

# Family Meals Offer Insight Into Eating Disorders

BY KATE JOHNSON  
Montreal Bureau

MONTREAL — Treatment for anorexia nervosa might one day use videotapes of family meals to personalize therapy for patients, according to a pilot study.

Family mealtimes play a central role in anorexia nervosa, not only because of their focus on eating, but also because of their focus on family interaction, said investigator Richard L. Levine, M.D., who presented his study as a poster at an international conference sponsored by the Academy for Eating Disorders.

"In terms of the etiology of eating disorders, family interactions matter," said Dr. Levine, director of the eating disorders program at the Milton S. Hershey Medical Center, in Hershey, Pa.

"We recognize there is a biological predisposition to eating disorders in terms of genetics and the imbalance of neurotransmitters, and there are also certain cultural pressures from the food and fashion industries. But family interactions also exert influence on patients and their eating habits," he said in an interview.

For example, quantitative research shows that interactions in families of anorexic patients are often characterized by parental overprotection, enmeshment, rigidity, and poor conflict resolution, he

said. In addition, maternal anxiety and "high concern parenting" in early and middle childhood correlate with anorexia nervosa.

The investigators sought to determine whether qualitative findings could confirm some of those themes.

The study included three female patients, ranging in age from 17 to 19 years, who each videotaped five family meals and between three and five monologues, or "video diaries."

The patients also completed three psychological measures, which included the Family Environment Scale, the Minnesota Multiphasic Personality Inventory-Adolescent, and the Eating Disorder Inventory-2.

The themes that emerged from the videos and the psychological assessments identified families that were paternally dominant and highly critical—consistent with the quantitative research, said Elizabeth Hoffman, Ph.D., another investigator and manager at the same eating disorders



The focus on family interaction during mealtimes makes them useful for exploring the etiology of eating disorders.

program. "Fathers dominated the conversation at the meals, there was a lot of criticism of others outside of the family, and there was a lot of sibling competition and focus on achievement," Dr. Hoffman told this newspaper.

Family therapy has traditionally attempted to address many of those issues, but it is usually on family interactions that occur in an artificial environment, she explained.

"Videotapes illuminate family patterns that we don't usually see in the regular family therapy environment, which could

help us target therapy more appropriately," she said.

In contrast to the families of anorexic patients, families of patients with bulimia nervosa are in many ways the mirror opposite, Dr. Levine said.

Those families of bulimia patients tend to be less structured, with fewer guidelines and less parenting in general, he said. There is more chaos in the family and often more chaos in the patients," he said.

A separate poster presented at the meeting confirmed this general trend.

In a survey of 124 college undergraduates, Daniel J. Munoz and his colleagues at the University at Albany, State University of New York, analyzed family mealtime frequency and family stability and how they related to the symptomatology of bulimia.

They found that greater frequency of family mealtimes and higher levels of family stability, as measured by the SAFE test (Stability of Activities in a Family Environment), predicted a decreased likelihood of bulimia as measured by the Eating Disorders Inventory-2 and the Bulimia Test-Revised.

"Examining the regularity of family activities—including mealtimes—may provide an additional pathway toward assessment, intervention, and prevention of bulimia," they wrote. ■

## Ethnicity Seems to Play a Role In Teens' Eating Disorder Risk

BY MICHELE G. SULLIVAN  
Mid-Atlantic Bureau

Culture appears to play a role in disordered eating.

Black and Caribbean girls had the lowest rates of disordered eating, probably because African American culture sends teens the message that their physical attractiveness isn't completely tied to being thin, Katarzyna Bisaga, M.D., and colleagues reported.

"These findings, along with previously described higher ideal body weight among [black] girls, support the protective role of cultural values with regards to restrictive weight control behaviors," said Dr. Bisaga of the New York State Psychiatric Institute, New York.

Conversely, white and Hispanic girls had much higher rates of disordered eating. This seems directly related to the cultural message that being thin is a prerequisite for being attractive, said the investigators.

There also was a significant association between early dieting and depressive disorder symptoms among white girls and those of mixed background. "This finding suggests that Western cultural pressures for thinness may play a role not only in the development of EDS [eating disorder symptoms], but also in the development of DDS [depressive disorder symptoms] in adolescence," they said (J. Dev. Behav. Pediatr. 2005;26:257-66).

The investigators examined symptoms of eating disorder and depression among 1,445 teenaged girls (mean age 16 years) in five high schools. All girls took the Eating Attitudes Test-26 and the Short Mood and Feelings Questionnaire.

No ethnic group was immune to symptoms of disordered eating; however, there were significant differences in the scores. Black and Caribbean girls had the lowest proportion of high scores (9% and 6.5%), while white and Hispanic girls had higher proportions of high scores (16%). Asian girls fell in the middle (13%).

Black, Caribbean, and Hispanic girls were more likely to binge eat than white or Asian girls, while mixed background, white, and Hispanic girls were more likely to engage in self-induced vomiting.

Scores on the Short Mood and Feelings Questionnaire were highest among Asian girls and lowest among black girls. White girls and those of mixed background were most likely to have a correlation between depressive symptoms and early dieting.

Hispanic girls seem particularly at risk for eating disorder symptoms.

"They started dieting, engaged in self-induced vomiting, and used diet pills at an earlier age than Caribbean and African American girls. These findings add to the accumulating evidence that Hispanic girls are at high risk for eating disorders," the investigators said. ■

## Parents of Overweight Children Fail To Accurately Perceive the Problem

BY DIANA MAHONEY  
New England Bureau

BOSTON — Many parents of children who are overweight or at risk for becoming overweight don't perceive their children's weight accurately, Patricia A. Cluss, Ph.D., and colleagues said in a poster presentation at the annual meeting of the Society of Behavioral Medicine.

These findings "have significant implications for public health and clinical interventions aimed at decreasing the pediatric obesity epidemic," wrote Dr. Cluss and her associates.

Parental awareness of and concern that their child's weight is above the normal range is "intrinsic to the success" of physicians' efforts to identify and target children for prevention or intervention, she said in an oral presentation.

As a way to determine the accuracy of parental weight perceptions, the parents of 616 children aged 3-12 years seen at two community pediatric practices completed eight-item, self-administered questionnaires. Medical assistants weighed, measured, and calculated the body mass index (BMI) of each child.

The study included totals of 281 girls and 335 boys. Of the girls, 15% were at risk for being overweight, with BMIs in the 85th to 94th percentiles, and 25% were overweight, with BMIs above the 94th percentile. With the same criteria, 15% of the boys were at risk for being overweight, and 22% were overweight.

Only 49% of the parents surveyed accurately recognized their overweight children as being overweight, reported Dr. Cluss of the University of Pittsburgh.

"The parents of overweight girls were more likely to accurately perceive their child as being overweight, compared [with] the parents of boys, particularly preadolescents," said Dr. Cluss. Whereas 63% of overweight girls' parents recognized their children's weight status, only 29% of overweight boys' parents had accurate perceptions.

The results also showed that parental perceptions were more often correct for children aged 6-12 years than for children younger than 6 years old.

Only 8% of the parents whose children were at risk for becoming overweight were aware of it.

The findings add gravitas to a growing collection of data indicating that many parents do not correctly perceive their child's weight status—a fact that may hinder parents' readiness to engage with the pediatrician in tracking and intervention strategies, said Dr. Cluss.

As such, physicians "have an important role to play in identifying at-risk children and communicating early concern to parents," she said. In addition, special attention should be given to communicating with parents of younger children who may be overweight or at risk of becoming so and with parents of overweight boys, considering both groups had low accuracy rates, Dr. Cluss said. ■