

Expectancies regarding food and emotion regulation in patients with Binge Eating Disorder

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The aim of the present study is to test whether there is a causal relationship between expectancies regarding the effect of eating on mood, changes in mood and actual caloric intake. In order to test whether there is a causal relationship between...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Eating disorders and disturbances
Study type	Observational non invasive

Summary

ID

NL-OMON31989

Source

ToetsingOnline

Brief title

Expectancies and emotion regulation BED

Condition

- Eating disorders and disturbances

Synonym

Binge Eating Disorder

Research involving

Human

Sponsors and support

Primary sponsor: Rivierduinen

Source(s) of monetary or material Support: Centrum Eetstoornissen Ursula

Intervention

Keyword: Binge eating disorder, Depression, Emotionregulation, Expectancies

Outcome measures

Primary outcome

Total amount of calories consumed during the taste task

Secondary outcome

Changes in mood

Study description

Background summary

Negative mood states influence eating disordered behaviors in subjects with Binge Eating Disorder (BED). A link exists between emotional disturbances or negative emotional states and binge eating behaviors (Grilo & Shiffman, 1994). Although mood is worse overall for women with Binge Eating Disorder (BED), mood is especially poor before binge episodes (Greeno, Wing, & Shiffman, 2000). Furthermore, depressive disorders are the most prevalent lifetime diagnosis in individuals with Binge Eating Disorder (Dingemans, Spinhoven, & Van Furth, 2007). In our previous study (Dingemans, Martijn, Jansen, & van Furth, 2007) the role of negative emotions on binge eating in 66 patients with Binge Eating Disorder (BED) was investigated. Mood worsened during the mood induction and elevated back to baseline during the taste task. We hypothesized that overeating might serve as a mean to repair one's negative mood because people give priority to affect regulation as Tice et al. also suggested in their studies (Tice, Bratslavsky, & Baumeister, 2001). Other studies also found support for the fact that binge eating (temporarily) decreases the level of negative emotions. Negative affect is reported to change over the course of binge eating. Eating makes them feel better or makes them have less intense negative emotions. Sad people often indulge in fattening snacks because they believe that eating repairs their mood (Tice et al., 2001). Performance, and especially continuous attempts at self-control, are strongly guided by people's expectations and cognitions about how self-control operates (Martijn, Tenbult, Merckelbach, Dreezens, & de Vries, 2002). People tend to abandon or violate their normal self-regulatory efforts because they give priority to affect regulation. It might be hypothesized that they expect that fattening foods improve their mood. In for example advertisements of the food industry a link is often made between food and positive emotions. An example is the recently

launched media campaign by Mars® called *Mars gives you energy* in which the name *Mars®* is temporarily replaced by *happy*, *love* or *feel good* on the wrapper of the well-known chocolate bar. Frequent exposure to these kinds of messages in the media or elsewhere might influence people's expectancies regarding food and mood. The expectancy learning theory (Smith, Simmons, Flory, Annus, & Hill, 2007) postulates that one forms expectancies for the consequences of various behaviors as a result of one's learning history. These expectancies influence one's future behavioral choices. One's expectancies for the consequences of a given behavior are a summary of one's learning history and are thus the cognitive mechanisms by which prior learning leads to subsequent behavior. The expectancy that eating helps alleviate affect might predict increases in binge eating (Stice, 2001). Expectancies are thought to be the mechanism by which prior learning influences behavior. Binge eating is thought to result from extreme expectancies (Smith et al., 2007). Bulimic patients have higher expectations that eating will help them regulate their negative affect than anorexic patients and healthy controls (Hohlstein, Smith, & Atlas, 1998) (Smith et al., 2007).

The results in our previous experimental study also showed that there is a positive relation between depressive symptoms and caloric intake after a negative mood induction. Individuals with BED who had severe depressive symptoms consumed more calories than individuals who had no or mild depressive symptoms. Furthermore, severely depressed BED patients who reported more negative mood changes during the film fragment and those who reported more positive mood change during the taste task had a higher caloric intake.

The results from our previous study only indicated that there is a positive correlation between mood changes after the taste task and caloric intake. It might be hypothesized that patients with Binge Eating Disorder engage in binge eating because they expect that high calorie food alleviate their negative mood.

Study objective

The aim of the present study is to test whether there is a causal relationship between expectancies regarding the effect of eating on mood, changes in mood and actual caloric intake. In order to test whether there is a causal relationship between expectancies and increased caloric intake, one must show that expectancy modification produces changes in caloric intake. We hypothesize that patients with BED overeat significantly more after a negative mood induction compared to a positive mood induction.

Study design

The hypothesis that there is a causal relationship between expectancies regarding the effect of eating on mood, changes in mood and actual caloric intake will be tested in a 2 (Food-mood repair: expectancy confirmation versus expectancy disconfirmation) by 2 (Mood induction: positive versus negative)

between-subjects design.

In the present study 80 participants will be randomly assigned to one of four conditions:

1. A condition in which the expectancies that eating helps alleviate negative mood are confirmed. This will be followed by a negative mood induction.
 2. A condition in which the expectancies that eating helps alleviate negative mood are disconfirmed. They receive information about food that states that food will not alleviate their mood. The relation between eating and mood alleviating will be disconfirmed. This will be followed by a negative mood induction.
 3. A condition in which the expectancies that eating helps alleviate negative mood are confirmed followed by a positive mood induction.
 4. A condition in which the expectancies that eating helps alleviate negative mood are disconfirmed, followed by a positive mood induction.
- Subsequently all participants are subjected to a taste task in which they have to taste different kinds of food (chocolate, potato chips, cake and marsh mellow).

Study burden and risks

Not applicable

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

A primary diagnosis of binge eating disorder (BED)

Exclusion criteria

- A current or past history (within the last 24 weeks) of self-induced vomiting, misuse of laxatives, diuretics, enemas, diet pills or other weight controlling medications, fasting, or excessive exercise
- Pregnancy (self-report)

Study design

Design

Study type: Observational non invasive

Masking: Single blinded (masking used)

Control: Uncontrolled

Primary purpose: Basic science

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 19-02-2008

Enrollment: 80

Type: Actual

Ethics review

Approved WMO

Date: 19-02-2008

Application type: First submission

Review commission: METIGG: Medisch Ethische Toetsingscommissie Instellingen
Geestelijke Gezondheidszorg (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL20138.097.07