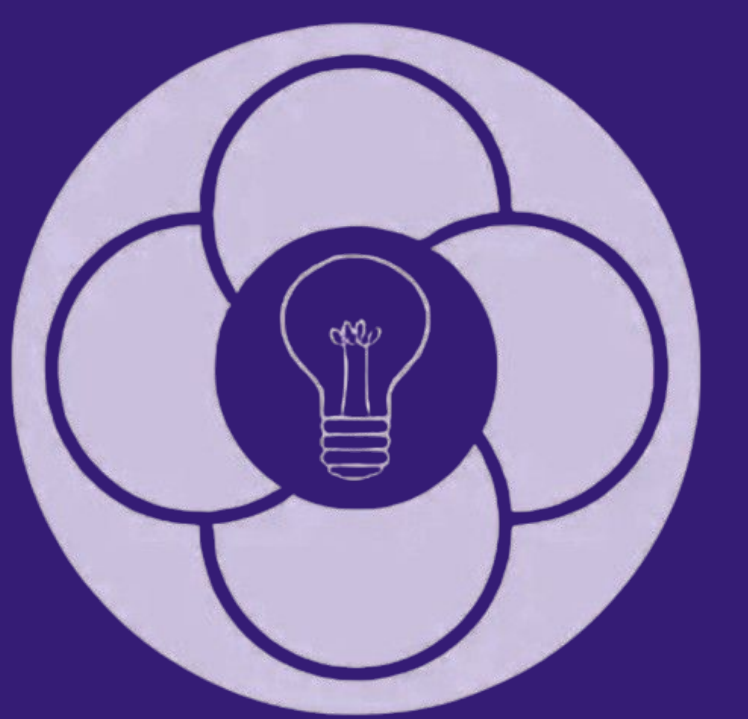




The Relationship Between Eating Disorder Pathology & Alcohol Use Using a Dimensional Framework



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INTRODUCTION

- ★ As young adults transition from high school to higher education, college culture often creates change in their alcohol consumption and eating patterns (Giezek et al., 2025; Hill et al., 2021).
- ★ Current research shows **alcohol consumption** and **eating disorders**, such as anorexia and bulimia, are **positively correlated** (Franko et al., 2005). Patients with severe risk for disordered eating predict higher levels of alcohol use and also demonstrate intrinsic drinking motivation (Horvath et al., 2020; Pompili S., 2018).
- ★ **Drunkorexia**: the phenomenon that one may restrict themselves in order to save more calories for alcohol consumption is an increasingly researched topic (Simons et al., 2020).
- ★ However, the focus on categorical diagnoses in these studies demonstrates the importance of looking at the traits from a **dimensional framework** (i.e. HiTOP; a dimensional model that works to improve the gaps found within the current DSM-5 TR). Studying this through a dimensional view will allow us to better assess treatments and maximize beneficence for patients.
- ★ We hypothesize that **a)** overall restrictive eating is positively associated with alcohol use severity and **b)** that restricting and cognitive restraint are more strongly associated with alcohol use severity than body dissatisfaction and excessive exercise.

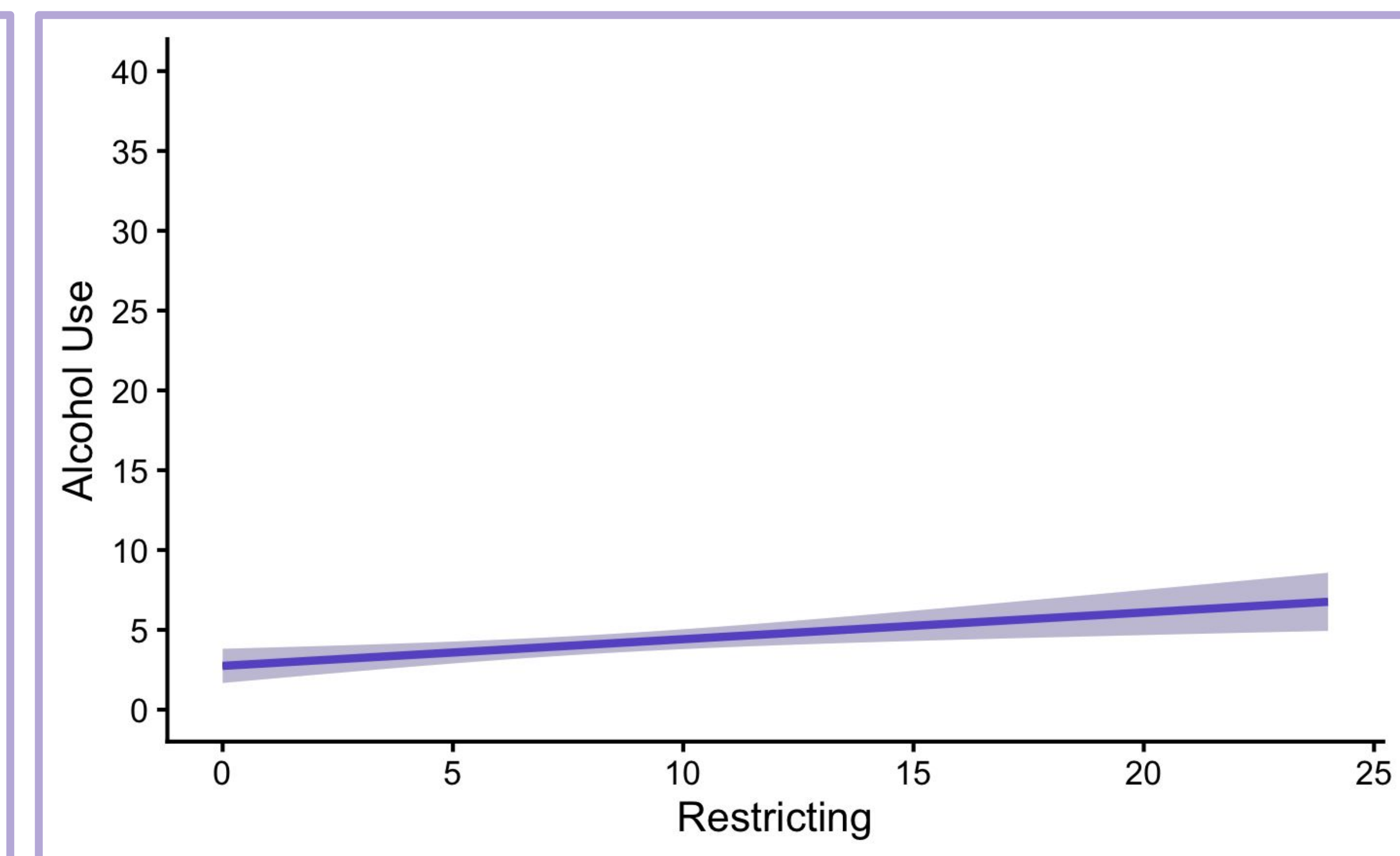
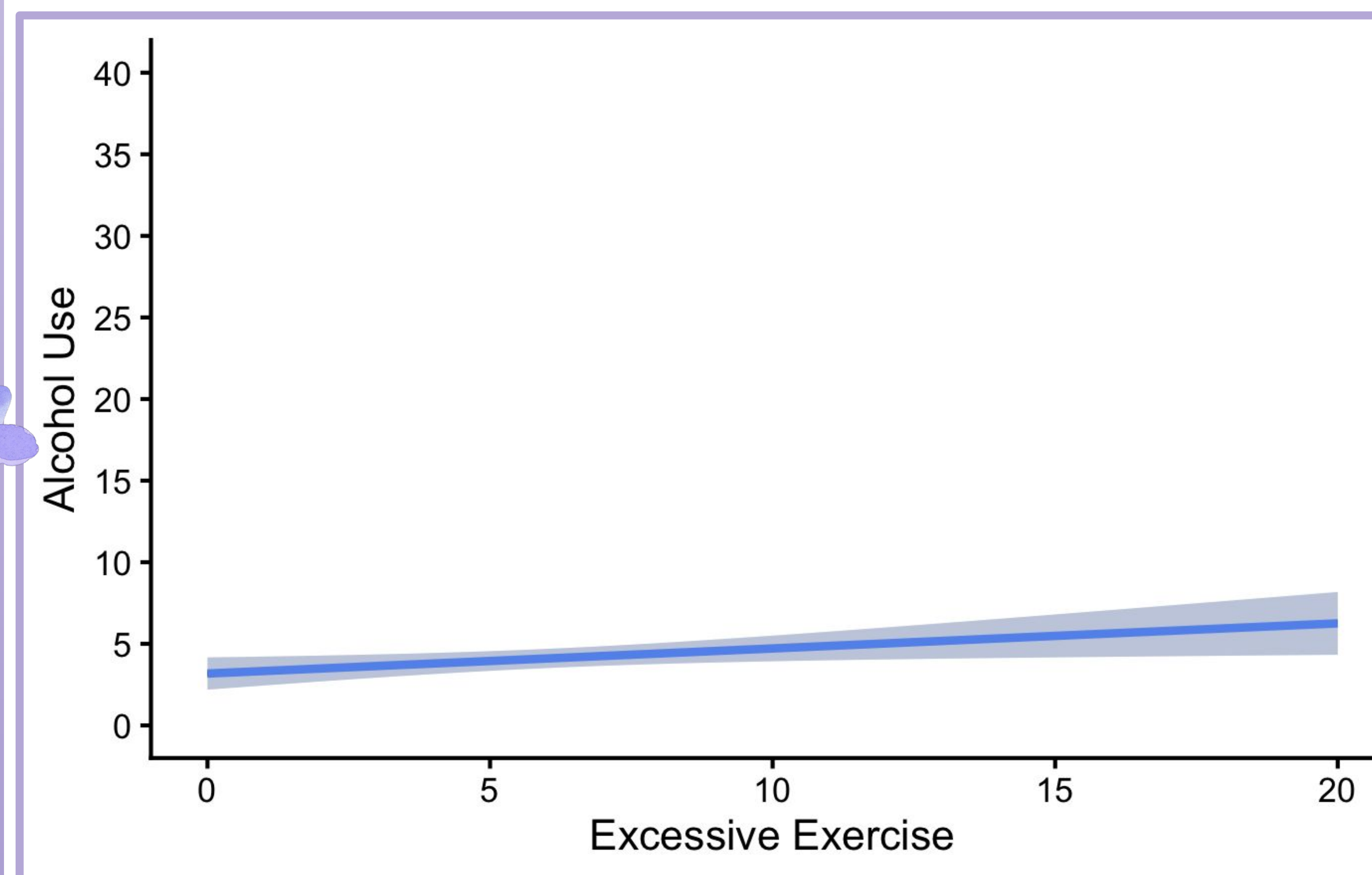
METHOD

- ★ UNT college students completed an online survey containing the HiTOP-DAT, the HiTOP-SR and other measures (N = 581). We cleaned data by removing duplicate responses and utilized multiple imputation to address nonresponse. Participants' ages ranged from 18 to 47 years old. (M = 19.49; SD = 2.50). Participants identified themselves as 43.5% White, 29% Hispanic / Latinx, 28% Black, 10.3% Asian, and less than 5% identified as AIAN, MENA, NPHI, or preferred not to say.
- ★ **Eating Pathology Symptom Inventory (EPSI)** is a 45 item self-report screener for the different risks of self reported eating disorders and is scored on a Likert-type scale from 0 (Never) - 4 (Very Often).
 - **Restricting** measures limiting food intake to control weight (*"I got full after eating what most people would consider a small amount of food"*; M = 7.89 SD = 5.84; Range = 0-25)
 - **Cognitive Restraint** measures strict dietary control and calories counting (*"I considered taking diuretics to lose weight,"*; M = 3.96 SD = 3.14; Range = 0-13)
 - **Body Dissatisfaction** measures concerns about body shape, size, or appearance (*"I did not like how my body looked,"*; M = 11.48 SD = 6.70; Range = 0-27)
 - **Excessive Exercise** measures engagement in intense or excessive physical activity (*"I planned my days around exercising"*; M = 4.30 SD = 4.51; Range = 0-20)
- ★ **Alcohol Use Disorders Identification Test (AUDIT)** is a 10-item self report screener for problematic alcohol use and is scored on a Likert-type scale from 0 (Never) - 4 (More than 4 times a week) (*"How often during the last year have you found that you were not able to stop drinking daily once you had started?"*; M = 14.00, SD = 4.26; 10 - 33).

RESULTS

Predictor	b	R ²	p
Cognitive Restraint	.23	2%	.004
Body Dissatisfaction	.08	2%	.244
Excessive exercise	.26	7%	.019
Restricting	.24	7%	<.001

- ★ When controlling for Excessive Exercise, Body Dissatisfaction, and Cognitive Restraint, Restricting ($b = .19$, $SE = 0.06$, $p < .001$) still **significantly** predicts alcohol usage.
- ★ When controlling for Body Dissatisfaction, Cognitive Restraint, and Restricting, Excessive Exercise ($b = .20$, $SE = .07$, $p = .011$) still **significantly** predicts alcohol usage.



DISCUSSION

- ★ Previous research examined the associations of eating disorders and alcohol use disorders through categorical labels. The current study's findings are more informative as they focus on these relations at a symptom-level through a dimensional framework.
- ★ Restricting, Excessive Exercise, and Cognitive Restraint **significantly** predict alcohol use risk within undergraduate students. Body dissatisfaction was not a significant predictor of alcohol use. However, when controlling for the above variables, Cognitive Restraint did not significantly predict alcohol use.
- ★ Implications for preventive efforts include accessible nutrition information within common spaces (e.g. dining halls and gymnasiums), and ensuring that student organizations like Greek life harbors a community of awareness around eating disorders, alcohol use disorders, and available resources for students.
- ★ Future studies should look at these relations in a larger sample size with more demographically balanced groups.

REFERENCES

