Causation

Eating alone, parents’ marital status, and use of radio and girls’ magazines were risk factors for eating disorders


QUESTION: Are parental, mass media, sociodemographic, and psychosocial variables associated with an increased risk of developing an eating disorder (ED) in girls?

Risk factors for developing an eating disorder

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Adjusted odds ratio (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents’ marital status (other v married)</td>
<td>1.97 (1.10 to 3.51)</td>
</tr>
<tr>
<td>Eating alone (yes v no)</td>
<td>2.94 (1.88 to 4.60)</td>
</tr>
<tr>
<td>Reading girls’ magazines (≥ weekly v &gt; weekly)</td>
<td>1.42 (0.91 to 2.27)‡</td>
</tr>
<tr>
<td>Listening to radio (≤1 h/d v &gt;1 h/d)</td>
<td>1.55 (1.01 to 2.40)</td>
</tr>
</tbody>
</table>

†Odds ratios were adjusted for all variables in table as well as age, body mass index, self esteem, and socioeconomic status.
‡Not significant.

COMMENTARY

Martínez-González et al add to the prospective research that explores how risk factors promote and/or maintain EDs. This study is consistent with other evidence regarding the influence of print media exposure and the associated risk of ED development. However, research examining television exposure is less consistent and this inconsistency highlights the need for further examination of other factors that may interact with this medium (eg, peer groups and type of television programme). Martínez-González et al also found associations between variables such as parental marital status and solitary eating and ED onset that have not been widely shown, and further exploration of these associations is needed.

The study’s findings are strengthened by its design. Initial levels of eating pathology were controlled for at baseline assessment, ensuring that increases in EDs were not a consequence of initial, marked disturbances. The control of confounders (eg, age at baseline assessment and socioeconomic status) adds confidence to the correlations. The prospective nature of the study and its use of logistic modelling ensure that potential interaction among factors could be investigated. However, as with all correlational research, findings do not necessarily connote causation and are vulnerable to other explanations. Solitary eating, for example, may reflect symptoms (eg, negative affect) rather than cause. Additionally, the length of follow up may not truly capture the effect or interactional quality of these risk factors.

Clinicians can use the risk factors identified in this study to maximise the effect of assessments and interventions. Screening should not simply assess for vulnerabilities to ED development but should also identify protective factors (eg, social supports) that might enhance specialised prevention programmes (primary to tertiary).

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