Is There an Association Between Disordered Eating Behaviors & Suicide Ideation Among Adolescent Females Sampled in The National Longitudinal Study of Adolescent Health Wave II?

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SCOPE OF THE PROBLEM

YOUTH SUICIDE

➢ 3rd leading cause of deaths, 15-19 y.
➢ 2004, 39% of 8th graders reported feeling depressed or sad most days in the year.1

For this study, suicide ideation (SI) is defined as one’s wish or threat to die.1

DISORDERED EATING BEHAVIORS

➢ 2003, 1/12 high school females reportedly vomited or took laxatives to lose or control their weight.2
➢ 15% do not meet the clear DSM criteria for ED - important to examine disordered eating

For this study, disordered eating behavior (DEB) is defined as engaging in one or more following behaviors: excessive dieting and/or exercising, vomiting, ingesting diet pills, and ingesting laxatives.

CO-MORBIDITY OF SUICIDE & EATING DISORDERS

➢ Greater risk of suicide ideation.4
➢ Suicide attempts are more prevalent among females with abnormal eating behaviors and strongly correlated with impulsiveness.1

Strong associations between DEB, SI, and suicide attempts.9

STUDY AIM

➢ Primary - Association between suicide ideation and disordered eating behaviors among adolescent females.
➢ Secondary aim - Association between an index of suicide and disordered eating behaviors among adolescent females.

Previous research has showed that adolescent females who exhibit disordered eating behaviors were at an increased risk for suicide ideation when depression and self-worth were controlled.5

MEASURSES

STUDY PARTICIPANTS

➢ Wave II
➢ 6,963 adolescent females, 15-17 y
➢ Have all Wave II weights available
➢ Linked Wave I and Wave II variables for: race/ethnicity, and parental education

DESIGN

Cross-sectional study uses Wave II Add Health data to examine for associations between suicide ideation and disordered eating behavior among adolescent females.

MEASURES

Suicide

➢ Suicide ideation
➢ Question: “During the past 12 months, did you ever seriously think about committing suicide?”
➢ Responses: yes, no, don’t know

➢ Index of suicidal behaviors
➢ Based on a range of suicide behavior questions that reflected increasing suicide risk (ideation, # of attempts, medical attention sought out for attempt) (Thompson & Egger, 1999).
➢ Score range: 0-5 (5 = most severe)

Disordered eating behaviors: Undesired responses included in the disordered eating behavior variable

Trying to lose weight:
➢ Question: “Are you trying to lose weight, gain weight, or stay the same weight?”
➢ Responses: lose weight, gain weight, stay the same weight, not trying to do anything about weight, don’t know

➢ Weight controlling behavior:
➢ Question: “During the past 7 days, how do you control your weight or keep your weight from falling out of control?”
➢ Responses: dieted, exercised, made self vomit, took diet pills, took laxatives, other

➢ Extremely low body fat:
➢ BMI < 17 + diet and/or exercise (Gorinato et al., 2003)

EMPIRICAL MODEL - BASED ON JESSOR’S PROBLEM BEHAVIOR THEORY

Body image distortions

Seek peer approval & feel susceptible to peer pressure

Self worth

Peer approval not received

Seek peer approval & feel susceptible to peer pressure

Self worth

Body image distortions

Suicide ideation

Depression

Disordered eating behaviors

Try to lose weight

Low self-worth

Jessor’s problem behavior theory suggests all behavior is the result of person-environment interaction.2

RESULTS

OVERALL SAMPLE OF FEMALES:

➢ Mean age – 16 years
➢ Mean height – 64 inches (5’ 4”)
➢ Mean weight – 132 pounds
➢ Suicide ideation – 13%
➢ Mean index suicide behaviors – 0.22
➢ Trying to lose/kgain from weight – 46% - Dieting – 78%, Exercise – 49%

COMPARISON GROUPS:

➢ Age:

➢ Oldest females – DEB only (Group III)
➢ Youngest females – SI only (Group II)

➢ Highest depression score – SI and DEB (Group I)
➢ Lowest self-worth score – SI and DEB (Group I)

ASSOCIATIONS:

➢ No significant association between suicide ideation and disordered eating behaviors

➢ Suicide ideation and depression – strongest prior to controlling for depression

➢ Significant correlations were found among:

➢ Depression
➢ Self-worth
➢ African American

CONCLUSIONS

➢ Contrary to previous research, we found adolescent females who exhibit disordered eating behaviors were at an increased risk for suicide ideation when depression and self-worth are controlled.

➢ Females who reported suicide ideation and disordered eating behaviors had higher depression and self-worth scores.

➢ Unique role: depression and self-worth

➢ Weak association between DEB and suicide ideation, may due to DEB not being severe enough to indicate a diagnosable disorder

➢ Unexpected finding – African American, protective factor

PUBLIC HEALTH IMPLICATIONS

➢ Professionals – should incorporate screening for depression into their assessment and care plans when working with adolescent females.

➢ Better understanding of adolescent suicide and disordered eating behaviors, informing policy and prevention models that address adolescent suicide and eating disorders.

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