (27% to 47%) was found among patients undergoing bariatric surgery (Adami, Bandolfo, Bauer, & Scopinaro, 1995; Adami, Meneghelli, & Scopinaro, 1999; Hsu, Betancourt, & Sullivan, 1996; Wadden et al., 2001).

It has been suggested that cultural differences may underlie the increased vulnerability of specific ethnic groups to develop certain eating and weight disorders (Pike, Dohm, Striegel-Moore, Wilfley, & Fairburn, 2001). However, evidences indicate that some aspects of BED in Brazil are quite similar to those found in individuals with the same diagnosis from other countries. Preliminary studies in Brazil found that the prevalence of BED ranged from 16.1% to 27.2% in clinical samples (Appolinario, Coutinho, & Póvoa, 1995; Borges, Jorge, Morgan, Silveira, & Custódio, 2002). A strong association between binge eating and overweight was found in a large non-clinical sample (Siqueira, Appolinario, & Sichieri, 2004). Brazilian patients with BED also displayed increased rates of psychiatric comorbidity, especially mood and anxiety disorders (Fontenelle et al., 2003).

Clinical interviews, in particular the Eating Disorder Examination—EDE (Fairburn & Cooper, 1993), are considered the most appropriate method to assess BED, since the interviewer can define the terms used in the instrument, explain questions and help the person to remember details of binge eating episodes. Unfortunately, such interviews are more time consuming than self-reported instruments and require preliminary training for their use (Wilson, 1993). Therefore, many studies on BED used self-reported questionnaires, although they tend to overestimate the prevalence of this condition (Mannucci, Ricca, & Rotella, 1999; Varnado et al., 1997; Williamson & Martin, 1999). The Bulimia Test—BULIT (Smith & Thelen, 1984), the Bulimic Investigatory Test, Edinburgh—BITE (Henderson & Freeman, 1987), the Questionnaire on Eating and Weight Patterns—QEWP-R (Yanovsky, 1993), the Eating Disorder Examination Questionnaire—EDE-Q (Fairburn & Beglin, 1994) and the Binge Eating Scale—BES (Gormally, Black, Daston, & Rardin, 1982) are among those self-administered instruments mostly used.

BES is a 16-item self-reported questionnaire, designed specifically to identify the behavioral and cognitive characteristics of binge eating in obese individuals. Each item presents three or four differently weighted statements, with a final score varying from 0–46. It is used to identify binge eaters, to evaluate binge eating severity and also as a parameter of treatment outcome. Some authors also suggested its potential usefulness as a screening instrument for the diagnosis of BED (Greeno, Marcus, & Wing, 1995; Ricca et al., 2000). Based on BES scores from Gormally et al.'s study (1982), Marcus, Wing, and Hopkins (1988) classified this disturbed eating behavior into three different levels of severity: patients scoring 17 and less were considered non-bingers, those scoring between 18 and 26 moderate bingers and those scoring 27 and above were considered severe binge eaters.

There are five studies comparing the performance of BES and other instruments (Brody et al., 1994; Gladis, Wadden, Foster, Vogt, & Wingate, 1998; Greeno et al., 1995; Ricca et al., 2000; Celio, Wilfley, Crow, Mitchell, & Walsh, 2004). However, there are no studies comparing BES with the SCID-I/P (First, Spitzer, Gibbon & Williams, 1995), a broadly used instrument for psychiatric assessment. The aim of this study is to assess the validity of the Portuguese version of BES when compared to SCID-I/P as a screening instrument for BED and to evaluate the test–retest reliability of the instrument in a sample of obese individuals seeking treatment for obesity.

2. Method

This study was carried out between January and July 2001 in an obesity and eating disorders outpatient clinic of a public health institution in Rio de Janeiro, Brazil, which is a reference center for the treatment of endocrinological disorders (including diabetes and obesity) and eating disorders.

2.1. Subjects

Two hundred and two literate obese individuals, aged from 18 to 60 years, with body mass index (BMI) (weight in kilograms divided by height² in meters) ≥ 30 kg/m² were recruited to take part in a clinical trial of obesity treatment by local newspaper advertising. The study protocol was approved by the institutional Ethics Committee and all

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