

## Background

- Eating disorders (EDs) involve unhealthy eating behaviours and attitudes, such as food restriction, binge-eating, and over-emphasis on body weight and shape.
- Frequently checking one's body shape and weight (e.g., via frequent weighing, scrutinizing body parts in mirrors, checking clothes for fit, and measuring body parts) is believed to perpetuate these maladaptive patterns of eating and over-evaluation of shape and weight.
- It is not clear whether body checking precedes the development of eating pathology.

## Hypotheses

- We expected a reciprocal relationship between body checking and eating pathology.

## Methods

- We investigated body checking and eating behaviours in high school students (n=104 males and n=134 females) over a 4-month period.
- Adolescents provided informed consent, and completed questionnaires assessing body checking and eating disorder symptoms at baseline and 4 months later.
- Hierarchical linear regressions were performed to assess the relationship between body checking and eating symptomatology (controlling for %mBMI).

## Results

Table 1. Correlations between study variables and variable descriptives for males and females

	T1 Eating Pathology	T2 Body Checking	T2 Eating Pathology	Mean (SD)
<b>MALES</b>				
Time One (T1)				
BCQ	.65**	.64**	.65**	34.21 (11.49)
EDE-Q		.57**	.80**	.95 (1.00)
Time Two (T2)				
BCQ			.70**	32.05 (8.72)
EDE-Q				0.80 (0.82)
<b>FEMALES</b>				
Time One (T1)				
BCQ	.81**	.75**	.73**	51.96 (20.01)
EDE-Q		.60**	.77**	1.91 (1.40)
Time Two (T2)				
BCQ			.83**	47.10 (18.46)
EDE-Q				1.72 (1.28)

Table 2. Regression analyses predicting changes in eating pathology from T1 body checking

X (Predictor)	Males			Females		
	B	SE B	β	B	SE B	β
<b>Step 1</b>						
T1 EDE-Q	.76	.06	.82*	.74	.06	.81*
%mBMI	-.19	.35	-.04	-.67	.48	-.09
<b>Step 2</b>						
T1 EDE-Q	.60	.09	.65*	.56	.10	.61*
BCQ	.02	.01	.21*	.02	.01	.23*
%mBMI	.06	.36	.01	-.60	.47	-.08
Step 1 R <sup>2</sup> = .64, ΔR <sup>2</sup> = .02 (p = .018)			Step 1 R <sup>2</sup> = .61, ΔR <sup>2</sup> = .02 (p < .02)			

Note: \* p < .05, \*\* p < .001, BCQ = Body Checking Questionnaire, EDE-Q = Eating Disorder Examination – Questionnaire. %mBMI = % median Body Mass Index

## Results

- As expected for both males and females, body checking (T1) predicted changes in global eating pathology (all p's < .05, Table 2).
- Contrary to expectations, global eating pathology predicted changes in body checking for males (p = .02) but not females.

## Conclusions & Implications

- Assessment of body checking behaviours can provide insight into eating disorder symptomatology. These findings support cognitive-behavioural models of eating disorders, yet suggest divergent relationships across males and females.
- Body checking behaviours appear to be specific to eating pathology. Our group (Coelho et al., 2019) demonstrated that individuals with eating disorders reported more eating pathology and body checking than high school students, who in turn reported more body checking than those with OCD.
- Further research is needed to examine whether targeting body checking behaviors could help in reducing risk for the onset of eating pathology.

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