

# Importance of Multiple Purging Methods in the Classification of Eating Disorder Subtypes

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## ABSTRACT

**Objective:** To examine two assumptions implicit in the subtyping of eating disorders: (1) purging behaviors are interchangeable, and (2) a primary distinction exists between the presence vs. absence of any means of purging.

**Method:** Data from a longitudinal study of health and eating patterns were used to compare women who reported self-induced vomiting, laxative abuse, or their combination. Further comparisons were made among women who used multiple purging methods (MP), a single purging method (SP), and randomly selected controls who never purged.

**Results:** Vomiting and laxative abuse were associated with similar levels of eat-

ing pathology whereas their combination was associated with greater eating pathology. MP women reported significantly greater eating pathology compared to SP women who reported significantly greater eating pathology compared to controls. Differences were maintained at 10-year follow-up.

**Conclusion:** Purging behaviors may be interchangeable but the use of multiple purging methods is associated with greater severity over time. © 2006 by Wiley Periodicals, Inc.

**Keywords:** follow-up; longitudinal; nosology; purging

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## Introduction

The DSM-IV delineates subtypes for both anorexia nervosa (AN) and bulimia nervosa (BN) based on the presence or absence of purging.<sup>1</sup> Although several studies support the subtypes for AN<sup>2,3</sup> and BN,<sup>4,5</sup> other studies call these distinctions into question.<sup>6–8</sup> Of interest, the current subtyping scheme assumes that different purging behaviors are interchangeable and that the primary distinction should be between the presence and absence of any purging method. The purpose of this paper is to examine these two assumptions using a longitudinal design in a large, non-clinical sample.

Findings from several studies contradict the assumption that different purging behaviors are interchangeable. Specifically, laxative abuse has been associated with greater eating pathology, including bulimic symptoms and drive for thinness,<sup>9</sup> and greater general psychopathology, including depression and personality disorders.<sup>9–11</sup> Laxative abuse also has been associated with greater impulsivity<sup>12</sup> and lower self-esteem.<sup>13</sup> Although previous studies indicate that laxative abuse is a particularly pernicious eating disorder symptom, significant methodological limitations constrain this conclusion. Most studies have not compared women who abused only laxatives and women who engaged in another single compensatory behavior. Bruce et al.<sup>12</sup> found that laxative abuse was more likely to occur in addition to self-induced vomiting rather than instead of self-induced vomiting. Thus, greater severity of eating and general psychopathology may be associated with the presence of multiple purging methods rather than laxative abuse per se.

A small number of studies have suggested that it may be the number of purging methods used rather than the type that is associated with severity of illness. In a study of 398 eating disordered patients, Favaro and Santonastaso<sup>14</sup> found that patients who used *both* self-induced vomiting and laxatives reported significantly more self-injurious behaviors

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and suicide attempts compared to patients who used either method alone. Similarly, Tobin and colleagues reported that the number of compensatory methods is a better predictor of depression, sexual abuse history, and comorbid psychopathology than the type of method<sup>8,15,16</sup> or the frequency of any individual method.<sup>17,18</sup> In a clinical sample of 245 patients diagnosed with DSM-III-R BN, Tobin et al.<sup>16</sup> found that patients who engaged in three or more inappropriate compensatory behaviors were significantly more depressed and had higher Eating Disorders Inventory subscale scores compared to patients who used one or two inappropriate compensatory behaviors. This study included both purging and nonpurging methods in analyses of compensatory behaviors. Importantly, most participants who reported two compensatory behaviors (88%) were using one purging method and one nonpurging method. In contrast, 92.5% of patients using three compensatory behaviors were using more than one purging method. Thus, the distinction between two versus three inappropriate compensatory behaviors may have been a proxy for the distinction between single vs. multiple purging methods.

Consistent with this hypothesis, a multiple purging group was distinguished from a group characterized by the primary use of vomiting in a latent class analysis of 1,179 individuals with eating disorders.<sup>19</sup> Validation analyses indicated several clinically significant differences between groups. The multiple purging group reported significantly higher obsessions, compulsions, depression, anxiety, perfectionism, harm avoidance, persistence, and neuroticism compared to the group who used vomiting alone. The multiple purging group also reported significantly higher lifetime rates of mood, substance use, and cluster B personality disorders. However, these two groups reported equivalently high levels of fasting and excessive exercising. Thus, the presence of multiple purging methods, and not multiple inappropriate compensatory behaviors, appeared to distinguish a latent class with the highest levels of psychopathology in this study. In contrast, a latent class analysis in a community-based sample grouped women who used a single purging method into a latent class with women who used multiple purging methods.<sup>20</sup> However, the smaller number of participants in this study ( $N = 234$ ) may have limited statistical power to detect associations among indicators entered into the latent class analysis.

The purpose of the present study was to further explore distinctions among different methods of purging and the use of single vs. multiple purging methods in a community-based sample. Based on previous research, we hypothesized that women

who abused only laxatives would demonstrate similar levels of eating pathology compared to women who only self-induced vomiting. In addition, we hypothesized that women who used multiple purging methods would demonstrate more severe eating pathology compared to women who used a single purging method and that both purging groups would demonstrate more severe eating pathology compared to controls. The absence of follow-up data in previous studies is a significant limitation due to the longitudinal instability of eating disorder diagnoses/subtypes.<sup>6,21</sup> It is possible that women who use a single purging method will eventually begin using multiple purging methods. Thus, we conducted exploratory analyses of differences between groups over time to examine the utility of distinctions for the nosology of eating disorders.

## Method

### Participants

A total of 2,400 undergraduate women were randomly selected in the springs of 1982, 1992, and 2002 from a selective northeastern university's freshman and senior classes to participate in a longitudinal study of health and eating patterns.<sup>22-24</sup> Participants were mailed a cover letter describing the study along with a written consent form and the survey to complete and return in pre-addressed envelopes. The participation rate was 72% at baseline across cohorts (78% in 1982, 71% in 1992, and 69% in 2002;  $\chi^2(2) = 22.12, p < .001$ ). There were no differences across cohorts for rates of purging.<sup>23</sup> Consistent with these results, the presence of women who used single vs. multiple methods of purging did not differ among cohorts ( $\chi^2(2) = 3.00, p = .22$ ). In addition, results did not change when cohort was included as a covariate. Thus, we combined cohorts to maximize power. Women recruited in 1982 or 1992 were invited to participate in a 10-year follow-up study. Participation at 10-year follow-up was 85% and did not differ between cohorts. Women were excluded from the present study due to missing data for purging status at baseline (3%) or follow-up (2%). In addition, women who had never purged at baseline and reporting purging at follow-up ( $n = 52$ ) and women who had used a single method of purging at baseline and multiple methods of purging at follow-up ( $n = 18$ ) were excluded to ensure stability of group membership for longitudinal analyses.

Of the 1,576 eligible women, 13% reported having used a single method of purging in their lifetime (SP;  $n = 202$ ) and 7% reported having used multiple methods of purging in their lifetime (MP;  $n = 117$ ). Purging methods included self-induced vomiting, laxatives, diuretics, or

diet pills.<sup>a</sup> The remaining 1,257 women reported never having purged. For comparison with the purging groups, we randomly selected a subset of the never purging group (NP;  $n = 250$ ). Independent samples  $t$ -tests revealed no significant differences between the participants who had never purged and our randomly selected sample on all measures of eating pathology (all  $p > .12$ ).

### Measures

Participants completed a self-report survey of general health and eating patterns. The survey used at baseline and follow-up included questions about demographic background, height and weight, dieting, and other health behaviors. Surveys also assessed the lifetime history and current frequency of disordered eating behaviors. Although structured clinical interviews are considered as the gold standard for assessing eating disorders and eating disorder symptoms, self-reports of vomiting and laxative abuse have demonstrated high agreement with interview-based assessments, likely because questions about these behaviors are less susceptible to misinterpretation.<sup>25</sup> Disordered eating attitudes and behaviors were assessed using the Bulimia, Drive for Thinness, Perfectionism, Interpersonal Distrust, and Maturity Fears subscales of the Eating Disorders Inventory.<sup>26</sup> Cronbach's alpha for these subscales in the current study ranged from 0.76 to 0.91.

This research was reviewed and approved by an institutional review board.

### Data Analyses

Chi-square analyses were used to compare groups on categorical variables. ANOVAs were used to detect statistically significant differences among groups on each subscale of the EDI and frequencies of disordered eating behaviors. Post-hoc comparisons were Bonferroni-corrected to control for family-wise error rate. According to the recommendations of Schafer and Graham,<sup>27</sup> missing data in the 1982 and 1992 cohorts were imputed to avoid biases in results of parametric analyses due to nonparticipation at follow-up. Repeated measures ANOVAs were conducted to examine effects of Group, Time, and their interaction at 10-year follow-up in the two purging groups.

<sup>a</sup>While the DSM-IV does not explicitly include diet pills as a purging method, it includes "misuse of laxatives, diuretics, or other medications." In addition, results from factor analyses indicate that use of diet pills loads on the same factor as laxative and diuretic use to control weight.<sup>34</sup> As a consequence of including diet pills as a purging method, the overall rate of purging in this study (20%) is higher than the 15% reported by Keel et al.<sup>23</sup> in which only self-induced vomiting, laxative abuse, and diuretic abuse were included.

**TABLE 1. Rates of different purging methods**

	Single purgers ( $n = 202$ )		Multiple purgers ( $n = 117$ )		$\chi^2(1)$	$p$
	$N$	%	$N$	%		
Diet pills	95	47	94	81	35.34	<.001
Self-induced vomiting	79	39	78	67	22.51	<.001
Laxatives	20	10	65	56	79.01	<.001
Diuretics	8	4	45	39	65.10	<.001

## Results

There were no significant differences in age ( $F(2, 563) = 2.36, p = .10$ ) or ethnicity ( $\chi^2(8) = 10.81, p = .21$ ) among groups. Study participants had a mean (SD) age of 20.1 (1.8) years at baseline. The majority of these women were Caucasian (71.4%); 14.0% were Asian, 6.9% were Hispanic, 6.7% were African American, and 1.0% were classified as "other."

### Baseline

**Table 1** presents lifetime rates of each purging behavior for SP and MP women. Diet pill use was the most common purging method, followed by self-induced vomiting, laxative abuse, and diuretic abuse. MP women reported significantly higher rates of each purging method compared to SP women. There was no difference in rates of self-induced vomiting among women who did and did not abuse laxatives ( $\chi^2(1) = .05, p = .83$ ).

ANOVAs were used to compare women who only self-induced vomiting ( $n = 79$ ), women who abused only laxatives ( $n = 20$ ), and women who engaged in both self-induced vomiting and laxative abuse ( $n = 17$ ). There were no statistically significant differences among groups on EDI subscales (all  $p > .12$ ). Due to the impact of small sample sizes on statistical power, Cohen's  $d$  was calculated to examine effect size differences (see **Table 2**). Meta-analytic techniques described by Rosenthal and Rubin<sup>28</sup> were used to combine effect sizes to yield a composite effect size. The combined effect size for comparisons of self-induced vomiting and laxative abuse was  $\sim 0$ , indicating that they could appropriately be combined into the SP group. In contrast, a medium to small overall effect was found for comparisons of the combination of self-induced vomiting and laxative abuse with either purging method alone. These results suggest that it may be the combination of laxative abuse with another purging method rather than laxative abuse per se that is associated with greater eating disorder severity.

**Table 3** presents results from comparisons of SP, MP, and control women on disordered eating atti-

**TABLE 2. Comparison of self-induced vomiting, laxative abuse, and their combination**

Measure	SIV ( <i>n</i> = 79) (M ± SD)	LAX ( <i>n</i> = 20) (M ± SD)	BOTH ( <i>n</i> = 17) (M ± SD)	LAX – SIV <i>d</i>	BOTH – SIV <i>d</i>	BOTH – LAX <i>d</i>
Eating Disorders Inventory						
Bulimia	18.1 ± 5.2	16.6 ± 5.0	19.5 ± 6.8	–0.31	0.24	0.50
Drive for thinness	20.1 ± 6.2	21.3 ± 5.6	23.2 ± 5.1	0.21	0.53	0.36
Perfectionism	24.3 ± 5.1	25.5 ± 5.4	27.0 ± 5.4	0.22	0.53	0.29
Interpersonal distrust	13.4 ± 4.6	12.5 ± 3.8	12.4 ± 4.7	–0.22	–0.24	–0.02
Maturity fears	11.0 ± 3.7	11.8 ± 3.6	12.3 ± 4.2	0.22	0.35	0.14
				Composite <i>d</i>	Composite <i>d</i>	Composite <i>d</i>
				0.04	0.47	0.43

SIV, self-induced vomiting; LAX, laxative abuse; BOTH, combination of self-induced vomiting and laxative abuse.

**TABLE 3. Comparison of groups at baseline**

Measure	NP ( <i>n</i> = 250) (M ± SD)	SP ( <i>n</i> = 202) (M ± SD)	MP ( <i>n</i> = 117) (M ± SD)	<i>F</i> (df = 2,549 to 2,566)
Body mass index	21.5 ± 2.9 <sup>a</sup>	22.3 ± 3.3 <sup>b</sup>	22.0 ± 2.7 <sup>a,b</sup>	4.79 <sup>**</sup>
Lowest BMI <sup>†</sup>	19.4 ± 2.2	19.6 ± 2.3	19.0 ± 2.2	1.97
Highest BMI <sup>†</sup>	22.7 ± 3.1	23.5 ± 2.9	23.5 ± 2.3	3.16 <sup>*</sup>
Weight description	3.2 ± 0.6 <sup>a</sup>	3.5 ± 0.6 <sup>b</sup>	3.8 ± 0.6 <sup>c</sup>	42.02 <sup>***</sup>
Eating Disorders Inventory				
Bulimia	12.2 ± 4.5 <sup>a</sup>	16.2 ± 5.1 <sup>b</sup>	19.6 ± 6.2 <sup>c</sup>	90.50 <sup>***</sup>
Drive for thinness	14.2 ± 6.3 <sup>a</sup>	19.0 ± 5.8 <sup>b</sup>	23.1 ± 5.2 <sup>c</sup>	98.03 <sup>***</sup>
Perfectionism	22.6 ± 5.3 <sup>a</sup>	24.1 ± 5.0 <sup>b</sup>	25.4 ± 5.5 <sup>b</sup>	12.29 <sup>***</sup>
Interpersonal distrust	12.1 ± 4.0	13.1 ± 4.4	12.3 ± 4.5	2.96
Maturity fears	11.4 ± 3.6	11.1 ± 3.5	11.2 ± 3.8	.38
Weekly purge frequency	0.0 ± 0.0 <sup>a</sup>	0.4 ± 1.8 <sup>a</sup>	1.3 ± 3.7 <sup>b</sup>	18.17 <sup>***</sup>
Weekly binge frequency	0.2 ± 0.7 <sup>a</sup>	0.5 ± 0.9 <sup>b</sup>	0.9 ± 1.6 <sup>c</sup>	17.60 <sup>***</sup>
Dieting frequency	2.2 ± 1.1 <sup>a</sup>	2.9 ± 1.0 <sup>b</sup>	3.5 ± 0.7 <sup>c</sup>	81.93 <sup>***</sup>
Cigarette use <sup>‡</sup>	0.2 ± 1.0 <sup>a</sup>	0.4 ± 1.5 <sup>a</sup>	0.8 ± 2.1 <sup>b</sup>	7.37 <sup>***</sup>
Alcohol use <sup>‡</sup>	1.3 ± 1.1	1.5 ± 1.2	1.6 ± 1.2	2.55

BMI, body mass index; NP, non-purgers; SP, single purgers; MP, multiple purgers. Superscripts that differ represent significant differences of *p* < .05 between groups.

<sup>†</sup> These analyses were completed using only data from the 1982 and 1992 cohorts because the question was not asked in the 2002 cohort (*n* = 157 NP women; *n* = 128 SP women; *n* = 81 MP women).

<sup>‡</sup> Analyses for cigarette and alcohol use compared the square root of cigarettes used per day and alcoholic drinks consumed per day, respectively.

\**p* < .05, \*\**p* < .01, \*\*\**p* < .001.

tudes and behaviors. SP women reported a significantly higher current body mass index (BMI) compared to women who had never purged. MP women did not differ significantly from either group on current BMI and all groups reported a current mean BMI in the normal range at baseline (*M* = 21.9; *SD* = 3.0 kg/m<sup>2</sup>). However, there were significant differences in weight perception. Most MP women perceived themselves as overweight (69%) and, notably, none perceived themselves as underweight. In contrast, SP women were split between describing their weight as average or overweight (46% and 52%, respectively) and most women who had never purged described themselves as average weight (70%). There were no statistically significant differences among groups on lowest BMI. There was a significant difference among groups on highest BMI, however, none of the pair-wise comparisons were significant after Bonferroni correction.

Consistent with study hypotheses, MP women reported significantly greater Bulimia and Drive for Thinness scores compared to SP women who

reported significantly higher scores compared to women who had never purged. This pattern is mirrored for current frequencies of bingeing and dieting. In addition, MP women reported significantly greater current frequencies of purging and cigarette use compared to SP women and controls who did not differ from each other. These results suggest that the use of multiple purging methods is associated with greater severity measured by disordered eating attitudes and health risk behaviors. In contrast, there were no significant differences between MP and SP women on Perfectionism, and both groups were significantly more perfectionist than controls. Interpersonal Distrust, Maturity Fears, and current frequency of alcohol use did not differ among groups.

**Follow-Up**

**Table 4** presents results from comparisons of MP and SP over time. These analyses are restricted to women in the 1982 and 1992 cohorts. Thus, baseline values in **Table 4** differ slightly from those in

**TABLE 4. Comparisons of SP and MP women at follow-up**

Measure	Single purgers ( <i>n</i> = 128)		Multiple purgers ( <i>n</i> = 81)		ANOVA for repeated measures <i>F</i> ( <i>df</i> = 1,207)		
	Baseline ( <i>M</i> ± <i>SD</i> )	Follow-up ( <i>M</i> ± <i>SD</i> )	Baseline ( <i>M</i> ± <i>SD</i> )	Follow-up ( <i>M</i> ± <i>SD</i> )	Group	Time	Group × Time
Body mass index	21.9 ± 2.8	22.4 ± 3.2	21.6 ± 1.9	22.5 ± 3.5	.11	15.10***	1.47
Eating Disorders Inventory							
Bulimia	15.6 ± 5.0	11.6 ± 3.7	19.6 ± 6.2	13.8 ± 5.7	25.15***	189.67***	6.90**
Drive for thinness	18.3 ± 5.9	13.7 ± 5.3	22.8 ± 5.2	16.1 ± 5.8	27.33***	184.47***	6.40*
Perfectionism	23.7 ± 5.2	24.3 ± 5.2	25.2 ± 5.8	25.4 ± 4.9	3.90*	1.32	0.44
Interpersonal distrust	13.1 ± 4.4	12.0 ± 3.8	12.4 ± 4.5	12.5 ± 3.9	0.05	2.22	3.14
Maturity fears	10.7 ± 3.3	9.2 ± 3.2	11.0 ± 3.7	10.3 ± 3.7	2.41	12.30**	1.39
Weekly purge frequency	0.4 ± 2.1	0.0 ± 0.1	1.6 ± 4.1	0.1 ± 0.8	8.98**	18.69***	6.52*
Weekly binge frequency	0.5 ± 0.8	0.1 ± 0.5	1.0 ± 1.6	0.4 ± 1.0	12.64***	24.83***	2.31
Dieting frequency	2.8 ± 1.0	2.3 ± 1.0	3.4 ± 0.8	2.6 ± 0.8	19.84***	87.53***	5.10*
Cigarette use <sup>†</sup>	0.3 ± 1.1	0.6 ± 1.6	0.8 ± 1.9	1.6 ± 3.0	10.71**	14.54***	2.65
Alcohol use <sup>†</sup>	1.3 ± 1.1	1.5 ± 1.0	1.5 ± 1.1	1.9 ± 1.3	5.04*	9.36**	0.91

Note: These analyses do not include the 2002 cohort.

<sup>†</sup>Analyses for cigarette and alcohol use compared the square root of cigarettes used per day and alcoholic drinks consumed per day, respectively.

\**p* < .05, \*\**p* < .01, \*\*\**p* < .001

**Table 3.** MP women reported significantly greater Bulimia, Drive for Thinness, Perfectionism, purging, bingeing, dieting, cigarette use, and alcohol use compared to SP women over time. There were no significant effects of Group for BMI, Interpersonal Distrust, or Maturity Fears. Over time, both groups demonstrated decreases in Bulimia, Drive for Thinness, and Maturity Fears scale scores. In addition, both groups reported decreased frequencies of current purging, bingeing, and dieting. In contrast, both groups reported increases in BMI, cigarette use, and alcohol use over time. There was no effect of Time on Perfectionism or Interpersonal Distrust scores. There were significant Group × Time interactions for Bulimia, Drive for Thinness, purging frequency, and dieting frequency. MP women reported greater reductions of eating pathology compared to SP women over time. Despite these greater reductions, MP women reported greater problems at follow-up on a number of eating and health behaviors, indicating that group differences in eating disorder severity were maintained at 10-year follow-up.

## Conclusion

This study sought to investigate two assumptions that are implicit in the current subtyping of eating disorders in the DSM-IV. Results are compatible with the first assumption that different methods of purging are associated with similar levels of eating pathology and are consistent with findings from others.<sup>14,29</sup> However, our findings contradicted the second assumption that a primary distinction exists between the presence vs. absence of any purging

method. Examination of baseline variables indicated a similar number of significant differences between women who never purged and the SP group (7 total, see Table 3) and between the SP and MP groups (7 total, see Table 3). Further, only a small number of women who were single purgers at baseline became multiple purgers over 10-year follow-up (8% of SP women; *n* = 18). In the present study, lifetime symptoms were assessed due to the longitudinal instability of DSM diagnoses/subtypes.<sup>6</sup> Thus, results indicate that the lifetime report of using more than one purging method in college was associated with more severe eating pathology at baseline and 10-year follow-up, suggesting that the MP/SP distinction is not restricted to concurrent symptoms.

These results are consistent with previous findings of increased eating disorder severity<sup>16</sup> associated with the use of multiple purging methods in clinical samples. Differences in severity over time suggest that a distinction between MP and SP women may be due to personality trait differences. Our longitudinal analyses indicated a difference in perfectionism between MP and SP women over their lifetime, consistent with previous results.<sup>19</sup> Favaro et al.<sup>30</sup> found that the presence of purging was significantly associated with impulsive behaviors. While these two results may seem contradictory, recent research has found that impulsivity and compulsivity/perfectionism are not opposite ends of a single dimension, but that they constitute two separate constructs.<sup>19,31</sup> Thus, it may be that MP women are both more perfectionist and more impulsive compared to SP women. This conceptualization is consistent with the finding that the high impulsivity/high compulsivity combination is associated with the greatest psychopathology in BN women.<sup>31</sup>

Current results suggested no differences between SP and MP women for current, lowest, or highest BMI. This suggests that the presence of MP is clinically significant among normal weight women and is not a proxy of AN binge-purge subtype. Despite both groups reporting a current BMI in the normal range, MP women perceived themselves as significantly more overweight compared to SP women. This difference suggests that MP women may have a more distorted body image, which leads them to engage in more extreme methods of weight control.

This study had several strengths. Data come from a large, longitudinal study of a non-clinical sample in which participation rates have remained high. To our knowledge, this is the first study to examine eating disorder severity associated with multiple purging methods over 10-year follow-up, using a prospective design. However, the present study is not without limitations. First, results were based on self-report measures rather than clinical interviews. However, previous research supports the sensitivity and specificity of self-report for measuring purging behaviors.<sup>25,32,33</sup> Second, our analyses did not control for purging frequency. We used the lifetime report of purging methods to create our groups but only had data available on current purging frequency. Those data indicated that women who reported using more than one method of purging did have higher current purging frequencies. Thus, the frequency of purging behaviors rather than the number of purging methods may explain group differences in eating and related pathology. However, using data from a separate study, Edler, Haedt, and Keel (The use of multiple purging methods as an indicator of eating disorder severity, in submission) found significantly greater eating pathology in MP women compared to SP women even after controlling for purging frequency, consistent with results from others.<sup>17,18</sup> Thus, our results likely reflect the influence of multiple purging methods rather than increased purging frequency. Third, we did not have adequate statistical power to detect medium or small effect sizes in comparisons of different purging methods. However, comparisons of effect sizes indicate no consistent pattern of differences between women who abuse laxatives versus those who self-induce vomiting. Finally, a categorical distinction between SP and MP may be no more valid than the distinction between no purging and any purging. It may be that the number of purging methods lies on a dimension of severity such that the use of three purging methods would be associ-

ated with greater severity compared to the use of two methods. We were precluded from examining this dimensional approach in the current study due to low base rates of more than two purging methods and a resulting lack of statistical power. Future research should investigate whether the number of purging methods resides on a dimension of severity or represents a categorical distinction.

In conclusion, results challenge the current characterization of eating disorder subtypes. Women who purged could be distinguished based on the number of purging methods, suggesting that the current DSM classification scheme ignores clinically significant heterogeneity among individuals who purge. Future studies may benefit from examining the number of purging methods, rather than just purging frequency, as a prognostic indicator for treatment response.

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