Indicators of disordered eating are prevalent across gender among young Canadian adults

Lesley Andrade, Amanda Raffoul, David Hammond, Sharon I. Kirkpatrick
University of Waterloo, School of Public Health and Health Systems

Background

Methods

- ❖ Disordered eating has negative implications for physical and mental health.
- ❖ We examined the prevalence of disordered eating and associations between risk of an eating disorder and age, race/ethnicity, and weight perceptions, by gender, among young Canadian adults.
- ❖ Cross-sectional data (2016) were drawn from the Canada Food Study, a web-based study of urban adults aged 16-30 y (n=2895; 1411 women, 1457 men, and 27 individuals of non-binary gender).
- ❖ Preoccupation with thinness, vomiting for the purpose of weight loss, and binge eating with loss of control were assessed using the Eating Attitudes Test-3 (EAT-3).
- ❖ Risk of an eating disorder was defined as preoccupation with thinness and at least one of vomiting and/or binge eating in the past 3 months (Haines et al., J. Sch Health, 2011).

Results

Proportions reporting indicators of disordered eating

Proportions at risk of an eating disorder

- ❖ Prevalences of eating disorder risk were not statistically different by gender.
- ❖ The **odd ratios for risk of an eating disorder** were higher among:
 - ♀♂ Women and men who perceived their weight as “overweight” compared to “just about right”.
 - ♀ Younger women.
 - ♂ Men identifying as Chinese, South Asian, Indigenous, and mixed/other compared to those who identified their racial/ethnic origin as White.

All estimates were weighted based on characteristics of the Canadian population in 2016. Regression models were not run among those of non-binary gender identity due to limited sample size.

Implications and future research directions

- ❖ Disordered eating is prevalent across genders among young Canadian adults.
- ❖ Future research will examine interconnections among disordered eating and other food-related experiences and exposures, including food insecurity.

LA is funded by an Ontario Graduate Scholarship, as well as an Ontario Ministry of Research and Innovation Early Researcher Award held by SIK. The Canada Food Study was supported by funding from the Public Health Agency of Canada (PHAC). The views expressed do not necessarily represent the views of PHAC. Additional funding for this project has been provided by a PHAC-Canadian Institutes of Health Research Chair in Applied Public Health (DH). Authors declare no conflict of interests.