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healthy controls. *Results:* Although the results are not yet available, we anticipate specific neurocognitive profiles in patients with FA compared to controls. More specifically, we expect impairments in executive functions and heightened emotional reactivity to food-related images in the FA group. *Conclusions:* Characterizing the neurocognitive profiles in patients with FA could support its recognition as an addictive disorder and improve its diagnosis, prevention and treatment. In particular, this findings could inform the development of targeted therapies addressing the neurocognitive alterations observed in FA.

**Keywords:** food addiction, neurocognition, alteration

## MINI-2D4

### Untangling the web: How childhood maltreatment, mental distress and personality functioning contribute to eating disorder symptoms

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*Background.* Childhood maltreatment is a well-established risk factor for eating disorder symptoms; however, the other processes underlying this relationship remain poorly understood. Research suggests that mental distress (e.g., anxiety and depression) and personality functioning may play key roles in explaining this association. However, their independent contributions have not been thoroughly examined. This study aimed to explore the incremental contributions of mental distress and personality functioning to eating disorder symptoms, while controlling for gender and levels of childhood maltreatment. *Methods.* A total of 800 participants aged 18–30 years ( $M = 24.46$ ,  $SD = 3.77$ ; 48.75% female) from a demographically representative sample in Lithuania completed questionnaires assessing childhood maltreatment (Adverse Childhood Experiences Questionnaire), eating disorder symptoms (EDE-Q 6.0), mental distress (PHQ-4), and personality functioning (LPFS-BF 2.0). Hierarchical regression analysis was performed to evaluate the independent effects of mental distress and personality functioning. *Results.* Hierarchical regression analyses demonstrated that both mental distress and personality functioning independently predicted eating disorder symptoms beyond the effects of childhood maltreatment and gender. In Model 1, adding Personality functioning, when controlling for distress additionally, significantly improved the prediction ( $\Delta R^2 = 0.022$ ,  $p < 0.001$ ). In Model 2, adding mental distress similarly enhanced the model ( $\Delta R^2 = 0.042$ ,  $p < 0.001$ ) beyond and above maltreatment, gender, and personality functioning. Both models explained 21.9% of variance in eating disorder symptoms. *Conclusion.* Both mental distress and personality functioning independently contribute to the relationship between childhood maltreatment and eating disorder symptoms, with mental distress showing a slightly stronger effect. These findings emphasize the importance of targeted interventions that address both emotional and personality-related factors in individuals with a history of childhood maltreatment.

**Keywords:** eating disorders, personality functioning, mental distress