IV Congreso Internacional
Observatorio de la Alimentación & Fundación Alícia
Barcelona / 9 - 12 junio / 2015

OTRAS MANERAS DE COMER
elecciones / convicciones / restricciones
Eating disorders are associated to psychological impairment, but few works have studied the relationships between psychopathologic symptoms and eating behaviour dimensions. Moreover, the majority of available works have studied obese females' samples, and most of them study only binge eating. In this context, our main aim was to study the relationships between psychopathologic symptoms and eating behaviour dimensions among a non-clinical sample of undergraduate Portuguese students. Given the association of BMI with eating behaviour, we included this variable in both bivariate and multivariate analysis.

We analysed data from 258 higher education students (62.4% females) aged 18 to 27 years. Several eating behaviour dimensions (emotional eating, external eating, flexible and rigid restraint, binge eating, and eating self-efficacy) were assessed, and related to psychopathologic symptoms (assessed through the Brief Symptom Inventory).

Although some of the associations between the two groups of constructs seem to differ between sexes, the most expressive results found were that, both in the female and in the male subsamples, emotional, external and binge eating were positively associated and eating self-efficacy negatively associated with psychopathologic symptoms. Multivariate analysis showed that most eating behaviour dimensions (all except external eating in the male subsample) were significantly explained by BMI and BSI subscales, and that the effect sizes are large for all of them. Interpersonal sensitivity and phobic anxiety, respectively in females and males, were the only BSI dimensions with a significant main effect in explaining eating behaviour dimensions.

Our results reveal the relevance of separately studying the two types of restriction, as flexible control wasn't associated with any BSI dimension or index but, among males, for rigid control positive associations were found with somatization, phobic anxiety, paranoid ideation, and psychoticism. It is also worth noticing that, in the multivariate analysis, among males (and despite the absence of main effects), depression and hostility showed negative parameter estimates, respectively, in both types of restraint and in rigid control.

Besides providing clues for future research, our study found that eating behaviour and psychopathologic symptoms present several associations, even in non-clinical participants. The concomitant consideration of psychopathologic symptoms will allow combining clinical and quality of life features as determinants of food choice and consumption. Different eating restraint features may further explain the relations between such dimensions.

The analysis led to the maintenance of five of the six items initially considered. The scale showed a unifactorial structure, and the proportion of total variance explained by the principal components extracted is higher than 64%. It also shows good internal consistency, with values of Cronbach's alpha above 0.85. The study of relations with other measures showed evidence of its construct, convergent, and discriminant validities.

The “General Eating Self-Efficacy Scale” showed good psychometric properties, and may prove to be a useful tool for the prognosis and the evaluation of interventions related to the change in eating habits. Therefore, the study of its relations with different eating behaviour dimensions (in both clinical and non-clinical samples) will be relevant to the interpretation of the underlying processes of food selection and consumption among individuals and specific population groups.