Conclusions: Dysregulated sexuality is linked to emotion dysregulation and childhood trauma. Binge-purging patients experience adverse behavioural consequences.

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Not everyone is the same: Latent profile analysis of food addiction, personality traits and loneliness among young adults

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Introduction: Food addiction (FA) has been found to correlate with personality traits and psychosocial factors (Zhao et al., 2018). However, the vast majority of studies on this subject use the variable-oriented approach, which assumes that relationships between specific variables are identical in a given population (Collins & Lanza, 2010).
Objectives: The main aim of this study was to assess the heterogeneity of young adults with respect to food addiction, personality traits (extraversion, conscientiousness and emotional stability) and loneliness. The secondary aim was to examine the relationships between profile membership and well-being.
Methods: The sample consisted of 1,157 young adults (58.1% women). The Yale Food Addiction Scale, the Ten-Item Personality Inventory and the Short Loneliness Scale were used in the present study. Various aspects of well-being were included (e.g. quality of life). Latent Profile Analysis was performed twice: in the full sample, and in the subsample of individuals with increased FA (defined as z-score $\geq$ 1; n = 213).
Results: Four profiles were identified both in the full sample and in the subsample. The best functioning was observed in individuals who scored high on extraversion and low on loneliness, despite their relatively high levels of FA. Young adults who scored high on FA and loneliness, and low on extraversion, conscientiousness and emotional stability, were more likely to have the worst functioning.
Conclusions: Our findings suggest that using the person-oriented approach may expand our knowledge on the role of personality traits and psychosocial factors in determining the effects of FA on well-being.

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Prevalence and treatment of patients with eating disorders: Data of a german health insurance

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Introduction: Few studies have examined the course of eating disorders and the respective treatments based on insurance data, even though they provide representative information.
Objectives: To assess the epidemiology, treatments, duration of illness, costs of treatment in a data set of a public health insurance.
Methods: Data provided by a German health insurance (data from 4.2 million members from 2005-2010). A matched control group based on age and gender without an eating disorder diagnosis was used for comparisons.
Results: 2.734 cases with the diagnoses of an eating disorder (anorexia nervosa AN, bulimia nervosa BN or combination ANBN) were identified. More than 92% of the patients were female. The relative risk for personality disorders, depressive disorders, alcohol abuse and obsessive-compulsive disorders was highly increased. Most of the patients with BN (53.04%) or AN (41.57%) were treated in out-patient care, and many were only treated for three months, whereas most of the patients with ANBN were treated for a longer time. 3-19% with BN, AN or ANBN were treated only in in-patient care. The in-patient costs of treatment for the year of the diagnosis were 5471.15€ for BN, 9080.26€ for AN, 10809.16€ for ANBN and 339.37€ for the control group.
Conclusions: Our findings suggest that patients with ANBN diagnosis have a severe and longer course of treatment. Furthermore, contrary to national guidelines for eating disorders, there is a considerable proportion of patients with BN or AN that are treated only in in-patient care.

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Negative affect, affect regulation, and food choice: A value-based decision-making analysis

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Introduction: Research has shown that negative affect leads to unhealthy eating, the top cause of death in the United States.
Objectives: This project examined whether AR (Affect Regulation) can be applied to incidental negative affect to improve eating behavior.
Methods: We conducted four studies.
Results: In Studies 1 and 2 (n=80), we developed a autobiographical negative affect induction, showed that it induces negative affect, and demonstrated that participants can learn to downregulate this negative affect. In Study 3 (n=40), participants completed a three-phase dietary food choice task. In phase 1, participants made food choices under neutral conditions. In phase 2, participants made food choices after receiving the negative affect induction from