

Self-referential Processing Biases in Patients with Anorexia Nervosa

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DISCLOSURES

I, Serena Gu, have no commercial relationships to disclose.



Self-evaluation and eating disorders

Theoretical Models

Eating disorder models suggest relationship between low self esteem and eating disorder symptoms

Empirical Evidence

- In existing self report studies: individuals with eating disorders report lower self-esteem and related constructs
- Prior neurocognitive study: more negative self-evaluation

Current Measures

Self-report primarily

Self-referential processing

- **Self-referential processing** = how people perceive self-relevant information
- **Self-referential encoding task**
 - Measures self-evaluation at the neurocognitive and behavioral levels
 - Among a list of adjectives, people are more likely to
 - endorse and recall words that are consistent with their own self-perception

Self-referential processing



A word cloud of emotional states arranged in a circular pattern. The words are in various shades of blue and teal. The words include: helpless, lively, depressed, jolly, terrible, friendly, bored, upset, inspired, afraid, dignified, lost, displease, confident, joyful, surprised, beautiful, gentle, fearful, and distressed.

helpless lively depressed
jolly terrible friendly bored upset
inspired afraid
displeased dignified lost
confident joyful surprised
beautiful gentle fearful
distressed

Aims and Hypotheses

Endorsement, Recall, Recognition, Bias scores

- Anorexia Nervosa (AN) endorse/recall/recognizes more negative and fewer positive words than HC
- AN has higher negative bias scores and lower positive bias scores

Reaction Time (RT)

- AN shorter reaction time to endorsed negative words and longer reaction time to endorsed positive words than HC
- AN longer reaction time to reject negative words and shorter reaction time to reject positive words than HC

Drift Rate (Responses + RT)

- AN will exhibit a faster drift rate to negative words and slower drift rate to positive words, compared to HC

Method

Participants:

38 cisgender female adolescents/adults healthy control;

35 cisgender female adolescents/adults receiving inpatient or outpatient treatment for anorexia nervosa

Procedure

Evaluation and Baseline Assessment

Eating disorders diagnosis:

- Eating Disorder Assessment for DSM-5

Psychopathology:

- The Structured Clinical Interview for DSM-5
- Kiddie Schedule for Affective Disorders and Schizophrenia

Study day measurement

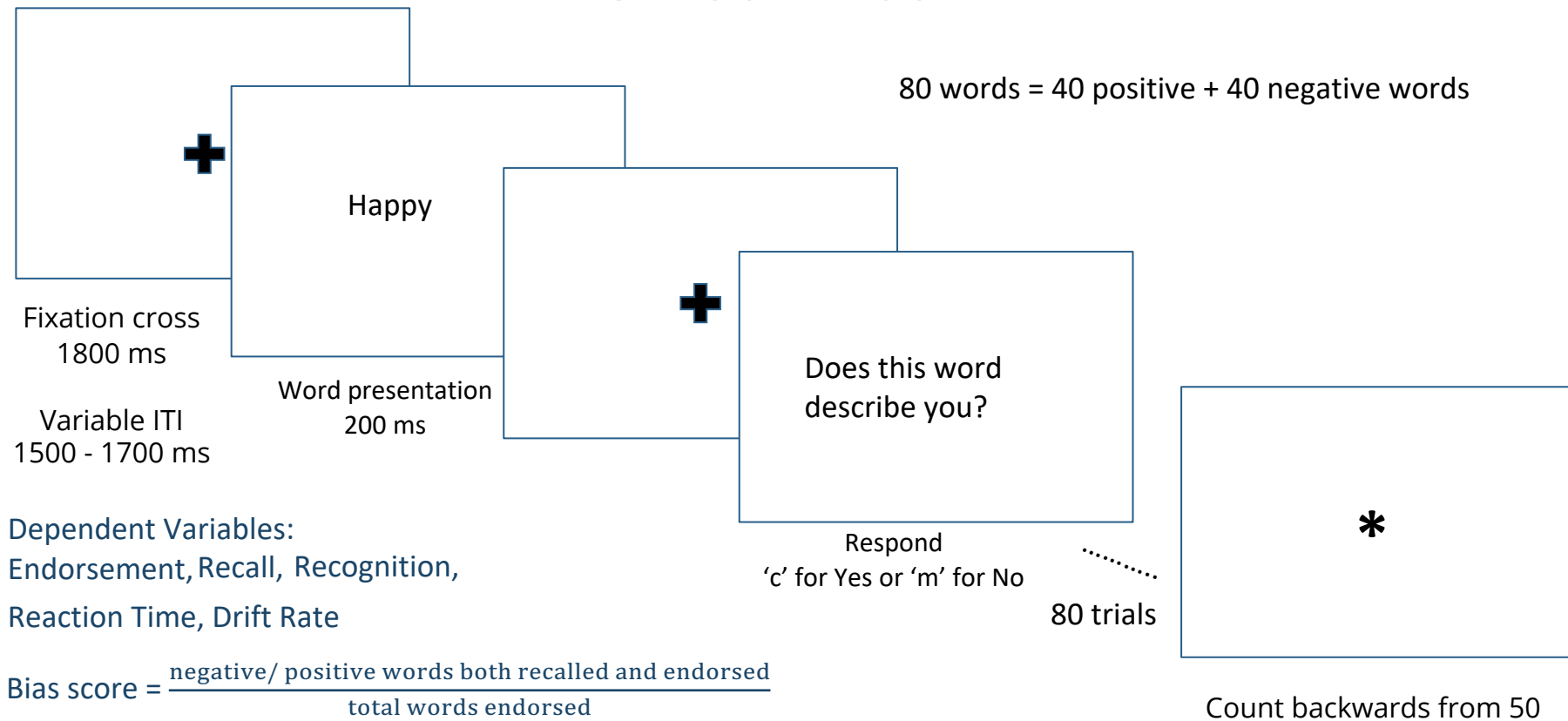
Weight and height:

- Body Mass Index

Task:

- Self-referential Encoding Task

Method – Task

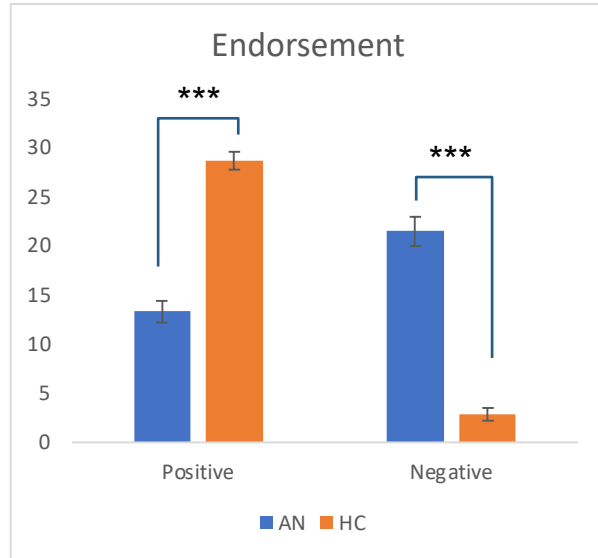


Sample characteristics

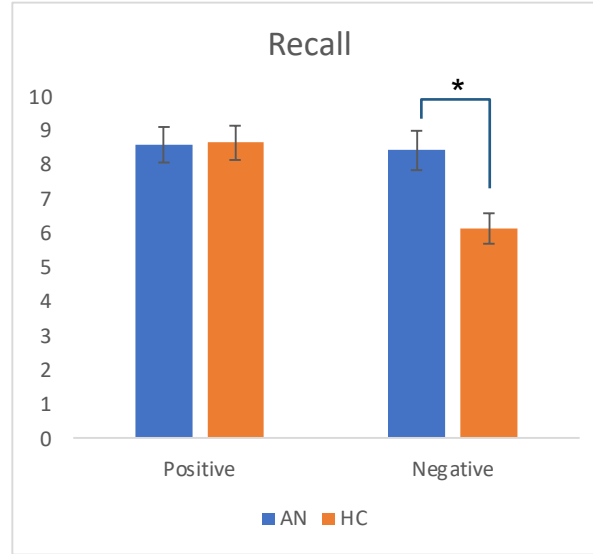
	HC (n = 38)		AN (n = 35)			
	Mean ± SD		Range	Mean ± SD	Range	<i>p</i>
Age (years)	23.8	6.0	14-37	22.4 6.5	14-35	0.44
BMI (kg/m²)	22.3	2.1	19.2-28.4	19.1 2.1	13.2-22.9	<.001
Race/Ethnicity	N	%		N	%	0.005
African American	6	16		0	0	
Asian	10	26		2	6	
Caucasian	13	34		24	68	
Hispanic	6	16		8	23	
Hispanic/AA	0	0		1	3	
South Asian	1	3		0	0	
Middle Eastern	2	5		0	0	

Endorsement, recall, and recognition of negative and positive words

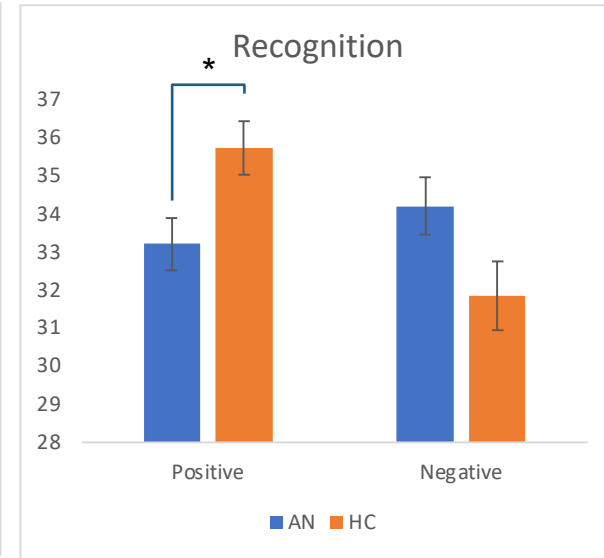
two-way repeated measure ANOVAs



$p_{interaction} < 0.001$



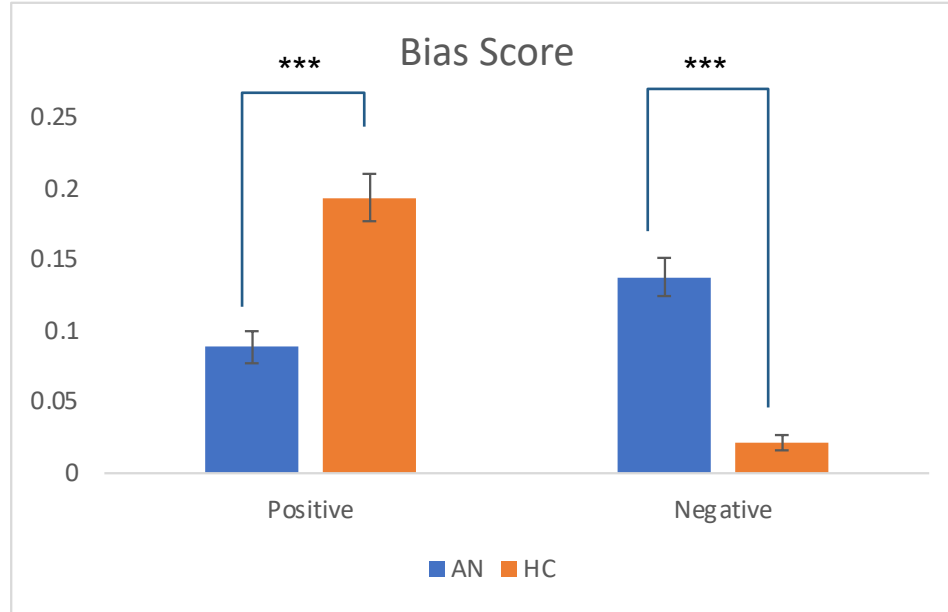
$p_{interaction} = 0.003$



$p_{interaction} < 0.001$

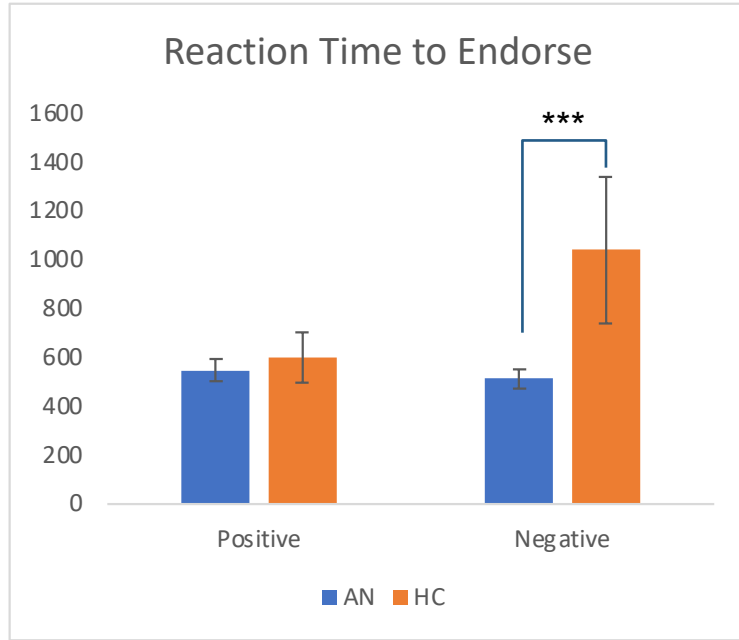
Bias score

$$\text{Bias score} = \frac{\text{negative/ positive words both recalled and endorsed}}{\text{total words endorsed}}.$$

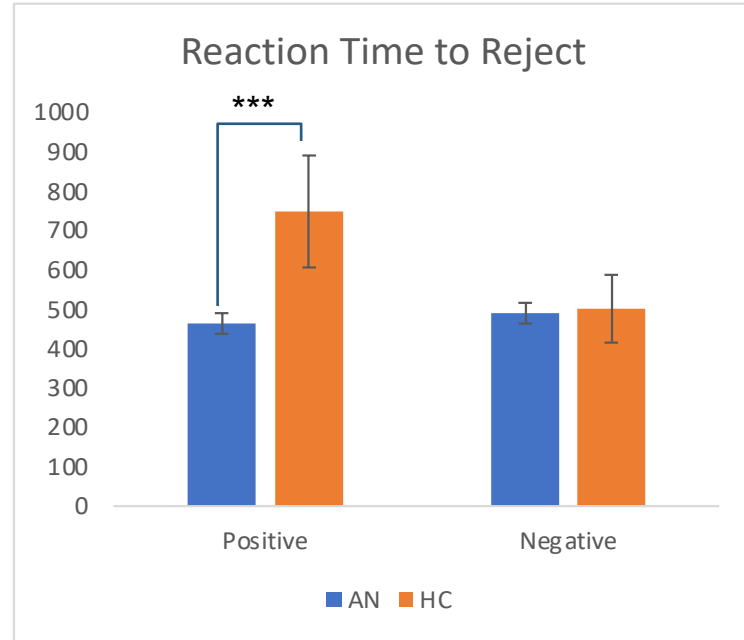


$p_{interaction} < 0.001$

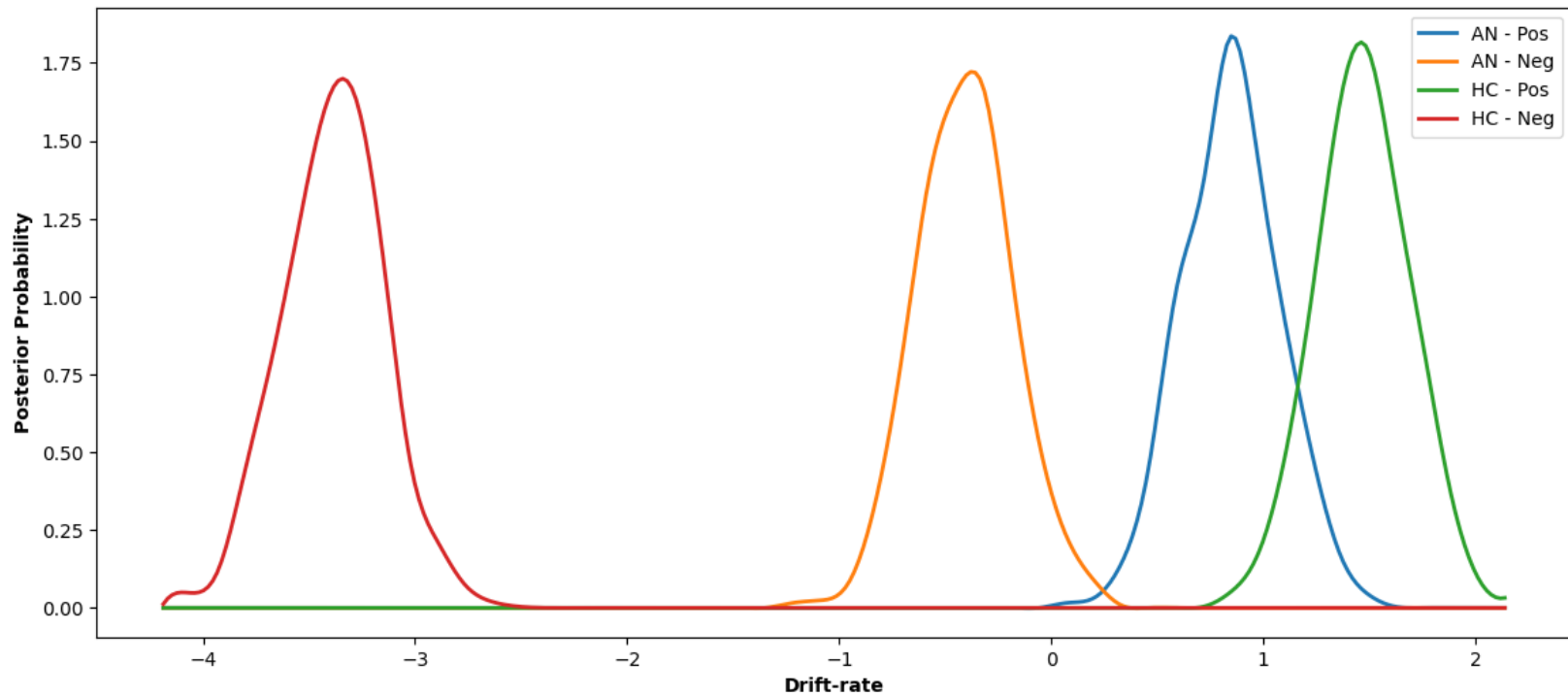
Reaction Time



$p_{interaction} = 0.001$



$p_{interaction} = 0.004$



Drift away from
a Negative word



Drift toward a
Negative word



Drift away from
a Positive word



Drift toward a
Positive word

Summary

- AN tended to show more negative processing bias reflected by nearly all the indicators we measured
 - Endorsement, recall, recognition,
 - Bias score
 - Reaction time
 - Drift rate
- These findings are consistent with self-report literature and adds to the current neurocognitive literature

Limitation and Discussion

- Limitations

- Causality cannot be inferred
- Correlate? Risk factor? Predictor of relapse?
- Heterogeneity in the timing of when participants did the task

- Discussion

- Tendency toward negative self-evaluation may be an underlying behavioral phenotype associated with AN
- Longitudinal studies and studies investigating neural underpinnings will further clarify the role of self-evaluation bias in anorexia nervosa

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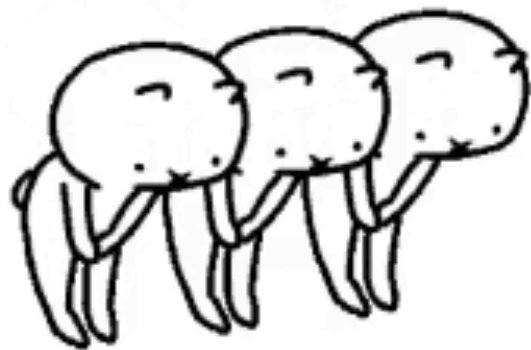
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*thank
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so much for listening!