THE PSYCHOMETRIC EVALUATION OF EATING DISORDERS

Dott.ssa Linda Pannocchia
Psychologist Psychotherapist

psyter

ASSESSMENT OF EATING DISORDERS

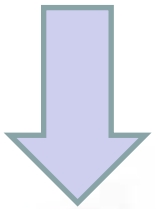
Eating disorder patients are reluctant to acknowledge their problems and seek treatment and may even attempt to avoid help when brought in by parents or friends

The clinician has to remember that:

Patients may not be truthful (and are often attending the interview only at the insistence of others)

It is likely that they may have sought information on internet encountering dramatized accounts of the disorder or websites promoting it, either of which misrepresenting therapy as forced-feeding or involuntary confinement for long periods of time

More than for other types of disorders, because of the ego-syntonic nature of eating disordered behavior

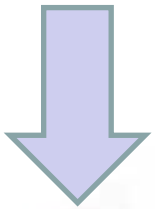


IT IS IMPORTANT TO ENGAGE THE PATIENT IN THE THERAPEUTIC ENTERPRISE

To instaurate a good therapeutic alliance the clinician has to demonstrate that knows and understand perfectly the patient symptomatology → eating disordered patients are very exigent!!

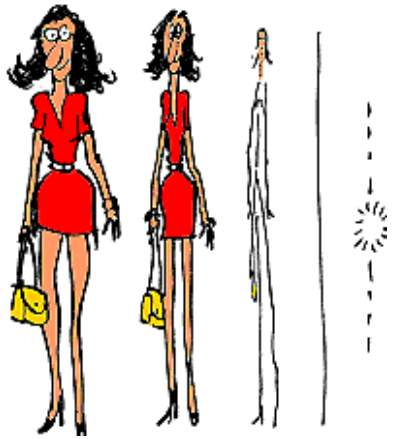
A COMPREHENSIVE ASSESSMENT IS FUNDAMENTAL
and psychometric instruments very usefull

First of all, however, patients must undergo medical assessment before psychological assessment can begin



The clinician must know the extent of medical danger from which the patient suffers before beginning psychological treatment

ASSESSMENT OF EATING DISORDERS



Once an appropriate medical assessment is completed, there are six other areas of assessment that nedd to be considerated

(American Psychiatric Association's Practice Guidelines for the treatment of patients with ED, 2000)

ASSESSMENT OF DANGEROUSNESS

ASSESSMENT OF SPECIFIC ED SYMPTOMS AND BEHAVIOURS

ASSESSMENT OF OTHER PSYCHIATRIC SYMPTOMS AND BEHAVIOURS

PSYCHIATRIC HISTORY

DEVELOPMENTAL AND PSYCHOSOCIAL HISTORY

FAMILY ISSUES

In order to collect this data, the psychological assessment should include at least one psycodiagnostic measure

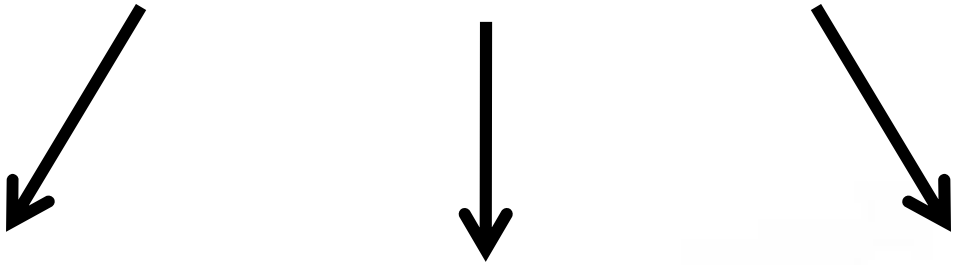
In a second interview the results of the psychological test(s) administered at the initial interview, as well as medical results, should be discussed with the patient and the extent of medical and psychological complications will determine the route taken in therapy

PSYCODIAGNOSTIC MEASURES FOR EATING DISORDERS

Numerous well-established standardized and semistructured diagnostic interviews and self-report questionnaires can assess the severity of ED

Assessment instruments **ARE NOT** a substitute for a well conducted interview

STANDARDIZED ASSESSMENT PROVIDE HELPFUL INFORMATION THAN CAN ASSIST THE CLINICIAN IN:



- UNDERSTANDING PATIENT'S SYMPTOMS AND CLINICAL PRESENTATION
- DEVELOPING A TREATMENT PLAN AND ADDRESSING THERAPEUTIC NEEDS
- ASSESSING CHANGE IN SYMPTOMS OVER THE COURSE OF TREATMENT

THE USER SHOULD BE AWARE OF

STRENGHTS **WEAKNESSES**

of different types of diagnostic information

the type of instrument selected for use will depend on the training and background of the healthcare professional as well as the goal for assessment

THE INSTRUMENTS FOR THE ASSESSMENT OF EATING DISORDERS CAN BE DIVIDED IN:

STRUCTURED AND SEMI-STRUCTURED DIAGNOSTIC INTERVIEWS

SELF-REPORT MEASURES

We will review and describe the main characteristics of the validated and standardized rating instruments most used in eating disorders clinic and research programs, so suggesting practical criteria in guiding the choice

DIAGNOSTIC INTERVIEWS

Structured diagnostic interviews improve the diagnostic process by better organizing the collection of clinical data and eliminating biases when applying diagnostic criteria

In its simplest form, a structured interview involves one person asking another person a list of predetermined questions about a carefully-selected topic

The person asking the questions ("the interviewer") is allowed to explain things the interviewee (or "respondent" - the person responding to the questions) does not understand or finds confusing

STRENGHTS

1) The researcher does not have to worry about response rates, biased (self-selected) samples, incomplete questionnaires and related issues

2) There is a formal relationship between the researcher and the respondent with the latter knowing exactly what is required from them in the interview → If, for example, a respondent is unable or unwilling to answer a question the researcher (because he is present at the interview) is aware of the reasons for a failure to answer all questions

3) It enables the researcher to examine the level of understanding a respondent has about a particular topic - usually in more depth than with a questionnaire

WEAKNESSES

1) Can be time consuming if sample group is very large

2) There is the possibility that the presence of the researcher may influence the way a respondent answers various questions, thereby biasing the responses ("interview effect")→ For example, an aggressive interviewer may intimidate a respondent into giving answers that don't really reflect the respondent's beliefs

3) The quality and usefulness of the information is highly dependent upon the quality of the questions asked. The interviewer cannot add or subtract questions

Available interviews generally fall into two categories:

HIGHLY STRUCTURED (or respondent-based) use a set script and record subject's responses without interpretation

SEMISTRUCTURED (or interviewer-based) allow clinical interpretation of responses as well as the incorporation of other sources of information, thereby making them more relevant for clinicians

STRUCTURED AND SEMI-STRUCTURED DIAGNOSTIC INTERVIEWS

Are generally agreed to provide the most accurate information about a patient's actual symptoms

Are less influenced by self-presentation concerns *(that may color response to questionnaire measures*)

Extensive training, sensitivity and expertise are required to perform a thorough and accurate interview

THE STRUCTURED AND SEMI-STRUCTURED DIAGNOSTIC INTERVIEWS WE WILL SEE ARE:

1) Structured Clinical Interview for Diagnosis (SCID)

2) Eating Disorder Examination (12th edition) (EDE)

3) Diagnostic Survey for Eating Disorders (DSED)

4) Interview for the Diagnosis of Eating Disorders–IV (IDED-IV)

5) Yale Brown-Cornell Eating Disorder Scale

SCID
Structured Clinical Interview for Diagnosis
(First, Gibbon, Spitzer, Williams & Benjamin, 1994)

- Is used to determine what diagnosis best fits the patient's symptoms
- Is based on the DSM-IV-TR criteria
- Does not provide any continuous measure of severity of eating pathology

Should not be used in isolation but only as part of a more extensive battery of comprehensive measures of eating disorders pathology

EDE
Eating Disorder Examination (12th edition)
(Fairburn & Cooper, 1993)

- Is the most widely used semistructured diagnostic interview

4 SUBSCALES

- RESTRAINED EATING ATTITUDES AND BEHAVIORS
- EATING CONCERNS
- SHAPE CONCERNS
- WEIGHT CONCERNS

\+ Individual items assessing the severity and frequency of eating disorders

Demonstrated sensitivity to change over the course of treatment

DSED
Diagnostic Survey for Eating Disorders
(Johnson,1985)

- Semistructured interview less widely used, may also be done as a self-report

12 SECTIONS assessing

- DEMOGRAPHIC CHARACTERISTICS
- WEIGHT HISTORY
- BODY IMAGE
- DIETING
- BINGE EATING
- PURGING
- EXERCISE
- BEHAVIORS RELATED TO THE PRECEDING FOUR BEHAVIORS
- SEXUAL FUNCTIONING
- MENSTRUATION
- MEDICAL AND PSYCHIATRIC HISTORY
- LIFE ADJUSTMENT
- FAMILY HISTORY

More accurate diagnosis and more effective treatment plans

IDED-IV

Interview for the Diagnosis of Eating Disorders–IV

(Kutlesic, Williamson, Gleaves, Barbin, & Murphy-Eberenz, 1998)

- Is a semi-structured interview developed for the purpose of differential diagnosis of eating disorders, that is, anorexia nervosa, bulimia nervosa, and binge eating disorder

- Is based on the DSM-IV

- It's simply to use cause the clinician have only to follow a diagnostic cheklist that conduce directly to the differential diagnosis

Yale Brown-Cornell Eating Disorder Scale
(Sunday, Halmi & Einhorn, 1995)

- Is a clinical interview requiring only 15 minutes to complete

- Does not limit assessment to a particular set of eating-related concerns or behaviors but assesses the severity of illness associated with an individual's unique symptomatology

65-item symptom cheklist

+

19 questions assessing 18 ritual behaviors and concerns

SELF-REPORT MEASURES

A self-report inventory is a type of psychological test in which a person fills out a survey or questionnaire with or without the help of an investigator

Often ask direct questions about symptoms, behaviors, and personality traits associated with one or many mental disorders or personality types in order to easily gain insight into a patient's personality or illness

Most self-report inventories can be taken or administered within 5 to 15 minutes

STRENGHTS

1) The researcher can contact large numbers of people quickly, easily and efficiently

2) Questionnaires are relatively quick and easy to create, code and interpret

3) A questionnaire is easy to standardize: every respondent is asked the same question in the same way. This consent to make comparisons either between different respondents or over time with the same respondent

WEAKNESSES

1) Patients may exaggerate symptoms in order to make their situation seem worse, or they may under-report the severity or frequency of symptoms in order to minimize their problems

2) The questionnaire format makes it hard to examine complex issues and opinions. Even where open-ended questions are used, the depth of answers tends to be limited

3) Although all respondents are asked the same questions, this doesn't necessarily mean they will understand what they are being asked in exactly the same way

SELF-REPORT MEASURES

Often ask direct questions about symptoms, behaviors, and personality traits associated with one or many mental disorders or personality types in order to easily gain insight into a patient's personality or illness

Most self-report inventories can be taken or administered within 5 to 15 minutes

Patients may exaggerate symptoms in order to make their situation seem worse, or they may under-report the severity or frequency of symptoms in order to minimize their problems

THE SELF-REPORT MEASURES WE WILL SEE ARE:

1) Eating Disorders Examination (EDE-Q4)

2) Eating Disorder Inventory (EDI-3)

3) Eating Attitude Test (Eat-26)

4) Bulimia Test-Revised (BULIT-R)

5) Body Shape Questionnaire (BSQ)

6) SCOFF

EDE-Q4
Eating Disorders Examination
(Wilfley, Schwartz, Spurell, & Fairburn, 1997)

- Is a self-report version of the EDE interview

- Assesses the frequency of bouts of overeating: objective and subjective binge episodes

- Represent a reasonable substitute for the EDE interview for assessing most eating disorders symptoms except for binge eating which tends to be overstimated by self-report measures

NUMBER OF ITEMS → 22 scored using a 7-point likert

SUBSCALES →

- DIETARY RESTRAINT
- EATING CONCERNS
- CONCERNS ABOUT WEIGHT
- CONCERNS ABOUT SHAPE

+

GLOBAL SCORE

EDI-3
Eating Disorders Inventory-3
(Garner, 2004)

- Is a standardized questionnaire measure of eating behaviors, attitudes and psychological traits

- Can be completed in approximatly 20 minutes

- Can be given over the course of treatment to assess improvement

NUMBER OF ITEMS → 91 items

SUBSCALES: →

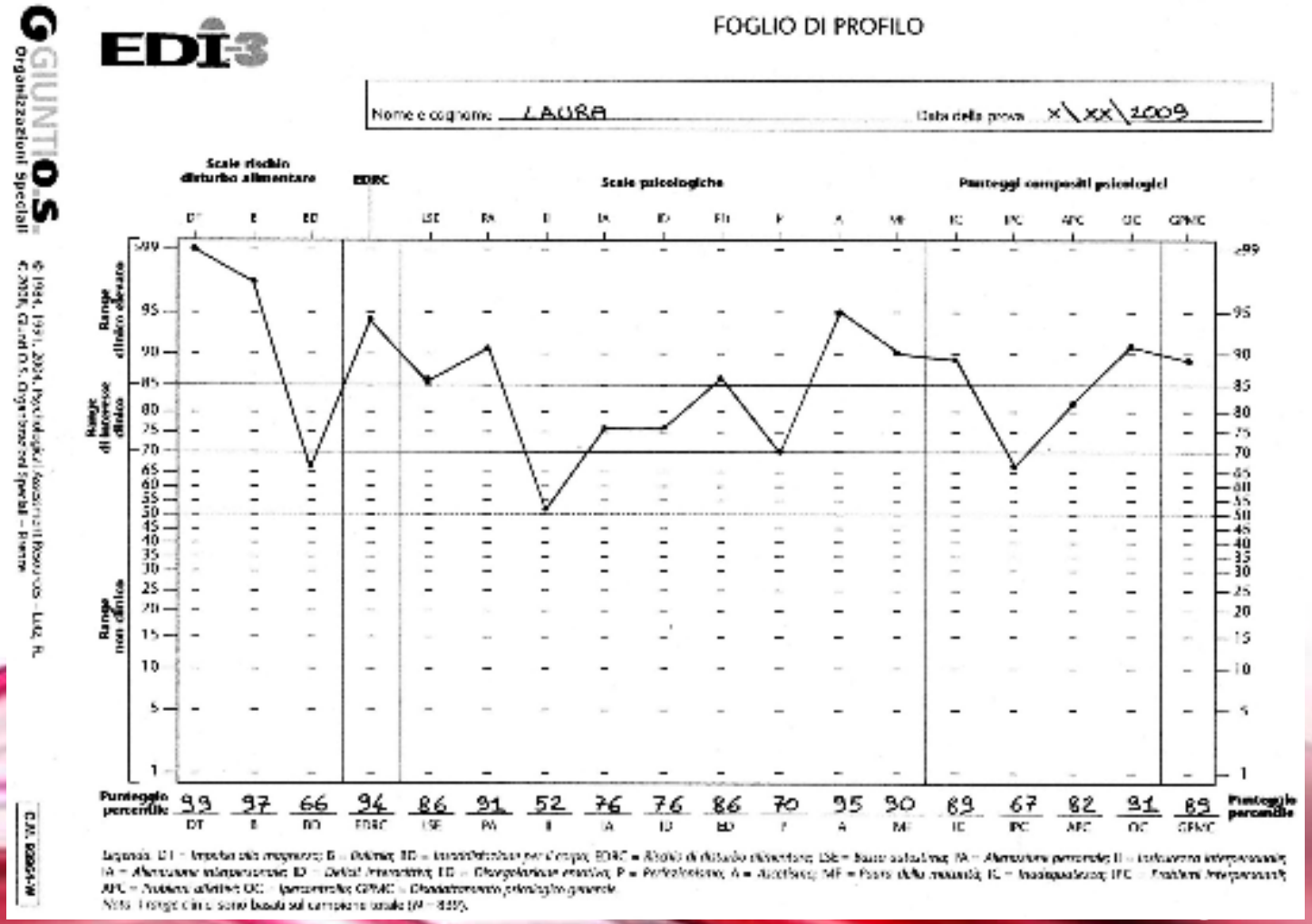
12 subscales rated on a 0-4 point scoring system
+
6 composites

3 scales specific to eating disorders and 9 general psychological scales that, while not specific, are relevant to eating disorders

Eating Disorder Risk, Ineffectiveness, Interpersonal Problems, Affective Problems, Overcontrol, General Psychological Maladjustment

Italian Version

(Giannini, Pannocchia, Dalle Grave, Muratori & Viglione, 2008)



EAT-26
Eating Attitude Test
(Garner, Olmsted, Bohr & Garfinkel, 1982)

- A brief 26-item standardized test assessing related symptoms

- Although cutt-offs indicating pathology are provided, it does not actually allow to diagnose an eating disorder

- May be used to assess amelioration of problematic eating behaviors

BULIT-R
Bulimia Test-Revised

(Thelen, Farmer, Wonderlich e Smith, 1991)

- Is a 28-items self-report instrument designed to assess a broad range of eating-disordered behaviour, particularly bulimic

- Scores range from 29-140 with those greater than 104 being indicative of bulimia

- A cutoff of 85 consent to reduce the percentage of false positive

BSQ
Body Shape Questionnaire
(Cooper et al., 1987)

- A 34-item instrument measuring concerns about body shape, feeling fat and self-loathing due to one's weight or shape

- It is a good indicant of AN or BN, although it does not discriminate between them especially well

SCOFF

(Morgan, Reid, & Lacey, 1999)

- Is a 5-items yes/no simple screening tool for the evaluation and screening of eating disorder symptoms

- Is intended specifically for those who are not specialists in the field

- When the score of the SCOFF suggests the possibility of the presence of an eating disorder, further questions must be asked or a more rigorous assessment can be planned

Italian Version
(Di Fiorino, Pannocchia & Giannini 2007)

1) Do you make yourself Sick because you feel uncomfortably full?
2) Do you worry you have lost Control over how much you eat?
3) Have you recently lost more than One stone in a 3 month period?
4) Do you believe yourself to be Fat when others say you are too thin?
5) Would you say that Food dominates your life?

One point for every "yes"; a score of 2 indicates a likely case of anorexia nervosa or bulimia

CONCLUSIONS

The clinical evaluation af an ED patient is very difficult

Standardized and semistructured diagnostic interviews and self-report questionnaires can help specialists to obtain, in a relatively short time, many information on attitudes, feelings and behaviors of their patients

Thank you for your attention