

### Are measures of disordered eating reliable over time in men?

In the CARE lab, we've noticed that a lot of other research studies exclude men with eating problems. Because of this, we are very interested in studying problem eating patterns in both men and women. We recently

conducted a study that was led by one of our research assistants, Ms. Lindsay Hilderbrand, which tested whether common measures of disordered eating were as reliable over time in men as they are in women. We found that

many measures have low reliability in men. We're in the process of submitting this paper for publication, and hope to do additional studies to ensure measures are reliable in both genders.



### Are college-student dieters more likely to over-eat when they are stressed?

A period of risk for development of obesity is during the college years. One theory that may play a role in the development of obesity, suggests that attempts to strict dieting may lead individuals to overeat when their efforts to resist tempting foods are lowered. We recently presented a study investigating the role of stress on overeating among college

students over the course of one month. Results showed that when overweight or obese students were dieting and stressed out, they were highly likely to engage in overeating. Our findings indicate that stress interacts with dieting and overeating to explain future weight gain among overweight or obese college freshmen. Future treatment and

prevention programs for weight disorders may benefit from incorporating strategies to improve coping skills and stress management as a way to reduce overeating and to prevent additional weight gain among overweight college students.



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# CARE Summer 2014 Center for the Advancement of Research on Eating Behaviors Newsletter

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### Recent Research Questions:

- Are there meaningful differences between individuals who over-eat and purge and those who only over-eat?
- Is it better to share information about a client's weight with him or her during treatment? Or withhold this information?
- See page two for answers!

## We're Moving!

Dr. Kelsie Forbush, director of the CARE Lab, recently accepted a faculty position at University of Kansas (KU) in Lawrence, Kansas. We are



excited to announce that the CARE Lab will be moving with Dr. Forbush to KU! The lab will remain at Purdue University for the majority of the summer, then research will resume at KU in the fall semester.

### Can I still participate in CARE Studies?

**YES!** Please remember that, despite the lab's move, you are still able to continue par-

ticipation in our study. We truly appreciate your continued participation in our study and want to make sure that participation in the study is as convenient as possible.

The six-month follow-up surveys are completed entirely online. Likewise, the annual follow-up interviews can be completed entirely over the phone. Paper surveys can be completed through e-mail and mail, at no cost to you. We sincerely value your involvement in our studies and we hope you will continue to participate in research through the CARE Lab!

### How do I fill out the Height and Weight Release Form?

Because we want to make our studies as convenient as possible, you have the option of participating in follow-ups over the phone and e-mail or "snail" mail. To obtain as accurate information as possible about your weight and height, we ask people who do not participate in person to complete release forms. Just take the form to your healthcare provider (for example, your doctor, nurse, therapist, or nutritionist). They will get your height and weight information and send it to us. However, if you do not currently have a healthcare provider, or do not agree to have your height and weight released to us, you are still eligible to participate in the study.

## Stay in touch and receive a Target gift

In order to continue our research to identify predictors of change in eating behavior over time, **we want to stay in touch with you.** This will allow us to contact you for future follow-ups or other lab studies. That way you can hear about the study and decide if you would like

to continue to participate. **We have created a very brief online survey where you may conveniently update your contact information.** If you complete the survey within the next two weeks, we will mail you a **\$5.00 Amazon or Target gift card!** If you respond after two weeks, we

will mail you a \$2.00 Amazon gift card, so please respond as soon as possible. Please find this survey at: [https://purdue.qualtrics.com/SE/?SID=SV\\_3PZQEeM0kDCOnj3](https://purdue.qualtrics.com/SE/?SID=SV_3PZQEeM0kDCOnj3)

## New, More Convenient Reimbursement Method!

The University of Kansas provides debit cards to participants as an easier method for research reimbursement. Starting this fall, we will use reloadable debit cards to provide you payment! The advantages of this system are that it will help ensure privacy and confidentiality of your personal information and reduce administration time to provide you payments quickly! The card is accepted in the MasterCard network, and will be loaded by authorized research group personnel with oversight from the appropriate administrative

department. Funds will be available in real time once the payment is assigned to the card. Just keep your card and we can keep re-loading it when you participate in follow-ups. How easy is that?!



“Our goal is to improve the way problem eating behaviors are diagnosed and assessed.”

## In the News!

Dr. Forbush and her two graduate students, Ms. Brittany Bohrer and Ms. Tyler Hunt (pictured above on the left and right), were invited to present their research at the 2014 International Eating Disorders Conference (ICED), which took place in March in New York City. Please see below for our study descriptions for more details on our presentations. Dr. Forbush is thrilled that Ms. Bohrer and Hunt will be moving with the lab to KU!

One component used in the annual follow-up interviews is the Eating Pathology Symptoms Inventory (EPSI) which was created by Dr. Forbush and colleagues to better assess eating disorder symptoms. The EPSI was created in two different forms, as a clinician rated interview and a self-report questionnaire. [We are excited to report that the EPSI is now being used to assess clients at Harvard Massachusetts General Hospital in Boston and](#)

[Columbia University Medical School in New York City!](#)

Dr. Forbush just accepted the position as Co-Chair of the Assessment and Diagnosis Special Interest Group for the Academy of Eating Disorders! Her term began in March 2014 and she will Chair the Committee along with Dr. Kelly Berg from the University of Minnesota for three years.

## Recent Findings from the “EAT” Study

Our main research project, which is commonly known as the “Eat Study,” has been doing well, thanks to your generous participation! We have recruited and tested approximately 145 individuals, and hope to recruit 100 more people. Our goal is to improve the way problem eating behaviors are diagnosed and assessed, so that we can better predict factors

that influence eating behaviors over time. As you know, the study is designed to take place over several years. Our methods include interviews and self-report questionnaires, with online surveys at the six-month marks in between the yearly follow-ups. While we are still collecting data, we have started doing some analyses of our data and wanted to share our

results with you. See page three to learn more about what we have been finding in our research studies in the CARE Lab!

## Are there meaningful differences between individuals who over-eat and purge and those who only over-eat?

The purpose of this study was to determine if meaningful differences in eating disorder symptoms and clinical impairment exist in a sample of adults who overeat. We tested differences among people who overeat and purge (for example, self-induced vomiting), those who overeat and compensate, but do not purge (fasting or excessive exercise), and those who do not compensate for overeating episodes. We found that participants who purged had higher levels of impairment (for example, “my eating symptoms make me worry”) and distress (for example, feeling depressed

or very guilty after over-eating) than persons who did not purge. Weight and shape concerns and frequency of fasting or excessive exercise did not differ between those who purged and those who compensated, but did not purge. Binge eating frequency did not distinguish among any of the groups. Our findings suggest that weight and shape concerns may be a key way of distinguishing among unhealthy eating issues characterized by the presence of over-eating.



Interested in learning more about our studies? Let us know. We’re happy to send you articles that our lab has published in scientific journals!

## Is it better to share information about the client’s weight with him or her?

Empirically-supported treatments for eating disorders, such as cognitive-behavioral therapy and family-based treatment, stress the importance of weighing clients during therapy and using this information as a part of treatment. However, weighing practices vary widely across eating disorders professionals, including those that report that they provide empirically-supported interventions. We recently finished a study that aimed to character-

ize clinicians’ practices regarding the decision to share (open weighing) or withhold (blind weighing) weight information with clients, a topic that has received limited prior attention in the eating disorders literature. We found that clinicians who engaged in blind versus open weighing did not differ in age, sex, ethnicity/race, or duration of practice in the eating disorders field. Endorsement of a cognitive-behavioral or family-based therapeutic orientation was not associated with open weighing. However, clinicians who endorsed a mo-

based theoretical orientation and nutritionists/dietitians were significantly more likely to practice blind weighing, whereas clinical psychologists were significantly more likely to practice open weighing. Clients’ anxiety regarding their weight, requests not to know their weight, history of relapse, and cognitive/emotional impairment from malnutrition were significant predictors of clinicians’ decisions to practice

blind weighing. We think that these results suggest that the development of specific training modules may be useful for improving adherence to empirically supported protocols that recommend open weighing. More importantly, however, our results highlight the need for future treatment studies to identify whether blind or open weighing is beneficial for improving patient outcomes.



Don’t forget to update your contact information and get paid! See p. 1 for details.

## What is the state of the plate?

Dr. Forbush and Ms. Tyler Hunt recently finished a review study that characterized the eating behaviors of persons with eating disorders. The paper is now ‘in press’ in the journal *Physiology & Behavior*. Feel free to take a look online (<http://www.ncbi.nlm.nih.gov/pubmed/24582916>)!