Eating Disorder Symptoms in those who engage in Non-Suicidal Self-Injury: Prevalence and Interpersonal Problems

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Introduction

Eating disorders (ED) and non-suicidal self-injury (NSSI) frequently co-occur in both community and psychiatric populations (Wright, Beukw, Bokde, Halbur & Hill, 2009; Herpertz, 1995), and research suggests that between 38.6%-72.5% of ED patients report NSSI behaviours (Ciesa & Vanderweyken, 2007; Ferraro & Sansone, 1995).

Much of the existing research has investigated psychiatric problems associated with NSSI behaviours in ED populations.

Little attention, however, has been paid to the co-occurrence of ED behaviours in NSSI samples, or the interpersonal problems that may characterize this population.

Hypotheses

1. The prevalence of ED behaviours in an online sample of self-injurers will be comparable to rates of NSSI in ED samples, such that over half of the sample of self-injurers will exhibit ED behaviours.

2. ED behaviours will be associated with (a) increased frequency and methods of NSSI and (b) greater total interpersonal problems.

Method

Participants

Participants were 119 individuals with histories of NSSI (M = 23.91, SD = 7.56; 89.9% female) recruited from online self-injury forums.

Self-Report Measures

Eating Disorder Behaviours: Eating Disorder Diagnostic Scale (EDDS, Stice, Telch & Richey, 2000)

NSSI Behaviours: Questionnaire for Non-Suicidal Self-Injury (QNSSI; Klonsky et al., 2008)

NSSI Frequency

“How often have you hurt yourself over the past three months?”

Response options were: (1) I haven’t hurt myself in the last three months, (2) Once a week or less, (3) 2-3 times a month, (4) 1-2 times a week, (5) 3-6 times a week, and (6) Daily or more than once a day.

NSSI Methods

“Please check off any of the following self-injurious behaviours that you engage in:”

Response options were: (1) cutting, (2) burning, (3) scalding, (4) banging head against a wall, (5) bloodletting, (6) piercing, (7) hitting oneself, (8) self-strangulation, (9) scratching until bleeding, (10) removing skin, (11) pulling out hair, (12) prescription and illicit drugs.

Interpersonal Problems

Inventory of Interpersonal Problems-64 (IIP-64; Horowitz, Alkin, Wiggins & Pincus, 2000). Ex: “It is hard for me to trust other people”

Personality Assessment Inventory-Borderline Negative Relationships Subscale (PAI-BOR, Mervin, 1990). Ex: “My relationships have been stormy”

Planned Data Analysis

Frequency of threshold and subthreshold eating disorders were scored according to the EDDS (Stice, Telch & Richey, 2000) DSM-IV-TR (APA, 2000a) criteria.

Eating disorder behaviours were assessed continuously using the EDDS composite score.

Zero-order correlations were used to examine the relationship between (1) ED behaviours (2) NSSI frequency and methods and (3) interpersonal problems.

Figure 1. Frequency of Threshold and Subthreshold Eating Disorders in an NSSI sample

Figure 2. Mean number of methods of NSSI in Threshold and Subthreshold Eating Disorders in an NSSI sample

Table 1. Mean (SD) and Correlations of Primary Variables.

<table>
<thead>
<tr>
<th>Primary Variable</th>
<th>Mean (SD)</th>
<th>Correlation with ED Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorder Behaviour</td>
<td>37.57 (16.51)</td>
<td>1</td>
</tr>
<tr>
<td>NSSI Frequency (last three months)</td>
<td>3.43 (1.24)</td>
<td>0.173</td>
</tr>
<tr>
<td>NSSI Methods</td>
<td>5.26 (2.54)</td>
<td>0.397**</td>
</tr>
<tr>
<td>IIP-64 total</td>
<td>1.72 (0.69)</td>
<td>0.272**</td>
</tr>
<tr>
<td>PAI-BOR Negative Relationships</td>
<td>10.75 (3.12)</td>
<td>0.245**</td>
</tr>
</tbody>
</table>

Results

Overall, 64 (46.2%) participants met EDDS diagnostic criteria for a threshold or subthreshold eating disorder (see Figure 1).

Moreover, participants reported engaging in NSSI an average of 1-2 times per week in the past 3 months, and engaged in 5 different methods of NSSI on average.

Although there were no group-based differences, participants with Bulimia Nervosa used more methods of NSSI (M=7.1, SD=2.57) than NSSI only participants (M=4.94, SD=2.60) (see Figure 2).

ED behaviours as assessed with the EDDS composite score were positively associated with methods of NSSI, and greater self-reported interpersonal problems on both the IIP-64 and the PAI-BOR Negative Relationships subscale.

Conclusion

These findings suggest that ED behaviours are common within an online NSSI sample, and are comparable to rates of NSSI in ED samples.

Within an NSSI sample, ED behaviours were positively associated with methods of NSSI, but were not associated with frequency of NSSI.

Further research on treatment outcomes of NSSI patients who engage in ED behaviours deserves consideration, as using a greater number of NSSI methods is considered an index of clinical severity (Ciesa, Vanderweyken & Verheul, 2003).

Furthermore, the relationship between interpersonal problems and ED behaviours in NSSI samples deserves further consideration, as total interpersonal problems are associated with poor treatment outcome within ED populations (Hartmann, Zeeck & Barnett, 2010).

References


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