Reviewer's report

Title: The changing demographic profile of eating disorder behaviors in the community

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Reviewer: Karen Stein

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Comments to the Author

The primary purpose of this study was to examine secular trends of eating disorder (ED) behaviors from 1998 to 2008 across demographic profiles. In addition, trends in patterns of association of health-related quality of life changes and ED behaviors were examined across demographic profiles. This study provides the important evidence of the contribution of demographic factors on changes in ED behaviors prevalence as well as the quality of life adults living in South Australia.

Background Literature.

1. The authors mentioned that “an important that remains unaddressed is whether the current prevalence of disordered eating within these group is stable phenomenon or has resulted from an increase in more recent times.” This study offers some insights into these issues, albeit with a regional sample.

Research Design and Methods.

1. The reason for using the data weighted from 1996 and 2006 rather than 1998 and 2008 was not addressed.

2. The authors categorized by age into three groups but did not provide a rationale for converting the continuous variable to categorical variable. Cut-points appear to correspond to eating disorder onset and persistence data but justification for the cut points is not provided in the manuscript.

Results.

1. Since the study did not use a longitudinal design, the samples in 1998 and 2008 may well differ in terms of generational status and level of acculturation. These variables were not controlled in the analyses. This issue needs to be address in analyses or noted a study limitation (if data are not available).

2. The results are presented in a very disorganized manner, significantly detracting from the readability of the manuscript. It may be easier to read if the order of the independent variables in tables can be followed the same order as they were described in the text. In addition, use of figures to display major findings would improve readability.

3. The significant level in the prevalence by age and prevalence by residency
was 0.10, which is not the standard criterion of significant level (p=0.05) nor was not consistent with the standard used for the rest of the results. No explanation of the changed criterion of significance was provided. This significantly detracts from the contribution of the manuscript.

4. The authors described that the extreme dieting approached significant difference in odds ratios, but the p value was 0.10 that is not considered as significant difference.

5. It would be clearer if the authors can add the label of “Mean (SD)” in Table 3.

Discussion.

1. The authors mentioned that the ED behaviors increased “most rapidly” from 1998 to 2008 but did not explain the comparison group/years.

2. Some significant changes of ED behavioral prevalence from 1998 to 2008 were only based on the small sample size, especially in purging, which may limit the reliability of the finding. This needs to be address in the limitation.