Prevalence of disordered eating in young Australians presenting for mental health care at a headspace centre: Supplementary Material A

Correlations

Pearson's *r* correlations were run to examine the relationship between the scores on the ED items. Significant inter-correlations were observed between the four ED items, *p*s <.01. Results are reported in Table A.

Table A.
Correlations between the scores on the ED items

	Binge Eating	Purging Behaviours	Dietary Restriction	Shape/Weight Concerns
Binge Eating	-	.25**	.33**	.44**
Purging Behaviours	.25**	-	.36**	.28**
Dietary Restriction	.33**	.36**	-	.46**
Shape/Weight Concerns	.44**	.28**	.46**	-

** = Correlation is significant at p <.01 level, * = Correlation is significant at p <.05 level.

Details of between group analyses

Binge eating (Q1)

One-way ANOVAs were used to investigate if there were differences in binge eating frequency (Q1) based on participants' demographic groups such as gender, sex-at-birth, sexuality, living situation, relationship status and level of education. Due to the uneven sample size Levene's Test for Equality of Variance was used to assess whether the data satisfies the assumption of the homogeneity of variance for the interpretation of the ANOVA results. The data for the Binge Eating item (Q1) met the assumption of homogeneity of variance (Levene's test non-significant) and so the *F* results and Bonferoni post-hoc analyses are reported. A significant main effect of gender was observed for binge eating, $F(2, 527) = 4.07$, $p = .018$. Contrast analyses identified that female gendered participants (n = 341) scored significantly higher on the binge eating item than male gendered participants, $F(1, 498) = 7.78$, $p < .01$, the scores of other gendered participants (n = 30) were not found to differ significantly from the scores of male gendered participants ($p > .05$) or female gendered participants ($p > .05$) for the binge eating item.

A similar pattern of results were identified when groups were based on sex-at-birth (male or female) whereby female-sex-at-birth participants (n = 367) scored significantly higher than male-sex-at-birth (n = 163) participants for binge eating frequency, $F(1, 528) = 10.24$, $p < .01$. There were no significant differences in binge eating frequency observed between groups based on sexuality, living situation, relationship status, or level of education (*p*s > .05).

Purging Behaviours (Q2)

Kruskal-Wallis tests were used to investigate if there were differences in the response to the purging behaviours item (Q2) based on participants' demographic groups such as gender, sex-at-birth, sexuality, living situation, relationship status and level of education. A significant main effect of gender was

observed for the purging behaviours item, $H(\text{df} = 2, N = 530) = 7.59$, $p = .023$. Post-hoc pair-wise comparisons identified that there were significant differences in scores observed between female and male gendered participants (ps <.05) but no significant differences observed between other gendered participants and female gendered participants (ps >.05), or between other gendered participants and male gendered participants (ps >.05) for the purging behaviours item

Similarly, results from Pearson Chi-Square tests identified a significant difference between groups based on sex-at-birth (male or female) whereby female-sex-at-birth participants (n = 367) were more likely than male-sex-at-birth (n = 163) participants to endorse engaging in purging behaviours, $\chi^2 = 7.61$, p <.01. There were no significant differences in response to the purging behaviours item between groups based on sexuality, living situation, relationship status, or level of education (ps > .05).

Dietary Restriction (Q3)

Kruskal-Wallis tests were used to investigate if there were differences in the response to the dietary restriction item (Q3) based on participants' demographic groups such as gender, sex-at-birth, sexuality, living situation, relationship status and level of education. A significant main effect of gender was observed for dietary restriction, $H(\text{df} = 2, N = 530) = 10.57$, $p < .01$. Post-hoc pair-wise comparisons identified that there were significant differences in scores observed between female and male gendered participants (ps <.05) but no significant differences observed between other gendered participants and female gendered participants (ps >.05), or between other gendered participants and male gendered participants (ps >.05) for dietary restriction.

Similarly, results from Pearson Chi-Square tests identified a significant difference between groups based on sex-at-birth (male or female) whereby female-sex-at-birth participants (n = 367) were more likely than male-sex-at-birth (n = 163) participants to endorse engaging in dietary restriction, $\chi^2 = 11.92$, p <.01. There were no significant differences in response to the dietary restriction item between groups based on sexuality, living situation, relationship status, or level of education (ps > .05).

Shape/Weight Concerns (Q4)

One-way ANOVAs were used to investigate if there were differences in shape and weight concerns (Q4) based on participants' demographic groups such as gender, sex-at-birth, sexuality, living situation, relationship status and level of education. Due to the uneven sample size, Levene's Test for Equality of Variance was used to assess whether the data satisfies the assumption of the homogeneity of variance for the interpretation of the ANOVA results. The data for the Shape/Weight Concerns item (Q4) met the assumption of homogeneity of variance (Levene's test non-significant) and so the F results and Bonferoni post-hoc analyses are reported for these items. A significant main effect of gender was observed for Shape/Weight Concerns, $F(2, 527) = 13.05$, $p < .01$. Contrast analyses identified that female gendered participants (n = 341) scored significantly higher than male gendered participants for Shape/Weight Concerns, $F(1, 498) = 25.16$, $p < .01$), the scores of other gendered participants (n = 30) were not found to differ significantly from the scores of male gendered participants (ps > .05) or female gendered participants (ps > .05) for Shape/Weight Concerns.

A similar pattern of results were identified when groups were based on sex-at-birth (male or female) whereby female-sex-at-birth participants (n = 367) scored significantly higher than male-sex-at-birth (n = 163) participants for shape/weight concerns, $F(1, 528) = 26.15$, $p < .01$). There were no significant differences observed on shape/weight concerns between groups based on sexuality, living situation, relationship status, or level of education (ps > .05).

Analyses by sex-at-birth: A similar pattern of results were identified when groups were based on sex-at-birth (male or female) whereby female-sex-at-birth participants (n = 367) scored significantly higher than male-sex-at-birth (n = 163) participants for on the eating behaviours & body image items (ps <.05). Refer to Table B for the group means and standard deviations (SDs) and see Supplementary Materials A for more detail.

Table B.
Means and SDs of self-reported ED symptom experienced organised by groups based on participant's self-reported sex-at-birth

Subgroup based on sex-at-birth	Binge Eating Mean (*SD*)	Purging Behaviours Mean (*SD*)	Dietary Restriction Mean (*SD*)	Shape/Weight Concerns Mean (*SD*)
Male, n = 163	0.84 (*1.05*)	0.03 (*0.17*)	0.15 (*0.36*)	2.65 (1.*97*)
Female, n = 367	1.17 (*1.12*)	0.10 (*0.30*)	0.29 (*0.46*)	3.59 (*1.95*)