

2-1-2017

Eating disorder examination-questionnaire (EDE-Q): Norms for a clinical sample of males

Karen Jennings

Kathryn Phillips

Fairfield University, kphillips1@fairfield.edu

Copyright 2017 Elsevier. NOTICE: this is the author's version of a work that was accepted for publication in Archives of Psychiatric Nursing. Changes resulting from the publishing process, such as editing, corrections, structural formatting, and other quality control mechanisms may not be reflected in this document. Changes may have been made to this work since it was submitted for publication. A definitive version was subsequently published in Archives of Psychiatric Nursing. doi: 10.1016/j.apnu.2016.08.004.

Peer Reviewed

Repository Citation

Jennings, Karen and Phillips, Kathryn, "Eating disorder examination-questionnaire (EDE-Q): Norms for a clinical sample of males" (2017). *Nursing Faculty Publications*. 91.
<http://digitalcommons.fairfield.edu/nursing-facultypubs/91>

Published Citation

Jennings, Karen. & Phillips, Kathryn. E. (2017). Eating disorder examination-questionnaire (EDE-Q): Norms for a clinical sample of males. *Archives of Psychiatric Nursing*, 31, no. 1 : 73-76. doi: 10.1016/j.apnu.2016.08.004

This Article is brought to you for free and open access by the Marion Peckham Egan School of Nursing and Health Studies at DigitalCommons@Fairfield. It has been accepted for inclusion in Nursing Faculty Publications by an authorized administrator of DigitalCommons@Fairfield. For more information, please contact digitalcommons@fairfield.edu.

Manuscript Number: APN-D-16-00099

Title: Eating Disorder Examination-Questionnaire (EDE-Q): Norms for a clinical sample of males

Article Type: Research Paper

Keywords: Eating disorders; males; inpatient; EDE-Q

Corresponding Author: Dr. Kathryn Phillips,

Corresponding Author's Institution: Fairfield University

First Author: Karen Jennings, PhD, RN, PMHNP-BC

Order of Authors: Karen Jennings, PhD, RN, PMHNP-BC; Kathryn Phillips

Abstract: Normative data on the Eating Disorder Examination Questionnaire (EDE-Q) for a clinical sample of males in the United States are presented. Thirty-eight males completed the EDE-Q at time of admission to an inpatient unit for eating disorders. The majority of males were diagnosed with unspecified eating disorder (73.7%, n = 28). Mean age at time of admission was 24.4 years (SD = 12.6), mean body mass index at time of admission was 21.5 kg/m² (SD = 9.5), and mean length of stay was 13.6 days (SD = 9.3). Mean scores, standard deviations, and percentile ranks for the global and subscale scores are provided. Although the prevalence of eating disorders remains lower among males compared to females, body dissatisfaction and eating disorder psychopathology are fairly common among males.

Title: Eating Disorder Examination–Questionnaire (EDE–Q): Norms for a clinical sample of males

Authors:

Karen Jennings, PhD, RN, PMHNP-BC
Boston College, William F. Connell School of Nursing
140 Commonwealth Avenue
Chestnut Hill, MA 02467
jenninkf@bc.edu

Kathryn E. Phillips,* PhD, ANP-BC
Assistant Professor
Fairfield University
1073 N. Benson Rd.
Fairfield, CT 06825
Kphillips1@fairfield.edu

* Corresponding Author

Joyce J. Fitzpatrick, PhD, MBA, RN, FAAN
Editor
Archives of Psychiatric Nursing

June 2, 2016

Kathryn E. Phillips, PhD, ANP-BC
Assistant Professor
Fairfield University
1073 N. Benson Rd.
Fairfield, CT 06824

Dear Dr. Fitzpatrick,

We are submitting a manuscript that presents normative data for the eating disorders examination questionnaire (EDE-Q) in a clinical sample of male patients. To the authors knowledge this is the first reported data in a male clinical sample. None of the mean scores on the global score or subscale scores of the EDE-Q reached clinical significance, indicating this may not be a valid measure in male clinical populations.

We look forward to any feedback you and the reviewers have. Thank you for your consideration of our manuscript.

Sincerely,

Kathryn E. Phillips, PhD, ANP-BC
Assistant Professor, Fairfield University
Corresponding Author

1
2
3
4 **Abstract**
5

6 Normative data on the Eating Disorder Examination Questionnaire (EDE-Q) for a clinical
7
8 sample of males in the United States are presented. Thirty-eight males completed the EDE-Q at
9
10 time of admission to an inpatient unit for eating disorders. The majority of males were diagnosed
11
12 with unspecified eating disorder (73.7%, $n = 28$). Mean age at time of admission was 24.4 years
13
14 ($SD = 12.6$), mean body mass index at time of admission was 21.5 kg/m^2 ($SD = 9.5$), and mean
15
16 length of stay was 13.6 days ($SD = 9.3$). Mean scores, standard deviations, and percentile ranks
17
18 for the global and subscale scores are provided. Although the prevalence of eating disorders
19
20 remains lower among males compared to females, body dissatisfaction and eating disorder
21
22 psychopathology are fairly common among males.
23
24
25
26
27
28
29
30

31 **Key Words:** Eating disorders, males, inpatient, EDE-Q
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

Introduction

In the U.S., muscularity and leanness is the ideal male body shape permeating main culture (Bazzini, Pepper, Swofford, & Cochran, 2015), which may contribute to body dissatisfaction and the drive for muscularity and leanness among males (Franko et al., 2015). The prevalence rates of anorexia nervosa (AN) and bulimia nervosa (BN) are lower in males compared to females (Hudson, Hiripi, Pope, & Kessler, 2007; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011), but the prevalence rates of binge eating disorder (BED) are similar among the sexes (Hudson et al., 2007; Swanson et al., 2011). Unfortunately, males are less likely to be diagnosed with and seek treatment for an eating disorder compared to females (Merikangas et al., 2011). Furthermore, if diagnosed with an eating disorder, males are more likely to be diagnosed with an unspecified eating disorder versus any other eating disorder (Le Grange, Swanson, Crow, & Merikangas, 2012).

The Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 1994, 2008) is a well-established measure designed to assess eating disorder psychopathology, and is derived from the Eating Disorder Examination (EDE) interview (Fairburn & Cooper, 1993; Fairburn, Cooper, & O'Connor, 2008). Numerous studies have confirmed a high level of agreement between the EDE-Q and EDE in measuring core characteristics of eating disorders in community and clinical samples (Anderson, De Young, & Walker, 2009; Binford, Le Grange, & Jellar, 2005; Grilo, Masheb, & Wilson, 2001; Mond, Hay, Rodgers, Owen, & Beumont, 2004; Wilfley, Schwartz, Spurrell, & Fairburn, 1997). The EDE-Q is used for both research and clinical purposes, and is a relatively brief and cost-efficient assessment of eating disorder psychopathology.

Normative data are needed for appropriate interpretation of EDE-Q scores. Such data

1
2
3
4 are available for female (Carter, Stewart, & Fairburn, 2001; Luce, Crowther, & Pole, 2008;
5
6 Mond, Robertson, & Vetere, 2006) and male (Lavender, De Young, & Anderson, 2010;
7
8 Mond et al., 2014; Reas, Overas, Oyvind, 2012) populations. However, the majority of the
9
10 studies have examined a community and/or non-clinical samples. To the knowledge of these
11
12 researchers, despite increased research on the EDE-Q in male populations, normative data on the
13
14 EDE-Q among a clinical sample of males has not been published. Thus, the purpose of the
15
16 present study was to provide EDE-Q norms for an inpatient sample of males diagnosed with an
17
18 eating disorder.
19
20
21
22

23 **Methods**

24 ***Participants***

25
26
27 Participants were male patients who had been admitted to an inpatient eating disorders
28
29 unit in the Northeastern U.S. between January 2014 and December 2015. All patients met criteria
30
31 for an eating disorder (i.e., anorexia nervosa, bulimia nervosa, unspecified eating disorder) based
32
33 on the *Diagnostic and Statistical Manual of Mental Disorders 4th and 5th editions* (American
34
35 Psychiatric Association [APA], 2000; 2013). A clinical interview, conducted by a psychiatrist or
36
37 psychiatric nurse practitioner, determined the diagnosis of the specific eating disorder. The study
38
39 had Institutional Review Board approval.
40
41
42
43
44

45
46 Twenty male patients did not complete the EDE-Q. Thus, the final sample size was 38.
47
48 There were not statistically significant differences between individuals who did not complete and
49
50 individuals who completed the EDE-Q for age, $F(1, 56) = 1.252, p = .27$, diagnoses, $F(1, 56) =$
51
52 $.096, p = .76$, body mass index (BMI) at time of admission, $F(1, 56) = .93, p = .34$, and length of
53
54 stay, $F(1, 56) = .08, p = .78$.
55
56
57

58 ***Procedure***

59
60
61
62
63
64
65

1
2
3
4 Individuals completed the EDE-Q (© 2008 by Christopher G. Fairburn and Sarah
5
6 Beglin) within 24 hours of admission to the inpatient unit for eating disorders. Anthropometric
7
8 measurements (i.e., height, weight) were supervised and taken by nursing staff and occurred on
9
10 calibrated scales with the patient wearing underwear and/or hospital gown. The anthropometric
11
12 devices were inspected and calibrated per the treatment facility's protocol.
13
14

15 16 *Measures*

17
18 The EDE-Q 6.0 is a 28-item measure (© 2008 by Christopher G. Fairburn and Sarah
19
20 Beglin) derived from the Eating Disorder Examination (EDE; Fairburn & Cooper, 1993). The
21
22 EDE-Q is scored using a 7-point, forced-choice rating scale (0–6) with scores of 4 or higher
23
24 indicative of clinical range. The subscale and global scores reflect the severity of eating disorder
25
26 psychopathology. To obtain subscale scores, the ratings for the relevant items are added together
27
28 and the sum divided by the total number of items forming the subscale. If ratings are only
29
30 available on some items but more than half, then a score is obtained by dividing the resulting
31
32 total by the number of rated items. A “global” score is the sum of the four subscale scores
33
34 divided by the number of subscales (i.e., four).
35
36
37
38
39
40

41 Internal consistency in the EDE-Q has been shown to be good, with Cronbach's alpha
42
43 coefficients ranging from .70 to .83 in a clinical sample and from .78 to .93 in a general
44
45 population sample (Luce & Crowther, 1999; Peterson et al., 2007). Among studies included in a
46
47 recent systemic review of the psychometric properties of the EDE-Q, internal consistency was
48
49 acceptable with the following range of alpha coefficients: Restraint (.70–.85), Eating Concern
50
51 (.73–.86), Shape Concern (.83–.93), and Weight Concern (.72–.89) (Berg, Peterson, Frazier, &
52
53 Crow, 2012).
54
55
56

57 58 *Statistical Analyses*

59
60
61
62
63
64
65

1
2
3
4 Data are presented as mean (SD) scores on the EDE-Q global and subscale scores. For
5
6 the EDE-Q subscale scores, percentile ranks were provided. Analysis of variance (ANOVA) and
7
8 chi-square analysis were used to compare continuous and categorical descriptive variables,
9
10 respectively. Independent *t*-tests were used to compare the global and subscale scores between
11
12 males diagnosed with AN, BN, and unspecified eating disorder, using two-tailed tests with a
13
14 Bonferroni-corrected *p*-value set at .05 for statistical significance. Internal consistency was
15
16 calculated using Cronbach's coefficient alpha (α). All analyses were conducted using SPSS
17
18 version 21.0. The statistical significance (alpha) level was set at $p \leq .05$, and all tests were two-
19
20 tailed.
21
22
23
24

25 26 **Results**

27 28 *Demographics and Clinical Characteristics*

29
30 Participants had a mean age of 24.4 years ($SD = 12.6$, range = 12–65) and the mean BMI
31
32 at time of admission was 21.5 kg/m² ($SD = 9.5$, range = 10.4–60.3). Six males (15.8%) met
33
34 criteria for AN, 4 males (10.5%) met criteria for BN, and 28 males (73.7%) met criteria for
35
36 unspecified eating disorder. The average length of stay was 13.6 days ($SD = 9.3$, range = 2–38),
37
38 with the average change in body weight being 3.2 kg ($SD = 7.6$) and the average change in BMI
39
40 was 0.85 kg/m² ($SD = 0.27$).
41
42
43
44

45 Table 1 presents the demographic information based on eating disorder diagnoses.
46
47 Participants were demographically similar across diagnostic groups. No baseline between-group
48
49 differences were detected for age at time of admission, $F(2, 35) = 2.23$, $p = .122$, or length of
50
51 stay, $F(2, 35) = .145$, $p = .865$.
52
53
54
55

56 Table 1.
57 Demographics and clinical characteristics among males who are admitted to inpatient treatment
58
59 for an eating disorder ($N = 38$)
60
61
62
63
64
65

Characteristic	AN (<i>n</i> = 6) <i>M</i> (<i>SD</i>)	BN (<i>n</i> = 4) <i>M</i> (<i>SD</i>)	Unspecified ED (<i>n</i> = 28) <i>M</i> (<i>SD</i>)	<i>F</i>
Age (years) at time of admission	19.2 (5.6)	35.5 (19.9)	23.9 (11.9)	2.23
Weight (kg) at time of admission	51.6 (4.9)	94.5 (45.8)	63.3 (34.5)	2.10
BMI (kg/m ²) at time of admission	17.3 (1.8)	31.1 (14.9)	21.1 (9.0)	2.89
BMI (kg/m ²) at time of discharge	17.9 (1.5)	30.6 (14.1)	21.8 (9.3)	2.33
Change in BMI (kg/m ²)	0.6 (0.3)	-0.5 (0.8)	0.8 (0.8)	4.35*
Percent IBW at time of admission	84.2 (6.2)	145.3 (72.4)	97.6 (28.8)	4.50*
Percent IBW at time of discharge	87.0 (5.3)	143.3 (68.3)	101.4 (29.2)	3.80*
Change in percent IBW	2.8 (1.7)	-2.0 (4.3)	3.9 (3.6)	5.04**
Length of stay (days)	12.0 (7.0)	12.5 (10.2)	14.1 (9.9)	.145

Note: AN = anorexia nervosa; BN = bulimia nervosa; ED = eating disorder; BMI = body mass index; IBW = ideal body weight; kg = kilogram; m = meter.

* $p < .05$.

** $p < .01$.

As determined by one-way ANOVA, there were statistically significant differences between males based on diagnoses in percent of ideal body weight (IBW) at time of admission, $F(2,35) = 4.50, p = .02$, percent of IBW at time of discharge $F(2,35) = 3.80, p = .03$, change in BMI, $F(2,35) = 4.35, p = .02$, and change in percent of IBW, $F(2,35) = 5.04, p = .01$. Post hoc comparisons using Tukey HSD revealed males with BN had statistically significantly higher percent of IBW at time of admission, 95% CI [4.39, 90.97], $p = .03$, lower change in percent of IBW, 95% CI [1.34, 10.38], $p = .01$, and lower change in BMI, 95% CI [0.21, 2.25], $p = .02$, compared to males with unspecified eating disorder. Males with BN had statistically significantly higher percent of IBW at time of admission, 95% CI [8.81, 113.36], $p = .02$, and at time of discharge, 95% CI [4.77, 107.73], $p = .03$, compared to males with AN.

Eating Disorder Examination–Questionnaire

Table 2 presents the mean EDE-Q global and subscale scores, standard deviations, and percentile ranks. Utilizing a cut-off of ≥ 4 as a marker of clinical significance, 42.1% of males ($n = 16$) scored in the clinically significant range on the Restraint subscale, 39.5% ($n = 15$) scored

in the clinically significant range on the Eating Concern subscale, 55.3% (n = 21) scored in the clinically significant range on the Shape Concern subscale, 47.4% (n = 18) scored in the clinically significant range on the Weight Concern subscale, and 44.7% (n = 17) scored in the clinically significant range on the Global scale. Table 3 presents the mean EDE-Q subscale and global scores by eating disorder diagnoses. There were no difference/significant difference for global and subscale scores.

Table 2.

Means, standard deviations (*SD*), and percentile ranks for EDE-Q global and subscale scores among males who are admitted to inpatient treatment for an eating disorder ($N = 38$)

	Restraint	Eating concern	Shape concern	Weight concern	Global score
Mean (<i>SD</i>)	3.10 (2.44)	2.95 (2.15)	3.74 (1.95)	3.52 (1.93)	3.31 (1.98)
Percentile rank					
5	–	–	–	0.19	0.19
10	–	–	0.68	0.76	0.47
15	–	0.17	1.13	0.97	0.75
20	0.16	0.40	1.35	1.16	1.06
25	0.35	0.55	2.28	1.60	1.53
30	0.60	1.30	2.59	2.40	1.76
35	1.20	2.04	3.00	2.86	2.35
40	1.84	2.32	3.53	3.20	2.70
45	3.00	2.60	4.02	3.60	3.11
50	3.60	3.00	4.31	3.70	3.54
55	3.76	3.09	4.50	4.00	3.96
60	4.00	3.88	4.65	4.48	4.43
65	5.08	4.07	5.13	4.80	4.55
70	5.60	4.52	5.17	4.86	4.73
75	5.80	5.00	5.50	5.05	5.23
80	5.84	5.28	5.65	5.64	5.37
85	6.00	5.83	5.79	5.83	5.66
90	6.00	6.00	6.00	6.00	5.80
95	6.00	6.00	6.00	6.00	6.00
99	–	–	–	–	–

Table 3.

Mean EDE-Q global and subscale scores among males who are admitted to inpatient treatment for an eating disorder by diagnoses ($N = 38$)

	AN (<i>n</i> = 6)	BN (<i>n</i> = 4)	Unspecified ED (<i>n</i> = 28)	<i>F</i>
Restraint subscale	2.92	4.45	2.94	.674
Eating concern subscale	2.70	3.30	2.94	.089
Shape concern subscale	3.75	4.38	3.64	.239
Weight concern subscale	3.00	4.25	3.52	.492
Global	3.02	4.09	3.27	.691

Note: AN = anorexia nervosa; BN = bulimia nervosa; ED = eating disorder.

* $p < .05$.

** $p < .01$.

In this study, Cronbach's alpha was .96 for the global score, .92 for the restraint subscale, .89 for the eating concern subscale, .92 for the shape concern subscale, and .86 for the weight concern subscale.

Discussion

The EDE-Q is a well-established assessment instrument of eating disorder psychopathology, and is used for both research and clinical purposes. To date, normative data exclusively for a clinical sample of males has not been published. Therefore, the primary purpose of the current study was to establish norms for the EDE-Q among an inpatient sample of males diagnosed with an eating disorder.

Males in the present study scored higher on the global and subscales of the EDE-Q compared to prior studies of community samples of males and females (Barode-Cone & Boyd, 2007; Carter et al., 2001; Hilbert, De Zwaan, & Braehler, 2012; Lavender et al., 2010; Mond et al., 2014; Mond et al., 2006; Mond et al., 2004; Reas et al., 2012; Rose, Vaewsorn, Rosselli-Navarr, Wilson, & Striegel-Weissman, 2013; White, Haycraft, Goodwin, & Meyer, 2014). In other words, this sample of male participants reported greater severity of eating disorder psychopathology compared to community samples in previously published studies. This finding

1
2
3
4 indicates that the EDE-Q discriminates in assessing the severity of eating disorder
5
6 psychopathology between clinical and community populations for not only females but also
7
8 males.
9

10
11 The comparison of scores on the EDE-Q between males in the present study and clinical
12
13 samples of females in previous research is inconsistent. Compared to 60 women with AN (Wolk,
14
15 Loeb, & Walsh, 2005) and 21 adolescent females with BN (Binford et al., 2005), males in the
16
17 present study reported a lower severity of eating disorder psychopathology. However, compared
18
19 to two samples of adolescent females with AN (Binford et al., 2005; Passi, Bryson, & Lock,
20
21 2003), the current sample of males scored higher on all EDE-Q subscales. Males are less likely
22
23 to be diagnosed with and seek treatment for an eating disorder compared to females (Merikangas
24
25 et al., 2011). Thus, it is possible that males who are admitted to an inpatient treatment facility for
26
27 eating disorders have a greater severity of eating disorder psychopathology compared to
28
29 adolescent females with AN but not compared to adolescents with BN and women with AN.
30
31
32
33
34
35

36 Although all males were diagnosed with an eating disorder and admitted for inpatient
37
38 treatment, only 39.5–55.3% of the sample reported clinically significant scores on the subscales
39
40 and/or global EDE-Q scores. Additionally, the majority of males in the current study (n = 28;
41
42 73.7%) were diagnosed with unspecified eating disorder, which is consistent with previous
43
44 research (Le Grange, Swanson, Crow, & Merikangas, 2012). Since the EDE-Q was developed
45
46 using female populations, this measure may not capture the unique male desire for both leanness
47
48 and muscle mass (Jones, Bain, & King, 2008). For example, Darcy and colleagues (2012) found
49
50 that males and females had similar clinical presentations for eating disorder psychopathology,
51
52 but males often do not endorse features consistent with AN (e.g. desire for a flat stomach, desire
53
54 for an empty stomach, fear of weight gain). Males also tended to have lower EDE scores, from
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 which the EDE-Q is derived (Darcy et al., 2012). To accurately assess eating disorder
5
6 psychopathology in males, a supplementary measure to better capture the uniqueness of the
7
8 male body ideal needs to be taken into consideration. For example, the Eating Disorder
9
10 Assessment for Men assesses eating disorder behaviors and attitudes using 4 factors: binge
11
12 eating, muscle dysmorphia, body dissatisfaction, and disordered eating behaviors (Stanford
13
14 and Lemberg, 2012). Once eating disorder psychopathology in males is more adequately
15
16 assessed, then more appropriate diagnoses and treatment options are possible.
17
18
19
20

21 In this study, there were no differences in EDE-Q subscale and global scores between the
22
23 eating disorder diagnostic categories. This finding is inconsistent with previously published
24
25 research which found statistically significant differences in subscales scores between diagnostic
26
27 categories of a clinical population of males and females (Brewin, Baggott, Dugard, & Arcelus,
28
29 2014). Compared to the current study, Brewin and colleagues (2014) had a much larger sample
30
31 size (N = 726), which may have enabled the researchers to statistically capture differences in
32
33 EDE-Q scores between eating disorder diagnostic categories.
34
35
36
37

38 Although the current study provides new information on the norms for the EDE-Q
39
40 among an inpatient sample of males with eating disorders, a few limitations should be noted
41
42 when interpreting the results. The present sample was small and consisted of male patients
43
44 admitted to an acute care setting exclusively for eating disorders. Future research will need
45
46 to determine the validity of the EDE-Q compared to the EDE in clinical samples of males,
47
48 as well as non-clinical and community population samples of males.
49
50
51
52

53 As far as the authors are aware, this study provides the first normative data on the
54
55 EDE-Q in a clinical sample of male patients. Findings are consistent with prior research on
56
57 community samples, indicating males score lower on the EDE-Q compared to females.
58
59
60
61
62
63
64
65

1
2
3
4 However, two samples of adolescent females with AN (Binford et al., 2005; Passi et al., 2003)
5
6 scored lower on the EDE-Q subscales compared to the current sample of males. Future research
7
8 that examine differences in severity of eating disorder psychopathology between the sexes,
9
10 will need to take into consideration eating disorder diagnostic categories as well as age. It is also
11
12 important to note that the mean subscale and global EDE-Q scores did not reach clinical
13
14 significance in this sample, indicating that the EDE-Q may not be an adequate measure of
15
16 eating disorder psychopathology in male clinical populations.
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, fourth edition (DSM-IV)*. Washington, DC: American Psychiatric Press.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)*. Washington, DC: American Psychiatric Press.
- Anderson, D. A., De Young, K. P., & Walker, D.C. (2009). *Handbook of assessment methods for eating behaviors and weight-related problems* (2nd Ed.). Newbury Park, CA: Sage.
- Bardone-Cone, A. M., & Boyd, C. A. (2007). Psychometric properties of eating disorder instruments in black and white young women: Internal consistency, temporal stability, and validity. *Psychological Assessment, 19*, 356-362. doi: 10.1037/1040-3590.19.3.356
- Bazzini, D. G., Pepper, A., Swofford, R., & Cochran, K. (2015). How healthy are health magazine? A comparative analysis of cover captions and images of Women's and Men's Health magazine. *Sex Roles, 72*, 198–210. doi: 10.1007/s11199-015-0456-2
- Berg, K.C., Peterson, C.B., Frazier, P., & Crow, S.J. (2012). Psychometric evaluation of the Eating Disorder Examination and Eating Disorder Examination-Questionnaire: A systematic review of the literature. *International Journal of Eating Disorders, 45*, 428–438. doi: 10.1002/eat.20931
- Binford, R., Le Grange, D., & Jellar, C. C. (2005). Eating disorders examination versus eating disorder examination-questionnaire in adolescents with partial-syndrome bulimia nervosa and anorexia nervosa. *International Journal of Eating Disorders, 37*, 44-49. doi: 10.1002/eat.20062
- Brewin, N., Baggott, J., Dugard, P., & Arcelus, J. (2014). Clinical normative data for the

1
2
3
4 eating disorder examination questionnaire and eating disorder inventory for DSM-5
5
6 feeding and eating disorder classifications: A retrospective study of patients formerly
7
8 diagnosed via DSM-IV. *European Eating Disorders Review*, 22, 299-305. doi:
9
10 10.1002/erv.2301
11
12

13
14 Carter, J. C., Stewart, D. A., & Fairburn, C. G. (2001). Eating disorder examination
15
16 questionnaire: Norms for adolescent girls. *Behavior Research and Therapy*, 39, 625-
17
18 632.
19
20

21 Darcy, A. M., Doyle, A. C., Lock, J., Peebles, R., Doyle, P., & Le Grange, D. (2012). The
22
23 eating disorders examination in adolescent males with anorexia nervosa: How does it
24
25 compare to adolescent females? *International Journal of Eating Disorders*, 45(1),
26
27 110-114. doi: 10.1002/eat.20896
28
29
30

31 Fairburn, C. G., & Beglin, S. J. (1994). Assessment of eating disorder psychopathology:
32
33 Interview or self-report questionnaire? *International Journal of Eating Disorders*, 16,
34
35 363-370.
36
37

38 Fairburn, C. G., & Beglin, S. (2008). Eating Disorder Examination Questionnaire. In C.G.
39
40 Fairburn (Ed.), *Cognitive behavior therapy and eating disorders* (pp. 309–313). New
41
42 York, NY: Guilford Press.
43
44

45 Fairburn, C.G., & Cooper, Z. (1993). The eating disorder examination (12th Ed.). In C. Fairburn
46
47 & Wilson, G.T. (Eds.) *Binge eating: Nature assessment and treatment* (pp. 317–360).
48
49 New York, NY: Guilford Press.
50
51
52

53 Fairburn, C. G., & Cooper, Z., O'Connor, M. (2008). Eating disorder examination (16.0D).
54
55 In Fairburn, C. G. *Cognitive Behavior Therapy and Eating Disorders*. New York,
56
57 NY: Guilford Press.
58
59
60
61
62
63
64
65

- 1
2
3
4 Franko, D. L., Fuller-Tyszkiewicz, M., Rodgers, R. F., Gattario, K. H., Frisen, A.,
5
6
7 Diedrichs, P. C.,...Shingleton, R. M. (2015). Internalization as a mediator of the
8
9 relationship between conformity to masculine norms and body image attitudes and
10
11 behaviors among young men in Sweden, US, UK, and Australia. *Body Image*, *15*,
12
13 54–60. doi: 10.1016/j.bodyim.2015.05.002
14
15
16 Grilo, C. M., Masheb, R. M., & Wilson, G. T. (2001). Different methods for assessing the
17
18 features of eating disorders in patients with binge eating disorder: A replication. *Obesity*
19
20 *Research*, *9*, 418–422. doi: 10.1038/oby.2001.55
21
22
23
24 Hilbert, A., De Zwaan, M., & Braehler, E. (2012). How frequent are eating disturbances in the
25
26 population? Norms of the Eating Disorder Examination–Questionnaire. *PLOS One*, *7*,
27
28 e29125.
29
30
31 Hudson, J. I., Hiripi, E., Pope, H.G., Jr., & Kessler, R. C. (2007). The prevalence and correlates
32
33 of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*,
34
35 *61*, 348-358. doi: 10.1016/j.biopsych.2006.03.040
36
37
38 Jones, D. C., Bain, N., & King, S. (2008). Weight and muscularity concerns as longitudinal
39
40 predictors of body image among early adolescent boys: A test of the dual pathways
41
42 model. *Body Image*, *5*, 195-204. doi: 10.1016/j.bodim.2007.12.001
43
44
45 Lavender, J. M., De Young, K. P., & Anderson, D. A. (2010). The eating disorder examination
46
47 questionnaire (EDE-Q): Norms for undergraduate men. *Eating Behaviors*, *11*, 119-121.
48
49 doi: 10.1016/j.eatbeh.2009.09.005
50
51
52
53 Le Grange, D., Swanson, S. A., Crow, S. J., & Merikangas, K. R. (2012). Eating disorder not
54
55 otherwise specified presentation in the US population. *International Journal of Eating*
56
57 *Disorders*, *45*(5), 711-718. doi: 10.1002/eat.22006
58
59
60
61
62
63
64
65

- 1
2
3
4 Luce, K., & Crowther, J.H. (1999). The reliability of the Eating Disorder Examination-Self
5 Report Questionnaire Version (EDE-Q). *International Journal of Eating Disorders*, 25,
6
7 349–351. doi: 10.1002/(SICI)1098-108X(199904)25:3<349::AID-EAT15>3.0.CO;2-M
8
9
10
11 Luce, K. H., Crowther, J. H., & Pole, M. (2008). Eating Disorder Examination Questionnaire
12 (EDE-Q): Norms for undergraduate women. *International Journal of Eating Disorders*,
13
14 41, 273–276. doi: 10.1002/eat.20504
15
16
17
18
19 Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B.,...Olfson, M.
20
21 (2011). Service utilization for lifetime mental disorders in U.S. adolescents: Results of
22
23 the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of American*
24
25 *Child & Adolescent Psychiatry*, 50, 32–45. doi: 10.1016/j.jaac.2010.10.006
26
27
28
29 Mond, J.M., Hay, P.J., Rodgers, B., Owen, C., & Beumont, P.J.V. (2004). Validity of the Eating
30
31 Disorder Examination Questionnaire (EDE-Q) in screening for eating disorders in
32
33 community samples. *Behaviour Research and Therapy*, 42, 551–567. doi:10.1016/S0005-
34
35 7967(03)00161-X
36
37
38 Mond, J. M., Robertson-Smith, G., & Vetere, A. (2006). Stigma and eating disorders: Is there
39
40 evidence of negative attitudes towards anorexia nervosa among women in the
41
42 community? *Journal of Mental Health*, 15, 519–532. doi: 10.1080/09638230600902559
43
44
45 Mond, J., Hall, A., Bentley, C., Harrison, C., Gratwick-Sarll, K., & Lewis, V. (2014). Eating-
46
47 disordered behavior in adolescent boys: Eating disorder examination questionnaire
48
49 norms. *International Journal of Eating Disorders*, 47(4), 335-341. doi:
50
51 10.1002/eat.22237
52
53
54
55 Passi, V. A., Bryson, S. W., & Lock, J. (2003). Assessment of eating disorders in adolescents
56
57 with anorexia nervosa: Self-report questionnaire versus interview. *International Journal*
58
59
60
61
62
63
64
65

- 1
2
3
4 *of Eating Disorders*, 33, 45-54. doi: 10.1002/eat.10113
5
6
7 Peterson, C. B., Crosby, S. A., Wonderlich, S. A., Joiner, T., Crow, S. J., Mitchell, J. E., ...le
8
9 Grange, D. (2007). Psychometric properties of the eating disorder examination-
10
11 questionnaire: Factor structure and internal consistency. *International Journal of Eating*
12
13 *Disorders*, 40, 386-389. doi: 10.1002/eat.20373
14
15
16 Reas, D. L., Overas, M., Oyvind, R. (2012). Norms for the eating disorder examination
17
18 questionnaire (EDE-Q) among high school and university men. *Eating Disorders*, 20,
19
20 437-443. doi: 10.1080/10640266.715523
21
22
23 Rose, J. S., Vaewsorn, A., Rosselli-Navarra, F., Wilson, G. T., & Striegel Weissman, R. S.
24
25 (2013). Test-retest reliability of the eating disorder examination-questionnaire (EDE-Q)
26
27 in a college sample. *Journal of Eating Disorders*, 1(42).
28
29
30
31 Stanford, S. C., & Lemberg, R. (2012). Measuring eating disorders in men: Development of the
32
33 eating disorder assessment for men (EDAM). *Eating Disorders*, 20, 427-436. doi:
34
35 10.1080/10640266.2012.715522
36
37
38 Swanson, S. A., Crow, S. J., Le Grange, D., Swendsen, J., & Merikangas, K. R. (2011).
39
40 Prevalence and correlates of eating disorders in adolescents. Results from the national
41
42 comorbidity survey replication adolescent supplement. *Archives of General Psychiatry*,
43
44 68, 714–723. doi:10.1001/archgenpsychiatry.2011.22
45
46
47
48 White, H. J., Haycraft, E., Goodwin, H., & Meyer, C. (2014). Eating Disorder Examination
49
50 Questionnaire: Factor structure for adolescent girls and boys. *International Journal of*
51
52 *Eating Disorders*, 47, 99-104. doi: 10.1002/eat.22199
53
54
55
56
57
58
59
60
61
62
63
64
65

1
2
3
4 Wilfley, D. E., Schwartz, M. B., Spurrell, E. B., & Fairburn, C. G. (1997). Assessing the specific
5
6 psychopathology of binge eating disorder patients: Interview or self-report?. *Behaviour*
7
8
9 *Research and Therapy*, 35, 1151–1159. doi:10.1016/S0005-7967(97)80010-1
10

11 Wolk, S. L., Loeb, K. L., & Walsh, B. T. (2005). Assessment of patients with anorexia nervosa:
12
13 Interview versus self-report. *International Journal of Eating Disorders*, 37, 92-99. doi:
14
15 10.1002/eat.20076
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65