

Depressed persons have been found to present disturbances in both dietary patterns as well as in eating styles. Examples of unhealthy eating styles are emotional eating, external eating and restrained eating. Emotional eating is eating in response to negative emotions, external eating is eating in response to external cues, and restrained eating is eating too much after a period of strictly regulating eating. Some earlier studies found that people with high depressive symptoms show more unhealthy eating styles. Feeling depressed is normally associated with loss of appetite and subsequent weight loss, however, a depression subtype exists which is characterized by the atypical features of increased appetite and subsequent weight gain. It is not known whether all depression subtypes are associated to more unhealthy eating styles or whether differences exist between the different subtypes. It is also not known whether people with a formal depressive disorder also have more unhealthy eating styles. Therefore, in the current study we examined whether a formal diagnosis of depression is associated with unhealthy eating styles, and which specific depression characteristics are associated with emotional, external and restrained eating.

We used data of a large study that was conducted in the Netherlands: the Netherlands Study of Depression and Anxiety. All participants were adults between 18-65 years. For all participants, we determined whether they had depression and assessed their eating styles during an interview and with self-report questionnaires.

We found that people with a current or remitted diagnosis of depression showed more emotional eating and external eating. Also, those who suffered from a more severe depression and those with a longer-lasting depression showed more unhealthy eating styles. When examining individual depressive symptoms, symptoms belonging to the atypical depression subtype, like increase in appetite and weight gain, contributed more to emotional and external eating, while symptoms belonging to the 'typical' depression subtype contributed relatively less to emotional and external eating. No associations were found between depression and restrained eating.

The results of our study indicate that depression should not only be used as one homogeneous variable when investigating eating behavior, as associations between depression and eating styles are not similar across the full spectrum of depressive disorders. Prevention and treatment programs for depression should address disordered eating specifically in those with atypical depressive symptoms. This could prevent or minimize the subsequent negative health consequences like unhealthy dietary patterns and weight gain, thereby aiding the break-through of this unhealthy vicious circle.