RATES OF EATING DISORDERS (ED) TEND TO BE ELEVATED ON COLLEGE CAMPUSSES. THIS IS NOT SURPRISING WHEN YOU CONSIDER THAT THE TRADITIONAL COLLEGE YEARS (18-21 YEARS OLD) ALSO COINCIDE WITH THE MEDIAN AGE OF ONSET FOR EATING DISORDERS. COLLEGE CAMPUSSES REPRESENT AN IDEAL SETTING FOR IMPLEMENTING EATING DISORDER PREVENTION AND INTERVENTION EFFORTS. RESEARCH CAN HELP US IDENTIFY GROUPS OF STUDENTS WHO ARE AT PARTICULARLY ELEVATED RISK TO TARGET THESE EFFORTS.

LIPSON & SONNEVILLE (2017) CONDUCTED A STUDY THAT AIMED TO BETTER CHARACTERIZE THE EATING DISORDER RISK PROFILE OF COLLEGE STUDENTS AND IMPROVE TARGETED PREVENTION AND INTERVENTION EFFORTS ON COLLEGE CAMPUSSES. WHILE PREVIOUS RESEARCH HAS IDENTIFIED EATING DISORDER RISK FACTORS IN COLLEGE SAMPLES, THIS STUDY IS UNIQUE IN THAT IT EXAMINED STUDENTS FROM 12 DIFFERENT COLLEGES AND UNIVERSITIES IN THE U.S. ALL OF THE SCHOOLS WERE PARTICIPATING IN THE HEALTHY BODIES STUDY, A POPULATION-LEVEL WEB-BASED SURVEY OF STUDENTS AGED 18 YEARS OR OLDER. A TOTAL OF 9713 STUDENTS (FEMALES=6723, MALES=2868) PARTICIPATED IN THE STUDY. STUDENTS WERE EVALUATED ON VARIABLES INCLUDING ELEVATED ED RISK, OBJECTIVE BINGE EATING, AND COMPENSATORY BEHAVIORS (ALL ASSESSED USING THE EATING DISORDER EXAMINATION-QUESTIONNAIRE, EDE-Q). IN ADDITION TO THESE 3 PRIMARY OUTCOMES, THE RESEARCHERS EXAMINED 10 STUDENT CHARACTERISTICS: DEGREE-LEVEL, SEXUAL ORIENTATION, RACE/ETHNICITY, FIRST-GENERATION COLLEGE STUDENT (USED AS PROXY FOR SOCIOECONOMIC STATUS), CITIZENSHIP, ACADEMIC MAJOR, ATHLETE STATUS, HOUSING, AND WEIGHT STATUS.

RESULTS INDICATED THAT 11.9% OF THE SAMPLE HAD ELEVATED ED RISK, 40.2% REPORTED OBJECTIVE BINGE EATING, AND 30.2% REPORTED COMPENSATORY BEHAVIORS. CONSISTENT WITH PRIOR RESEARCH, RATES OF ED RISK WERE SIGNIFICANTLY HIGHER IN FEMALES (17%) THAN MALES (5.5%) AND RATES OF OBJECTIVE BINGE EATING WERE ALSO SIGNIFICANTLY HIGHER IN FEMALES (49.1%) THAN MALES (30.0%). INTERESTINGLY, NO SIGNIFICANT DIFFERENCES WERE OBSERVED IN RATES OF COMPENSATORY BEHAVIORS BETWEEN MALES (29%) AND FEMALES (31%), WITH HIGH PREVALENCE IN BOTH GROUPS. WEIGHT STATUS EMERGED AS THE MOST CONSISTENT PREDICTOR OF ED SYMPTOMS; STUDENTS WITH “OVERWEIGHT” OR “OBESITY” WERE MORE LIKELY TO HAVE ELEVATED ED RISK, OBJECTIVE BINGE EATING, AND COMPENSATORY BEHAVIORS THAN STUDENTS WITH “HEALTHY WEIGHT.”* STUDENTS WHO WERE “UNDERWEIGHT” WERE AT A REDUCED RISK.

MANUFACTURING EATING DISORDER PREVENTION EFFORTS ARE TARGETED AT “UNDERWEIGHT” STUDENTS, EVEN THOUGH RESULTS OF THIS STUDY INDICATE THAT “UNDERWEIGHT” STUDENTS ARE A GROUP AT REDUCED RISK. TARGETING “UNDERWEIGHT” STUDENTS INSTEAD OF “OVERWEIGHT” OR “OBESE” STUDENTS MAY EXACERBATE WEIGHT-RELATED TREATMENT DISPARITIES. STUDENTS CATEGORIZED AS “OVERWEIGHT” OR “OBSESE” ARE AT THE HIGHEST RISK OF ED SYMPTOMS AND SHOULD BE TARGETED FOR PREVENTION AND INTERVENTION. IN ADDITION, GREATER ATTENTION SHOULD BE PAID TO ADDRESSING EATING DISORDERS IN MALES ON COLLEGE CAMPUSSES. SEXUAL MINORITY MALES REPRESENT A PARTICULARLY HIGH-RISK GROUP.

*THE STUDY AUTHORS USE THE TERM “HEALTHY WEIGHT,” A TERM THAT I FIND PROBLEMATIC AS IT IMPLIES A ONE-SIZE-FITS-ALL WEIGHT-BASED DEFINITION OF WEIGHT.