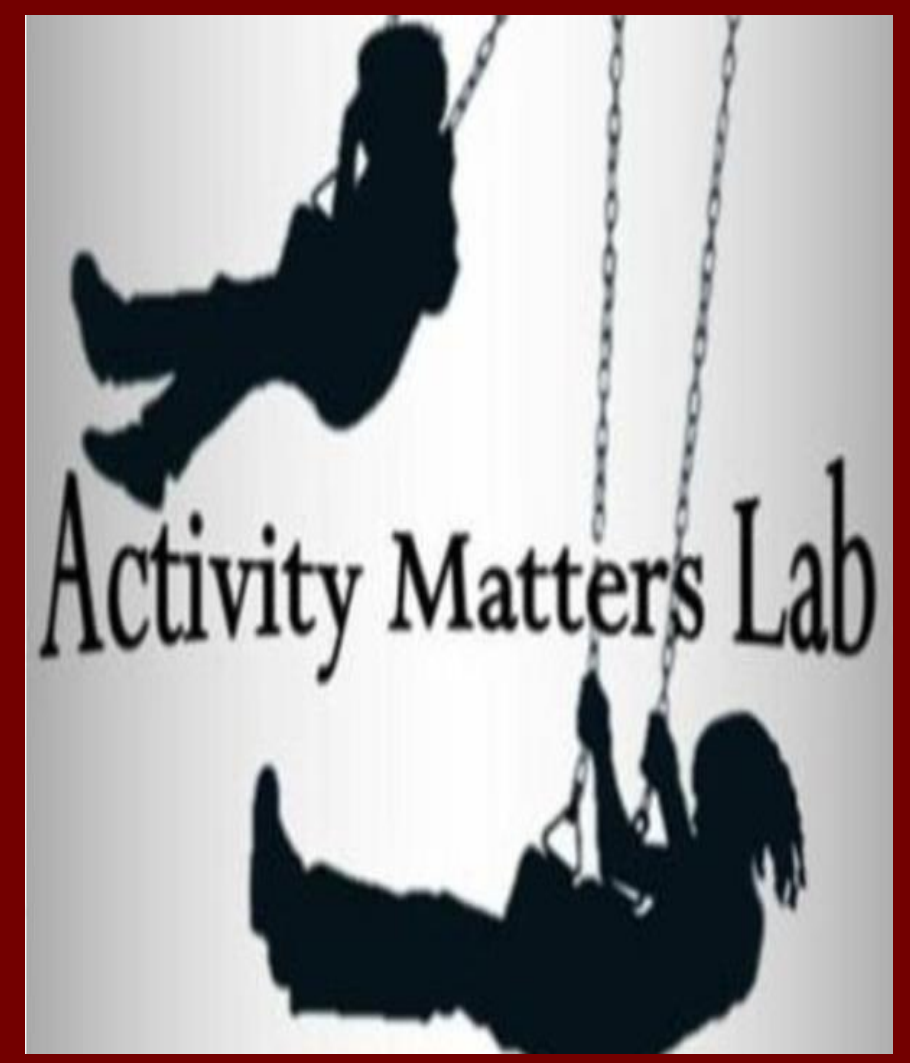




Implications of Eating Styles: Investigating the Associations between Depression, BMI, and Eating for Physical Reasons



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Introduction

- First-year college students often experience increased depressive symptoms and weight gain¹
- Some may eat to cope with the stress of this transition (emotional eating) which puts them at greater risk for weight gain²
- Conversely, students who tend to eat for physical reasons (e.g., eating when you feel hungry) may be less susceptible to weight gain and depressive symptoms
- Moreover, gender differences in cultural pressures may explain variances in EPR scores³

Aims

1. Examine the relation between EPR and BMI and depressive symptoms
2. Examine whether the relation between EPR and BMI and Depressive symptoms differs based on gender

Method

Participants:

- 424 first-year undergraduate students
- 83.7% Female, Age ($M=18.91$, $SD=0.8$)

Measures:

- Body Mass Index
- Depressive Symptoms – CES-D10⁴
- Eating Style – IES-2 subscale; $\alpha=.737$

EPR Items³

1. I find myself eating when I'm feeling emotional (e.g., anxious, depressed, sad), even when I'm not physically hungry*
 2. I find myself eating when I am lonely, even when I'm not physically hungry*
 3. I use food to help me soothe my negative emotions*
 4. I find myself eating when I am stressed out, even when I'm not physically hungry*
 5. I am able to cope with my negative emotions (e.g., anxiety, sadness) without turning to food for comfort
 6. When I am bored, I do NOT eat just for something to do
 7. When I am lonely, I do NOT turn to food for comfort
 8. I find other ways to cope with stress and anxiety than by
- * Reverse Coded

Results

Summary of Hierarchical Regression Analysis for Variables Predicting BMI (N = 419)

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
EPR	-0.90	0.37	-0.12*	-0.999	0.38	-0.13*	-0.88	0.94	-0.12
Gender	–	–	–	-0.936	0.71	-0.07	-0.90	0.77	-0.06
EPR x Gender	–	–	–	–	–	–	-0.14	1.03	-0.14
R ²	–	0.01	–	–	0.02	–	–	0.02	–
F for ΔR^2	–	5.79*	–	–	1.72	–	–	0.02	–

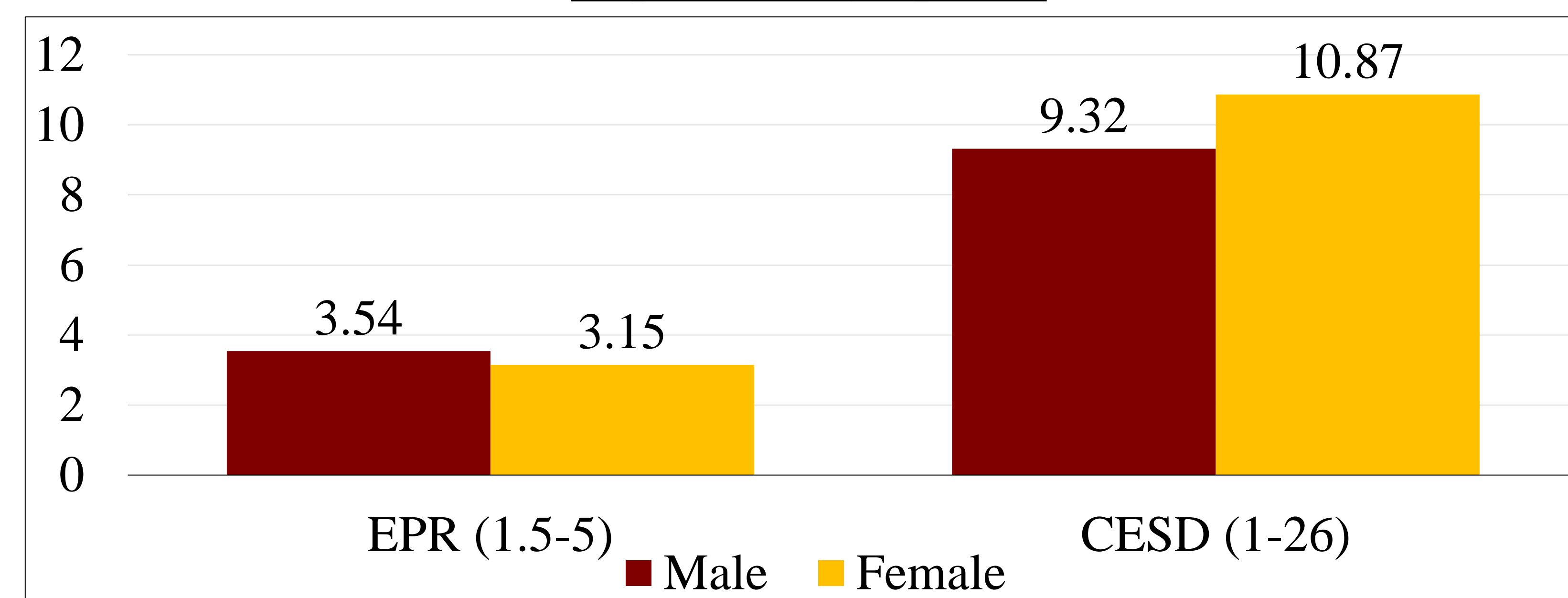
$p < .05^*$, $p < .001^{**}$

Summary of Hierarchical Regression Analysis for Variables Predicting Depressive Symptoms (N = 396)

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
EPR	-3.09	0.37	-0.38**	-3.073	0.39	-0.38**	-2.46	0.96	-0.31*
Gender	–	–	–	0.131	0.75	0.01	0.36	0.82	0.02
EPR x Gender	–	–	–	–	–	–	-0.74	1.05	-0.08
R ²	–	0.15	–	–	0.15	–	–	0.15	–
F for ΔR^2	–	68.22**	–	–	0.03	–	–	0.49	–

$p < .05^*$, $p < .001^{**}$

Gender Differences in EPR and Depressive Symptoms



Aim 1

- There were significant **negative correlations** between **EPR** and **depressive symptoms** ($r=-.385$, $p<.01$) and between **EPR** and **BMI** ($r=-.116$, $p<0.05$)

- **EPR accounted** for unique variances in both **BMI** and **depressive symptoms**

Aim 2

- **Females** reported **more depressive symptoms** ($t(396)=1.97$, $p=.05$) and **less EPR** ($t(417)=4.354$, $p<.001$) than males
- However, **gender did not sufficiently moderate** the interaction between EPR, depressive symptoms and BMI

Conclusion

- Higher levels of EPR corresponded with lower levels of reported depressive symptoms and lower BMIs
- Gender does not seem to play a significant role in the relation between EPR and depressive symptoms nor EPR and BMI

Discussion

- Support for literature connecting EPR with higher psychological well-being
- EPR could be important for understanding the mental health of first-year college students regardless of gender
- Given that EPR robustly corresponded with lower BMIs and lower depressive symptoms, it could also be useful for fostering healthy eating habits
- Future research should examine EPR in a longitudinal study to strengthen conclusions about its association with depressive symptoms

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