

Emotional regulation in people attending an Eating Disorders Unit

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RESUMEN

Introducción: Las habilidades de Regulación Emocional (RE) son un aspecto importante en los Trastornos de la Conducta Alimentaria (TCA), tanto en lo que respecta a los propios pacientes como a su entorno familiar. El objetivo de este trabajo fue evaluar las dificultades de RE en los pacientes de la Unidad de Trastornos de la Conducta Alimentaria (UTCA) de Castellón y la influencia de algunas variables (edad y diagnóstico). Un segundo objetivo en los pacientes menores de edad fue evaluar si la forma de RE de los tutores influye en sus hijos. **Método:** participaron 51 pacientes de la UTCA y 16 tutores de los pacientes menores de edad. Se pasó el instrumento DERS en papel junto al correspondiente consentimiento informado. El análisis de los datos se realizó mediante el programa PSPP. **Resultados:** El tamaño de la diferencia de medias tanto en la comparación entre los pacientes y la media española como entre los tutores legales y los hijos en las puntuaciones del DERS fue grande (en la subescala Inatención fue mediana). En las comparaciones en cuanto a edad y diagnóstico solo hubo una diferencia significativa en la variable diagnóstico (subescala Interferencia) de tamaño grande. **Discusión:** Los pacientes de la UTCA obtienen puntuaciones elevadas en el DERS lo que indica dificultades en la capacidad de RE, por otra parte, solo encontramos influencia de la variable diagnóstico en la subescala Interferencia del DERS. En este estudio la RE de los tutores fue superior a la de los hijos. Los datos indican que sería conveniente incluir componentes de intervención centrados en la RE en la UTCA y enfatizar que, aunque la RE de los tutores fue mejor que la de los hijos, es importante equipar de herramientas de RE a los padres para ayudar a sus hijos a cuidarse a nivel emocional.

PALABRAS CLAVE: Trastornos de la Conducta Alimentaria (TCA), Regulación Emocional (RE), diagnóstico, edad, menores, tutores.

ABSTRACT

Introduction: Emotional regulation (ER) skills are an important aspect in Eating Disorders (ED), both in terms of the patients themselves and their family environment. The aim of this work was to evaluate the difficulties of ER in patients of the Eating Disorders Unit (UTCA) of Castellón and the influence of some variables (age and diagnosis). A second objective in minor patients was to evaluate whether the form of ER of the legal guardians influences their children. **Method:** 51 UTCA patients and 16 guardians of minor patients participated. The DERS instrument was passed on paper together with the corresponding informed consent. Data analysis was performed using the PSPP program. **Results:** The size of the mean difference both in the comparison between patients and the Spanish mean and between legal guardians and children in the DERS scores was large (in the Inattention subscale it was median). In the comparisons in terms of age and diagnosis there was only a significant difference in the diagnostic variable (subscale Interference) of large size. **Discussion:** UTCA patients obtain high scores in the DERS indicating difficulties in ER capacity, on the other hand, we only found influence of the diagnostic variable in the DERS Interference subscale. In this study, the ER of the guardians was higher than that of the children. The data indicate that it would be appropriate to include ER-focused intervention components in the UTCA and to emphasize that, although the ER of the guardians was better than that of the children, it is important to equip parents with ER tools to help their children to take care of themselves on an emotional level.

KEY WORDS: Eating Disorders (ED), Emotional Regulation (ER), diagnosis, age, minors, legal guardians.

EMOTION REGULATION IN PEOPLE ATTENDING AN EATING DISORDERS UNIT

INTRODUCTION

The NEDIC reports a significant difference in the incidence and frequency of Eating Disorders (ED) cases between the pandemic period and previous years (Datta et al., 2020).

Emotion regulation (ER) is a transdiagnostic dimension involved in the development and maintenance of several mental disorders. Vögele and Gibson (2010) suggest that EDs are disturbances of ER in which regulatory strategies related to eating and the body are used. Sagardoy et al. (2014) propose that EDs arise in people who are not aware of the importance of recognizing and knowing how to express their emotions and that this recognition produces a healthy effect on their physical and psychological health, decreases guilt, and increases their hope for change.

Participants with EDs were strongly affected during the pandemic, and ER difficulties were a significant predictor of their well-being (Vuillier et al., 2021).

Therefore, it is important to work on ER in EDs: they provide patients with tools to make better use of regulation strategies in the different situations of their daily life, which could be beneficial for their recovery.

In addition, several studies point out the importance of emotional regulation in the family environment and its influence on children.

Parents' own emotional profiles implicitly teach their children what emotions are acceptable and expected in the family environment, and how to manage the experience of those emotions (Morris et al, 2007). Equipping parents with tools to regulate their own distress may benefit children's regulation (Laurent, 2014).

It seems important to carry out a systemic therapy focused on providing emotional regulation tools to the parents as well.

OBJECTIVES



Main objective: To evaluate ER in UTCA patients and the influence of some variables (age and diagnosis) to determine its importance and the possibility of including therapeutic components.

Secondary objective: To evaluate ER in minors and a parent to find out the relationship between ER difficulties in the parents and the children.

HYPOTHESIS



1st hypothesis: UTCA patients will have difficulties in ER.

2nd hypothesis: There will be differences in ER depending on diagnosis and age (minors and adults).

3rd hypothesis: If the parent has difficulties in regulating their emotions, we will find also ER difficulties in their children.

METHOD



Participants: Patients → 50 females and 1 male, ages 12-70 years. 35 adults and 16 minors.

Legal guardians → 16 adults (15 mothers)

Material: DERS instrument in its Spanish adaptation (Hervás & Jódar, 2008).

Procedure: DERS on paper approx. 5 min.

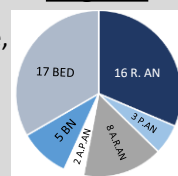
- **Outpatient consultations:** Patients → in the waiting room, the informed consent and confidentiality form was presented (minors under 16, filled out by their legal guardian) + DERS pass. **Legal guardians** of patients under 18 → DERS + their own informed consent and confidentiality.
- **HD:** pass at appropriate time.

Statistical analysis

PSPP

- Levene's test variances
- Student's T-test difference 2 groups
- ANOVA mean difference 3 groups
- Effect size: η^2 and Cohen's d

Diagnosis



Hypothesis 2

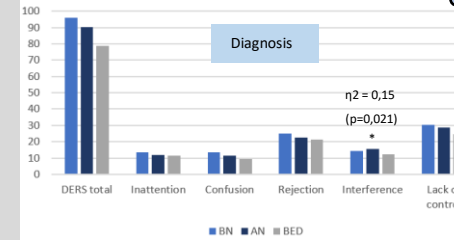


Figure 1: Comparison between the mean scores of the 3 diagnoses in the total DERS and in the 5 subscales.

Hypothesis 1

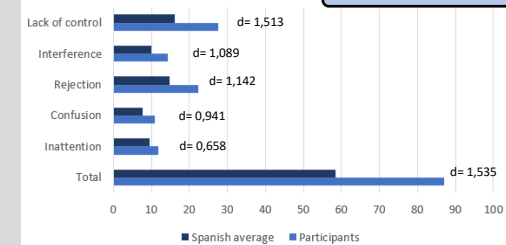


Figure 3: Comparison between the mean scores of the Spanish population and the participants in the total DERS and in the 5 subscales.

Single asterisk (*) for P < 0,05, double asterisk (**) for P < 0,01, or triple asterisk (***) for P < 0,001.

RESULTS



Hypothesis 2

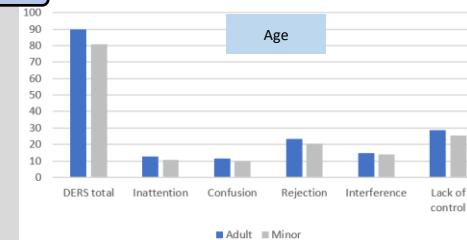


Figure 2: Comparison between the mean scores of the two age groups (minors and adults) on the total DERS and the 5 subscales.

Hypothesis 3

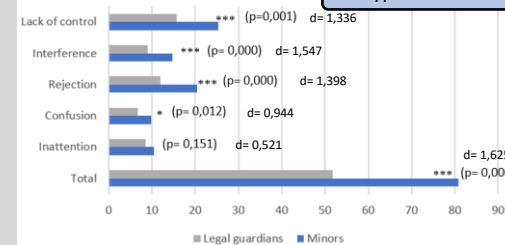


Figure 4: Comparison between the mean scores of minors and legal guardians in the total DERS and in the 5 subscales.

Effect size: $\eta^2 \rightarrow$ 0,01 small; 0,06 medium; 0,14 large. Cohen's d \rightarrow 0,2 small; 0,5 medium; 0,8 large; 1,20 very large

DISCUSSION



The UTCA patients obtained high scores on both the total DERS and the different subscales (the first research hypothesis is confirmed).

Regarding comparisons by diagnosis and age corresponding to the second research hypothesis, we found that the only statistically significant difference was the difference in means of the 3 types of diagnosis on the Functioning-Interference scale ($p=0,021$, $\eta^2=0,15$) with AN patients having the highest scores (15,48), followed by BN diagnosis (14,40) and AT (12,18), respectively.

The scores of the legal guardians on the total DERS and on the different subscales were much lower than those of the patients (the third research hypothesis is not confirmed).

Limitations: the sample is neither sufficient nor equitable in terms of diagnosis and age. It was not possible to compare the results based on gender (1 male patient vs. 50 female patients).

In conclusion, the data indicate that it would be desirable to include intervention components focused on ER in the UTCA. There are therapeutic programs for ED that include modules focusing on ER like Fairburn's transdiagnostic eating disorder-focused treatment (Fairburn et al., 2003) or Dialectical Behavior Therapy (DBT) adapted to eating disorders (Federici & Wisniewski, 2013). Finally, equipping parents with regulation tools can help children better cope with their own emotions (Laurent, 2014) so intervention components based on systemic family therapy should also be included so that parents can help their children take care of themselves on an emotional level.

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