

Nadine Paans Lay Summary

Paans NPG, Bot M, Brouwer I, Visser M, Roca M, Kohls E, Watkins E, Penninx BWJH (2018). The association between depression and eating styles in four European countries: The MoodFOOD prevention study. *Journal of Psychosomatic Research*, 108, 85-92.

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Moodfood summary

Across Europe, depressed persons have been found to present disturbances in both dietary patterns as well as in eating styles. Examples of unhealthy eating styles are emotional eating, uncontrolled eating and cognitive restrained eating. Emotional eating is eating in response to negative emotions, uncontrolled eating is eating in response to external cues, and cognitive restrained eating is eating too much after a period of strictly regulating eating. Earlier studies found that people with high depressive symptoms show more unhealthy eating styles. Feeling depressed is normally associated with loss of appetite and subsequent weight loss, however, a depression subtype exists which is characterized by the atypical features of increased appetite and subsequent weight gain. It is not known whether all depression subtypes are associated to more unhealthy eating styles or whether differences exist between the different subtypes. It is also not known whether associations between depression and eating styles are similar across Europe. Therefore, in the current study we examined whether a former diagnosis of depression is associated with unhealthy eating styles, and which specific depression characteristics are associated with emotional, uncontrolled and cognitive restrained eating. We also investigated whether in four European countries: The Netherlands, United Kingdom, Germany and Spain, associations between depression and eating styles were generalizable.

Baseline data of the MoodFOOD prevention study were used. For all participants, we determined whether they had a history depression and

assessed depression characteristics and eating styles during an interview and with self-report questionnaires.

We found that people with history of depression showed more emotional and uncontrolled eating and less cognitive restrained eating. Also, those who suffered from a more severe depression showed more emotional and uncontrolled eating, and less cognitive restrained eating. When examining individual depressive symptoms, symptoms belonging to the atypical depression subtype, like increase in appetite and weight gain, contributed more to emotional and uncontrolled eating, while symptoms belonging to the 'typical' depression subtype contributed relatively less to emotional and uncontrolled eating. No differences in associations between depression and unhealthy eating were found between European countries.

The results of our study indicate that depression should not only be used as one homogeneous variable when investigating eating behavior, as associations between depression and eating styles are not similar across the full spectrum of depressive disorders. Prevention and treatment programs for depression should address disordered eating specifically in those with atypical depressive symptoms. This could prevent or minimize the subsequent negative health consequences like unhealthy dietary patterns and weight gain, thereby aiding the break-through of this unhealthy vicious circle.