

**Rationale** In somatic hospital departments we experience bad compliance towards lifestyle changes and weight loss interventions among some outpatients having higher BMI and therefore patients may be treated incorrectly or undertreated.

**Aim** We aimed to investigate the prevalence of eating disorders among outpatients referred to lifestyle intervention courses.

**Methods**

- Cross-sectional study
- Patient reported questionnaires
- Patients following the lifestyle course at the Department of Health Promotion at Aalborg University Hospital
- Eating Disorder Examination Questionnaire (EDE-Q)
- EQ-5D-5L

**Results**

- 136 patients responded to the questionnaire (69.4%)
- 17.7% had a self-reporting eating disorder or sub-clinical symptoms (ED+)
- ED+ had greater grazing behavior than those without an eating disorder (p<0.001)
- There was a significant difference in quality of life (QoL) when comparing the two (p<0.001)

**Conclusions**

The prevalence of ED+ referred to a lifestyle course is substantial and associated with poor QoL. Therefore, the prevalence of eating disorders among outpatients underlines the importance of further research into the prevalence of eating disorders within these settings.



NORTH DENMARK REGION

# Prevalence of eating disorder symptomatology among hospital outpatients referred to health promotion

Signe Graungaard, Tobias Lund Christensen, Lise Nørregaard Søndergaard, Gry Kjaersdam Telléus

Table 1. Demographics

Variables	All N = 136 (100%)	Assigned female at birth N = 88 (64.71%)	Assigned male at birth N = 47 (34.56%)
Age, mean years (SD)	46.57 (± 15.66)	44.06 (± 16.06)	51.72 (± 13.53)
BMI, mean kg/m <sup>2</sup> (SD)	36.62 (± 6.28)	37.01 (± 6.49)	36.00 (± 5.89)
Occupational status, N (%) (N = 134)			
Employed	73 (54.48%)	48 (54.55%)	25 (55.56%)
Unemployed	12 (8.96%)	9 (10.23%)	< 5
Students	15 (11.19%)	11 (12.50%)	< 5
Sick leave	< 5	< 5	< 5
Retired/early retirement	31 (23.13%)	18 (20.45%)	13 (28.89%)
Education level, N (%) (N = 134)			
High school or college	25 (18.66%)	21 (23.86%)	< 5
Vocational education or short higher education	55 (41.04%)	32 (36.36%)	22 (48.89%)
Medium or long higher education	54 (40.30%)	35 (39.77%)	19 (42.22%)

Table 2. The Eating Disorder Examination Questionnaire (EDE-Q)

Variables	All N = 136 (100%)		
EDs, n (%)			
No ED (ED-)	112 (82.35%)		
All EDs & subclinical (ED+)	24 (17.65%)		
All EDs	15 (11.03%)		
BED	10 (7.35%)		
Bulimia & atypical bulimia*	5 (3.68%)		
Subclinical	9 (6.62%)		
	ED+ N = 24 (17.65%)	ED- N = 112 (82.35%)	Mean difference [95% CI], p
EDE-Q Global Score, mean score (SD)	3.38 (± 1.13)	2.02 (± 0.99)	1.20 [0.75, 1.64] p < 0.001
EDE-Q subscales, mean score (SD)			
Restraint	2.75 (± 1.69)	1.96 (± 1.23)	0.81 [0.20, 1.41] p = 0.009
Eating concern	2.51 (± 1.33)	0.71 (± 0.99)	1.66 [1.19, 2.31] p < 0.001
Shape concern	4.16 (± 1.35)	2.72 (± 1.46)	1.16 [0.54, 1.78] p < 0.001
Weight concern	4.11 (± 1.16)	2.69 (± 1.19)	1.15 [0.65, 1.64] p < 0.001

Table 4. EuroQol's EQ-5D-5L questionnaire

Variables	ED+ N = 22 (16.92%)	ED- N = 108 (83.08%)	Mean difference [95% CI], p
EQ-5D-5L utility score, mean (SD)	0.52 (± 0.45)	0.79 (± 0.22)	-0.25 [-0.38, -0.13] p < 0.0001
Mobility, mean (SD)	2.14 (± 1.13)	1.61 (± 0.89)	0.55 [0.13, 0.97] p = 0.011
Self-care, mean (SD)	1.59 (± 1.10)	1.15 (± 0.38)	0.40 [0.13, 0.66] p = 0.004
Usual activities, mean (SD)	2.18 (± 1.26)	1.63 (± 0.83)	0.56 [0.14, 0.99] p = 0.010
Pain/discomfort, mean (SD)	2.82 (± 1.30)	2.31 (± 1.00)	0.58 [0.09, 1.07] p = 0.022
Anxiety/depression, mean (SD)	2.50 (± 1.41)	1.65 (± 0.90)	0.66 [0.22, 1.11] p = 0.004
VAS score, mean (SD)	47.41 (± 25.5)	61.05 (± 20.7)	-13.20 [-23.43, -2.98] p = 0.012