Assessing the prevalence and predictors of overweight, obesity, and Binge Eating Disorder as a function of ethnicity among a national sample of college students: A focus on Arab-Americans

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Introduction

The average age of onset for Binge Eating Disorder (BED), and age at which there has been the greatest increase in obesity (OB) and overweight (OW) prevalence, is between 18-29 (Nelson, Story, Larson, Neumark-Sztainer, & Lytle, 2008), coinciding with the age of traditional college students. Rates of OW, OB, and BED vary by ethnicity (e.g. Crago et al., 1996; Davis et al., 2004; Hatahet et al., 2002; Striegel-Moore et al., 2000; Wang & Beydoun, 2007). Thus, it is important to better understand the risk factors for these conditions and how risk factors may vary by ethnicity. Cigarette smoking, appearance concerns, and alcohol use have been identified as primary risk factors for pathological eating behavior (Croll, Neumark-Sztainer, Store, Ireland, 2002). The current investigation compared similarities and differences in the prevalence of weight-related concerns between Arab-Americans and Caucasians, and assessed differential factors associated with OW, OB, and BED between these two ethnic groups.

Method

PARTICIPANTS/PROCEDURES: Data were from the 2010 Healthy Minds Study (HMS), a national sample of college students. Utilizing online survey methodology, HMS evaluates a range of mental health topics such as the prevalence and disease burden of mental health conditions. The 2010 sample included 24,396 undergraduate and graduate students from 26 colleges and universities nationwide. The sample was predominately female (62%). This sample was 68% Caucasian (n = 16,246) and 1% Arab/Middle Eastern (n = 338). Of this sample, 30% were OW (BMI = 25-29.9), 10% were OB (BMI ≥ 30), and 7% had BED.

MEASURES:
- Demographics (including BMI to assess OW and OB)
- BED assessed by items from the Questionnaire on Eating and Weight Patterns- Revised (QBWP-R; Spitzer, Yanovski, & Marcus, 1994)
- Depression and anxiety (Patient Health Questionnaire; Spitzer, Kroenke, & Williams, 1999)
- Binge drinking (College Alcohol Study; Wechsler, et al., 1994)
- Cigarette Smoking (Boyd & McCabe, 2007)
- Self-injury (Serras, Saules, Cranford, & Eisenberg, 2010)
- Heightened concern with body shape and weight (HCBSW)

Results

Prevalence of OW, OB, and BED differed between Arab-Americans and Caucasians. Endorsement of predictor variables hypothesized to be related to risk for OW, OB, and BED also differed between groups.

Discussion

Relative to Caucasians, unexpectedly high rates of OW, OB, and BED were found among Arab-Americans. To our knowledge, this is the first study to document the magnitude of weight problems and disordered eating behavior among the Arab-American college student population. Factors associated with OW, OB, and BED also differed between Arab-Americans and Caucasians. In particular, cigarette smoking, body shape and weight concerns, and depression were more common amongst Arab-Americans who were OW or OB, relative to Caucasians. Among those with BED, binge drinking was more prevalent among Caucasians relative to Arab-Americans. Theoretical and cultural explanations for the observed ethnic group differences are lacking, but it may be that cultural tensions between academic and family life impact the eating behavior of Arab-American college students. Further research will be important to clarify the cultural factors that may be contributing to the relationships observed in this study. Given the high rates and unique risk factors for OW, OB, and BED among Arab-Americans, however, more intensive public health efforts will be necessary to better address the unique needs of this population. By better understanding the factors associated with these differing presentations, more culturally sensitive interventions targeting ethnic minorities with elevated risk for OW, OB, and BED can be developed, implemented, and evaluated.

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