Race/Ethnicity and Longitudinal Relationships Between LOC Eating and Mood in Adolescents

Melissa Santos, PhD1,2; Anna Vannucci1; Christine McCauley Ohannessian1,2; Tessa R. Fagle1; Sonja Gagnon1; Melissa Cotter Chapps1
1Connecticut Children’s, 2University of Connecticut School of Medicine

INTRODUCTION

• Loss of control (LOC) eating puts youth at greater risk of weight gain, poor health outcomes and is linked to markers of psychosocial distress.
• However, few studies have considered these relationships while examining the potential protective, or vulnerability role, of race/ethnicity.

METHODS AND MATERIALS

• Participants were 1,285 U.S. adolescents (11-14 years; 51% girls) identifying as non-Hispanic White (54%), Hispanic/Latinx (21%), Black (10%), or Multi-Racial/Ethnic (15%).
• Validated questionnaires were administered during school in Fall 2016 (T1), Spring 2017 (T2), and Fall 2017 (T3).
• LOC eating (The Brief Loss of Control Eating Scale: αs = .93-.94), and adjusted for age, gender, socioeconomic status, and BMI-z.
• Among White and Hispanic/Latinx adolescents, positive longitudinal associations were found between LOC and depressive symptoms (βs = .09-.11, p < .05), as well as LOC and panic disorder symptoms (βs = .09-.14, p < .05), from T1 to T2 and T2 to T3.
• The bidirectional associations between LOC and panic disorder symptoms also were found among multi-racial/ethnic adolescents, but with more robust effects (βs = .17-.26, p < .01).
• Among Black adolescents, more frequent LOC at T1 and T2 predicted greater increases in social anxiety disorder symptoms at T2 and T3, respectively (βs = .19-.21, p < .01).

CONCLUSIONS

• These findings stress that the relationships between LOC eating and internalizing symptoms are distinct among most racial/ethnic subgroups. While some research has suggested a protective role that racial/ethnic minority status could have against LOC eating, these finding show no such protection.

FUTURE RESEARCH

• Future research should examine further aspects of race and ethnicity including:
  • Years in the United States/acculturation
  • Other minority groups including Asian, Hawaiian or Pacific Islander and Native American/indigenous groups

RESULTS

• Multiple group analyses of autoregressive cross-lagged path models indicated the presence of differences in all parameters for White, Black, and Multi-Racial/Ethnic adolescents (p < .01), with no differences between White and Hispanic/Latinx adolescents (p > .05).
• Models fit the data well (CFIs = .96-.98; RMSEAs = .04-.06), and adjusted for age, gender, socioeconomic status, and BMI-z.
• Among White and Hispanic/Latinx adolescents, positive longitudinal associations were found between LOC and depressive symptoms (βs = .09-.11, p < .05), and LOC and panic disorder symptoms (βs = .09-.14, p < .05), from T1 to T2 and T2 to T3.
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