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Katzmaň, Melanie A.; And Others

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ABSTRACT

Bulimia, an eating disorder characterized by binge eating, may be increasing in frequency. In order to examine and assess: (1) the prevalence of bulimia in a non-clinical sample of college women; (2) the relationship of reports of binge eating to the fulfillment of operationalized Diagnostic and Statistical Manual III (DSM III) criteria for bulimia; (3) the prevalence of binge eating in males and females at times other than meals; and (4) sex differences in the labeling of one's behavior as binge eating, 327 male and 485 female college students responded to a questionnaire requesting information about binge eating and its frequency. Of the 147 women who responded positively to both questions, 105 completed an operationalized form of the DSM III in which the criteria for bulimia were defined. Large quantities of food was defined as 1,200 calories or more per binge; episodic eating patterns was defined as a minimum of 8 binges per month; and repeated attempts to lose weight was defined as two or more attempts in the past month. Analysis of results showed that 56 percent of the women and 38 percent of the men reported binge eating, and more women than men labeled their behavior as binge eating. However, only 7.2 percent of the women binged 8 or more times per month. The criteria for bulimia in the operationalized DSM III were fulfilled by 3.9 percent of the women, suggesting that bulimia may be a more prevalent disorder in non-clinical college women than previously suspected. (MCF)

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The Prevalence of Frequent Binge Eating and Bulimia in a Non-Clinical College Sample

Melanie A. Katzman, M.A.
Sharlene A. Wolchik, Ph.D.
Sanford L. Braver, Ph.D.
Arizona State University
Department of Psychology
Tempe, Arizona 85287

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This study examined the prevalence of bulimia and frequent binge eating in female college students. Additionally, sex differences in binge eating and in labeling one's behavior as binge eating were assessed. All students in an introductory psychology course, 485 women and 327 men, were subjects. Forty-nine percent of all students reported binge eating. Significantly more women than men reported binge eating and labeled their behavior binge eating. While 56% of the women reported binge eating, only 7.2% reported 8 or more episodes a month. Approximately four percent of the women sampled fulfilled operationalized DSM III criteria for bulimia.

In 1980 the Diagnostic and Statistical Manual III (DSM III) included the eating disorder "bulimia". The diagnostic features include: episodic eating patterns involving rapid consumption of large quantities of food in a discrete period of time, usually less than 2 hours; awareness that this eating pattern is abnormal; fear of not being able to peating voluntarily; and depressed mood and self depricating thoughts following the eating binges. Three of the following behaviors are also needed: eating in private during a binge; termination of a binge through sleep, social interruption, self induced vomiting, or abdominal pain; repeated attempts to lose weight by self induced vomiting, severely restrictive diets, or use of cathalities and/or dimetics, and frequent weight fluctuations due to afternating binges and fasts finally, the bulimic episodes must not be due to anorekia nervoss or any known physical disorder (1).

Although this pattern of excessive intake followed by voluntary parallel was reported in the clinical literature as early as 1916 by Advaham (2), only recently has much attention been given to this disorder. Bulimia has seen studied under a valiety of different names including bulimerexia (3, 4), binge starver (3, 4), builture nervose (5) and thin face (0). The use of illierent diagnostic labels and the absence of objective diagnostic enderve make comparison of results across studies difficult. Although the definition in the DSM III is a valuable first step in specifying the features of this ilsoide. The behavior required of diagnosis are not quantified not preceded within a time from fruither operationalization of these criteria would enhance communication between researchers.

unile bulimla his been considered at re-disorder (0), result at disorder (0), result at disorder (7) reported that 5 0% of ollege students treated at a university mental

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clinic were bulimic using the DSM III criteria and that this diagnosis was significantly more common in women than men. This finding lends support to the clinical observation of Boskind-Lodahl (3) that this cycle may be more common among young women in college settings than previously realized. However, the prevalence of bulimia in non-clinical college samples has not yet been investigated.

The prevalence of binge eating, the core characteristic of bulimia, has been examined in college students by Hawkins and Clement (8) who asked students "Do you tinge eat?". Seventy nine percent of the women and 49% of the men responded affirmatively. Several researchers (9,10) have suggested that by studying binge eating, we may further our understanding of bulimia. However generalizing from studies of binge eaters to bulimies may be inapprophiate further research is needed to assess whether women who respond affirmatively to a question about binge eating are demonstrating bulimia as defined by the LSM 111.

An ther research issue concern, sex introvences in binge eating.

Hardens and elements (8) report signific nt sex differences in binge eating

in several offege stuples. Actual differences in the occurrence of binge

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of binge eating and of frequent consumption of large quantities of food at times other than meals in both male and female students and 4) to examine sex differences in the labeling of one's behavior as binge eating.

Method

Subjects. Subjects were 327 male and 485 female students, all of the students enrolled in an introductory psychology course during the semester in which the study was conducted.

Procedure. All subjects answered the following questions which were part of a large questionnaire administered at the beginning of the semester: "Do you binge eat?" and "Do you frequently consume large quantities of food at times other than meals?"

An attempt was made to reach the 147 women who responded positively to unth questions. All 105 of these nomen who could be contacted by telephone agre 3 to and 2 mpl ted an additional questionnaire.

Into questionnaire in luded an elerationalized form of the non-life for the certing political and a rating of the degree of disruption caused by their eating in title in a solition of the disruptive) to f (very disruptive). This questionnaire has described in all groups after the experimental procedures has the resplained and into the out that been obtained and Completing the questionnaire, all nomen were weighted and measured.

Operation likely or there is for building. It earlies to used in this, they are the DSM like equivements the new or the regionality components of the effects of operationalized: "large quantities of food" was defined as 1200 callines or more per bings, "episodic eating putterns" was defined as a minimum of thinges per month and "repeated att mpts to lase height" was defined as the first or more attempts in the past might. These parameters were



chosen to reflect the lower end of the ranges reported in previous studies of bulimia (12, 13). In addition, women could not have been diagnosed as a anorexic in the past year.

On the basis of responses to these diagnostic questions, women who fulfilled all of the criteria for bulimia were classified "bulimic". Those women who reported 8 or more episodes of binge eating a month but who failed to meet one or more of the criteria were classified as "frequent binge eaters". Data on the remaining women, those who reported less than 8 episodes of binge eating a month, were collected but not analyzed.

Results

that, also percent in 397 of the 812 undergraduate paychology students and indeed affiliabilities to the quantition "bo you binge eat?". As shown in table 1, 10% of 274 of the women and 38% or 123 of the men reported eating pullages in the aquare analytis comparing the percentage of female and male binge of the indicated a significant difference. (chi square = 24.47, df = 1, p. .001) forty three percent of the men and 37% of the women reported if quartities of four at times other than meals the general influence as a for algorithm.

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the additional questionnaire were used to estimate the prevalence of frequent binge eating and bulimia in the current sample. As shown in Table 2.3.9% of the total sample of women fulfilled all of the diagnostic criteria for bulimia. An additional 3.3% of the women reported at least 8 binge eating episodes a month but failed to meet all the criteria for bulimia. Of the 56% reporting binge eating, 5.8% reported 8 or more episodes of binge eating in the past month, but did not fulfill the criteria for bulimia while 6.9% of this group fulfilled the criteria for bulimia.

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All of the building when viewed their eating habits as disruptive (M = 0 %) and you reported an interest in treatment for their eating problem. In some ast the bings onters viewed their habits as only a little disruptive (M = 5 0) and only "D% expressed a desire for treatment. All of the build has add these eaters were or normal height as determined by their weights railing within the average limit, established by the Metropolitan life in an and the metropolitan.

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Discussion

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binge eating. No significant differences in the percentages of men and women reporting frequent consumption of large quantities of food at times other than meals occurred, yet women were more likely to label their behavior as binge eating. This finding suggests that labeling one's behavior as binge eating is subjective and occurs more often in women. Merely asking subjects whether they binge eat provides little information as to the frequency of this behavior.

The results also indicate that although over one third of the women report frequent consumption of large quantities of food, the vast majority of women in this sample reported bings eating less than eight times a month. In fact, only first of the female sample reported eight or more episodes of bings eating per month. Of the women reporting frequent bings eating, only 0 % were builting an operationalized form of the DSM till This finding suggests that one should interpret cautiously studies such as crement and Haukin. (9) which draw conclusions about builting from reserve.

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women and 38% of the men reported binge eating. Also, more women than men labeled their eating behavior as binge eating. While many women reported binge eating, only 7.2% of these women did so eight or more times a month. Of the women in the present college sample, 3.9% fulfilled an operationalized definition of the DSM III diagnostic criteria for bulimia. These findings suggest that bulimia may be a more prevalent disorder in non-clinical college women than previously suspected.

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Footnote

Prevalence data for the 147 women were estimated by computing the percentage of the 105 women who completed the questionnaire and who were bulimics or binge eaters. These percentages were extrapolated to the remaining 42 women who could not be contacted by telephone.

Table 1
Results of Eating Questionnaire (n=812)

"Do you Binge Eat" No Yes Men Men Women: Women "Do you frequently consume large quantities of food at times other than meals? 69% (85) 54% (147) 27% (56) 15% (31) Yes 73% (148) 85% (180) 46% (127) No 31% (38) 62% (204) -49% (211) 56% (274) 38% (123) Total

Table 2

Prevalence Data for Female Bulimics and Binge Eaters

	<u> </u>	,,	
Group	Sample Type		
	All Women (<u>n</u> = 485)	Women who said yes when asked, "Do you binge eat?" (<u>n</u> = 274)	Women who said yes when asked, "Do you binge eat?" and "Do you frequently consume large quantities of food at times other than meals?" (n = 147)
Bulimic	3.9%	6.9%	13.0%
Binge Eaters (Binges > 8/month)	3.3%	5.8%	11.0%
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