

Supplementary materials

Table S1: Sociodemographic correlates of eating disorder epidemiology

Study	Wave	N	RR (%)	Population	Year Data Collected	ED Diagnosis	Country	Age	% female	Design	Prevalence	Correlates	Findings
National Latino and Asian American Study [1-3]	Baseline	2554	75.5	Adult Latino and Asian Americans living in the USA	2002-3	Interview: WMH-CIDI	USA	> 18	56	Cross-sectional	Lifetime: 0.08% AN, 1.61% BN, 1.92% BED 12mo: 0.03% AN, 0.82% BN, 0.90% BED	sex, age, education, nativity (USA/Other), parents born overseas, time spent in USA, sexual orientation	Effects: Female sex (lifetime BN, BED; 12mo BN, BED); lower education (lifetime BED); age < 30 years (lifetime BN, BED); more time in USA (lifetime BN). Null effects: Education (lifetime BN); age (lifetime BED, BN); time in USA (lifetime BED; 12mo BN, BED); nativity (12mo BN, BED), parents born overseas (lifetime BN, BED; 12mo BN, BED); sexual orientation (lifetime AN/BN; 12mo AN/BN)
Western Australian Pregnancy Cohort (Raine) Study [4]	14 year follow-up	1597	56	Participants of the Raine Study: born at a public hospital 1989-91	2004 (est.)	Interview: ChEDE	Australia	13-15	45	Longitudinal	Current: 0.06% AN, 0.56% BN, 0.44% BED, 1.7% PD	sex, paternal age	Effects: Female sex (current EDs); higher paternal age at birth (current EDs). Null effects: n/a
[5]	2 year follow-up	1076	61	Students originally recruited in their 2nd year of high school from 22 schools in Ciudad Real, Spain	2000-1	Interview: SCAN for ICD-10, DSM-IV, and DSM-III-R	Spain	14-16	46	Longitudinal	Current: 0.1% AN, 0.75% BN, 2.60% EDNOS	sex	Effects: Female sex (current EDs). Null effects: n/a
Netherlands Mental Health Survey and Incidence Study (NEMESIS) [6, 7]	Baseline	7076	69.7	Household representative sample of the adult Netherlands population	1996	Interview: CIDI for DSM-III-R	The Netherlands	18-64	53.3	Cross-sectional	Lifetime: 0.7% ED, 1.0% AN, 0.6% BN 12mo: 0.4% ED, 0% AN, 0.4% BN 1mo: 0.3% ED, 0% AN, 0.3% BN	sex	Effects: n/a Null effects: Sex (1mo, 12mo, lifetime: EDs, AN, BN).
	12-month follow-up	5618	79.4		1997			19-65	53.5	Longitudinal	12mo incidence: 0.19% ED	sex, age	Effects: Age 25-44 (12mo ED incidence – men); age 18-34 (12mo ED incidence - women) Null effects: Sex (12-mo ED incidence)

[8]	Follow-up	31406	75.7	Twins on the Swedish twin registry born 1935-58	1998-2002	Interview: SCID for DSM-IV	Sweden	40-67 (est.)	51	Cross-sectional	Lifetime: 0.36% AN, 0.64% broad AN	Age, education	Effects: Younger age (AN, broad AN); higher education (AN, broad AN) Null effects: n/a
[9]	Baseline	188	n/a	Women responding to newspaper ads and flyers (50% with a focus on EDs) in stores and organizations in Mexican American LA communities	NR	Interview: SCID for DSM-IV-TR	USA	18-48	100	Cross-sectional	Current: 0.02% AN, 13.8% BN, 15.4% BED, 11.2% EDNOS	Age, SES, immigration generation status, Anglo orientation	Effects: Older age (EDs); greater Anglo orientation (EDs). Null effects: SES (EDs), immigration generation status (EDs).
[10]	Baseline	236	n/a	Women responding to newspaper ads and flyers in stores and organizations in LA identified as 'eating disordered' and age/education matched controls	NR	Interview: questions from the EDE to identify 'probable EDs'	USA	18-44	100	Cross-sectional	n/a	Ethnicity (Hispanic, Black, White, Asian), age, education, parental immigration, languages	Effects: Monolingual (EDs); mother born in USA (EDs); father born in USA (EDs). Null effects: Ethnicity (ED type); age or education (EDs).
[11]	8-year follow-up	290	50.9	18 year-old participants in a longitudinal cohort attending local high schools and technical schools in Reus, Spain	1995	Interview: SCAN for ICD-10 and DSM-III-R	Spain	17.5-18.5	52	Cross-sectional	Current: 1.4% ICD-10 AN, 0.3% DSM-III-R AN, 0.7% ICD-10 BN, 0.3% DSM-III-R BN, 0.7% ICD-10 menstruating AN, 0.7% DSM-III-R menstruating AN	Education, parental occupation, parental qualifications	Effects: n/a Null effects: Education, parental occupation, or parental qualifications (EDs)

[12]	2-year follow-up	200	77.5	Adolescent participants selected as 'eating disordered' and controls in a longitudinal cohort recruited from 17 randomly selected primary schools in Tarragona, Spain	NR	Interview: DICA-R for DSM-IV	Spain	13-15	53.5	Cross-sectional	n/a	sex	Effects: Female sex (current EDs). Null effects: n/a
[13]	Baseline	2103	91.8	Students from middle schools, high schools, and colleges/universities from North, South, Central, and Southwest China	2005	Questionnaire: EDDS for ICD-10 and DSM-IV	China	12-22	62.8	Cross-sectional	Current: 0.0% AN, 1.1% subclinical AN, 0.3% BN, 0.3% subclinical BN, 0.4% BED	sex, age, SES	Effects: Female sex (current BN, subclinical BN, BED); age 12-15 (current subclinical AN); age 16-18 (current BN); higher SES (current subclinical AN, subclinical BN). Null effects: Sex (current subclinical AN); age (current subclinical BN, BED); SES (current BN, BED).
[14]	Baseline	2992	58.8	Young women on GP registry who responded to an ED survey and were identified as 'dieters' but without an ED history	NR	Interview: EDE	UK	16-23	100	Longitudinal	2-year incidence: 0.3% AN; 0.64% BN; 2.5% EDNOS	Age	Effects: n/a Null effects: Age (EDs).
	6mo follow-up	2274	76		NR								
	12mo follow-up	1559	68		NR								
	18mo follow-up	1885	63		NR								
	2-year follow-up	1795	60		NR								
[15]	Baseline	934	78	Females aged 18-25 on the electoral registers of two areas of Padova, Italy	NR	Interview: SCID for DSM-IV	Italy	18-25	100	Cross-sectional	Current: 0.3% AN, 1.8% BN, 0.1% BED, 0.7% atypical AN, 2.4% atypical BN Lifetime: 2.0% AN, 4.6% BN, 0.6% BED, 2.6% atypical AN, 3.1% atypical BN	Urbanicity, education, marital status, occupational status, social class, menarche timing	Effects: Urban residency (lifetime AN, BN, BED, EDs); not being employed (lifetime AN). Null effects: Urbanicity (lifetime atypical AN, atypical BN), education (lifetime AN, BN, EDs); marital status (lifetime AN, BN, EDs); occupational status (lifetime BN, EDs); social class (lifetime AN, BN, EDs); menarche timing (lifetime AN, BN, EDs);
[16]	Baseline	516	n/a	Lesbian, bisexual, gay (LGB) and straight responders to advertisements in diverse	2004-5	Interview: CIDI for DSM-IV	USA	M = 32 (SD = 9)	50	Cross-sectional	Lifetime: Gay/bisexual men: 1.0% AN, 6.2% BN, 5.2% BED, 3.1% subclinical AN,	Sexual orientation (within sex), sex, ethnicity (White, Black, Latino), age (within sexual	Effects: LGB (male: lifetime BN, subclinical BN); age < 30 (lifetime subclinical BN). Null effects: Sexual orientation (female: lifetime EDs, AN, BN, BED, subclinical AN, subclinical BN, subclinical

				communities of New York City							9.3% subclinical BN, 9.3% subclinical BED Lesbian/bisexual women: 0% AN, 4.6% BN, 4.6% BED, 0% subclinical AN, 5.6% subclinical BN, 6.2% subclinical BED	orientation)	BED; male: lifetime EDs, AN, BED, subclinical AN, subclinical BED); sex, ethnicity, or sexual orientation (LGB: lifetime EDs, AN, BN, BED, subclinical AN, subclinical BN, subclinical BED); age (LGB: lifetime EDs, AN, BN, BED, subclinical AN, subclinical BED).
[17]	Baseline	1545	97.5	Students in Madrid in 20 randomly selected Secondary Obligatory Education, high school, and university institutes	2001-2	Interview: EDE for DSM-IV	Spain	12-21	59	Cross-sectional	Current: 0.19% AN, 1.42% BN, 1.81% EDNOS	Sex, age, education level, number of siblings, parental occupation, living situation, urbanicity	Effects: Female sex (current EDs); age 12-19 (current EDs); living with single parent (current EDs); only child (current EDs). Null effects: Education (current EDs); parental occupation (current EDs); urbanicity (current EDs)
[18]	Baseline	3801	90.0	Greek school girls from (1) Munich, Germany, (2) Veria, Greece	1998	Interview: SIAB-EX for DSM-IV	Germany, Greece	10-26	51	Cross-sectional	Current: 0.23% AN, 0.94% BN, 0.48% subclinical BN Lifetime: 0.61% AN, 2.02% BN, 0.95% subclinical BN	Migration, sex (within migration)	Effects: Not being a migrant (current and lifetime subclinical BN); female sex (migrants: current and lifetime BN, lifetime AN; non-migrants: current and lifetime AN, lifetime BN, lifetime subclinical BN). Null effects: Migration (current and lifetime AN, BN); sex (migrants: current AN, current and lifetime subclinical BN; non-migrants: current BN, subclinical BN)
[19]	Follow-up	16728	60.1	Twins on the Swedish twin registry born 1959-85 and living in Sweden	2005-6	Interview: SCID for DSM-IV	Sweden	20-47	60	Cross-sectional	Lifetime: Gay men: 1.1% ED Lesbian women: 10.3% ED	Sexual orientation	Effects: Same-sex orientation (lifetime EDs). Null effects: n/a
Ontario Health Survey [20, 21]	Baseline	8116	76.5	Adults residing in households in Ontario, Canada	1990-1	Interview: CIDI for DSM-III-R and ICD-10	Canada	15-64	53	Cross-sectional	Current: 0.76% BN (0.21% BN-P, 0.55% BN-NP), 0.34% subclinical BN	Age	Effects: n/a Null effects: Age (current EDs)

Body Satisfaction and Related Issues in Iran Study [22]	Baseline	1181	98	14-55 year-olds residing in households in Kerman, Iran	NR	Questionnaire: EDDS for DSM-IV	Iran	14-55	54	Cross-sectional	Current: 0.8% AN, 6.2% BN, 1.4% sub-threshold AN, 3.0% sub-threshold BED	Education	Effects: Lower education (EDs). Null effects: n/a
[23]	Baseline	1157	59.3	18-30 year-old women in the Swedish general population	NR	Questionnaire: SEDs modified by Gotestam & Agras for DSM-IV	Sweden	18-30	100	Cross-sectional	Current: 0.0% AN, 1.73% BN, 0.52% BED, 0.34% EDNOS Past: 0.86% AN, 2.85% BN, 1.04% BED, 7.78% EDNOS	Age, marital status, education, work status, county of residence, region of residence	Effects: n/a Null effects: Age, marital status, education, work status, county of residence, region of residence (current or past EDs)
[24]	Baseline	1849	74.9	Women in the Norwegian general population	1991	Questionnaire: developed by authors for DSM-III-R EDs	Norway	M = 37.1 (SD = 11.9)	100	Cross-sectional	Current: 0.27% AN, 0.7% BN, 1.46% BED, 1.30% EDNOS Lifetime: 0.43% AN, 1.62% BN, 3.24% BED, 3.03% EDNOS	Age, marital status, student status	Effects: Younger age, single/separated, higher education, current student (lifetime EDs). Null effects: n/a
[25]	3-year follow-up	877	95.3	9 th -12 th grade girls followed from the 9 th to the 12 th grade in 4 northern California high schools	NR	Interview: clinical interview based on DSM-III-R BN criteria and the EDE	USA	M = 14.9 (SD = 0.49)	100	Longitudinal	Current: partial ED 7.6%	Acculturation (within ethnicity)	Effects: Higher acculturation (Hispanic: partial EDs). Null effects: Acculturation (European/Asian: partial EDs).
St Louis Personality Health and Lifestyle Survey (SLPHL) [26]	Baseline	917	28	Adults in St Louis City, St Louis County, and 5 surrounding counties	2001-2	Questionnaire: PHQ for DSM-IV BED	USA	M = 44 (SD=14)	55	Cross-sectional	Current: 7.2% BED	Sex, ethnicity (White, Black, Other), age, education, marital status	Effects: n/a Null effects: Sex, ethnicity, age, education, marital status (current BED).
Health Omnibus Survey [27]	Baseline	3001	71.5	Adults residing in households in South Australia	1995	Interview: questions based on the EDE and Oxford criteria	Australia	15-94	60	Cross-sectional	Current: 0.7% BN, 2.5% BED	Sex, age	Effects: Female sex (current BN vs. BED). Null effects: Age (current BN vs. BED).

National Comorbidity Replication Survey [28, 29]	Baseline	9282	70.9	Adults residing in households in the USA	2001-3	Interview: CIDI for ICD-10 and DSM-IV	USA	18-60+	55.4	Cross-sectional	Lifetime: 0.6% AN, 1.0% BN, 2.8% BED, 1.2% sub-threshold BED, 4.64% EDNOS 12mo: 0.3% BN, 1.2% BED, 0.6% sub-threshold BED	Sex, age	Effects: Female sex, younger (12mo AN, BN, BED; lifetime AN, BN, BED, sub-threshold BED). Null effects: Sex, age (12mo sub-threshold BED).
[30, 31]	Baseline	595	98.2	9 th graders from 6 schools in the Jakobstad region of Finland	2004-5	Interview: RAB-T for DSM-IV	Finland	15-15	48	Cross-sectional	Current: 0.3% AN, 0% BN, 0.8% EDNOS-AN, 0.2% EDNOS-BN Lifetime: 0.8% AN, 0% BN, 2.4% EDNOS-AN, 0.2% EDNOS-BN	Sex	Effects: Female sex (current and lifetime EDs). Null effects: n/a
	3-year follow-up	462	77.6		2007-8			18-18	50.6	Cross-sectional	Current: 0% AN, 0.2% BN, 0.2% EDNOS-AN, 0.4% EDNOS-BN Lifetime: 1.3% AN, 0.2% BN, 3.9% EDNOS-AN, 0.6% EDNOS-BN		Effects: Female sex (current and lifetime EDs). Null effects: n/a
School Health Promotion Study [32, 33]	Baseline	38517	NR	8 th and 9 th graders in four regions and 13 towns of Finland	1998	Questionnaire: based on DSM-IV BN criteria	Finland	14-16	50	Cross-sectional	Lifetime: 1.6% BN	Age, onset of menarche/oigarche	Effects: Older age, earlier onset of menarche/oigarche (lifetime BN). Null effects: n/a
School Health Promotion Study [34]	Baseline	8787	>99	8 th and 9 th graders in four regions and 13 towns of Finland	1995	Questionnaire: based on DSM-III-R BN criteria	Finland	14-16	51	Cross-sectional	Lifetime: 1.0% BN	Sex, age, menarche/oigarche, urbanicity, parental education, parental employment	Effects: Female sex, commenced menarche/oigarche (lifetime BN); older (females: lifetime BN). Null effects: Urbanicity, parental education, parental employment (lifetime BN).
National Comorbidity Survey Replication Adolescent	Baseline	10123	82.5% (household), 83.7	School-attending adolescents from households in the National	2001-4	Interview: CIDI for DSM-IV	USA	13-18	51	Cross-sectional	1mo: 1.1% ED 12mo: 2.8% ED, 0.2% AN, 0.6% BN, 0.9% BED,	Sex, number siblings, age, ethnicity, parental education, parental marital	Effects: Female sex (lifetime BN, BED, sub-threshold AN); Hispanic vs. Black/White/Other ethnicity (lifetime BN); having siblings (EDs). Null effects:

Supplement [29, 35, 36]			% (school)	Comorbidity Survey Replication and a representative sample of schools in the adult sample areas							1.1% sub-threshold BED Lifetime: 4.78% EDNOS, 0.3% AN, 0.9% BN, 1.6% BED, 0.8% sub-threshold AN, 2.5% sub-threshold BED	status, SES, urbanicity	Adult status (lifetime EDNOS); ethnicity (lifetime AN, BED, sub-threshold AN, sub-threshold BED); sex (lifetime AN, subclinical BED); age, parental education, parental marital status, SES, urbanicity (lifetime AN, BN, BED, subclinical BED).
World Health Organization World Mental Health Survey Initiative [37]	Baseline	24124	68.8	Adults from 14 countries	NR	Interview: CIDI for DSM-IV	Colombia, Brazil, Mexico, Romania, Belgium, France, Germany, Italy, The Netherlands, New Zealand, Northern Ireland, Portugal, Spain, USA	18-60+	NR	Cross-sectional	Lifetime: 1.0% BN, 1.9% BED 12mo: 0.4% BN, 0.8% BED	Age, sex, student status, education level, marital status, age of onset	Effects: Younger, female sex, current student, lower education (lifetime BN, BED). Null effects: Marital status (lifetime BN, BED).
[38]	Baseline	1000	n/s	Tyrolean women	1997	Interview: clinical interview with questions based on DSM-IV	Austria	15-85	100	Cross-sectional	Current: 3.3% BED, 1.2% BN-NP, 0.3% BN-P	Age	Effects: Younger (current BN). Null effects: Age (current BED).
[39]	Baseline	1960	98.6	9 th and 10 th graders at 13 secondary schools in Sør-Trøndelag County, Norway	NR	Questionnaire: SEDs for DSM-IV and DSM-III-R	Norway	14-15	52	Cross-sectional	Girls lifetime: 0.7% DSM-IV AN, 0.7% DSM-III-R AN, 1.2% DSM-IV BN, 3.6% DSM-III-R BN, 1.5% DSM-IV BED, 1.5% DSM-III-R BED, 14.6% DSM-IV EDNOS, 12.9% DSM-III-R EDNOS Boys lifetime: 0.2% DSM-IV AN, 0.2% DSM-III-R AN, 0.4% DSM-IV BN, 0.6%	Age, urbanicity	Effects: Older (girls: lifetime EDs). Null effects: Urbanicity (lifetime EDs); age (boys: lifetime EDs).

											DSM-III-R BN, 0.9% DSM-IV BED, 0.9% DSM-III-R BED, 5.0% DSM-IV EDNOS, 4.8% DSM-III-R EDNOS		
[40]	Baseline	52	n/a	Women who responded to newspaper advertisements, fliers, and from informal and formal self-help groups	NR	Interview: included diagnostic questions for DSM-III-R BN	Germany	17-31	100	Cross-sectional	n/a	Gender identity	Effects: Female gender-typed identity (current BN). Null effects: n/a
[41]	Baseline	2396	NR	Students in Romania from randomly selected high schools	2006	Questionnaire: included diagnostic questions for DSM-IV EDs	Romania	NR	52.4	Cross-sectional	Current: 0.1% AN, 0.5% subclinical AN, 0.6% BN, 0.6% subclinical BN	Ethnicity, sex	Effects: Romanian (vs. Hungarian) ethnicity (current AN, subclinical AN, BN); female sex (current AN, subclinical AN). Null effects Ethnicity (current subclinical BN); sex (current BN, subclinical BN).
[42]	Baseline	712	NR	High school students	NR	Questionnaire: BEQ for DSM-III BN	USA	13-19	46	Cross-sectional	Current: 7.6% BN	Sex, ethnicity	Effects: Female sex, minority ethnicity (current BN). Null effects: n/a
[43]	Baseline	2862	82.4	Female adolescent population of Navarra	NR	Interview: semi-structured clinical interview for DSM-IV EDs	Spain	13-22	100	Longitudinal	18mo incidence: 4.8% ED, 4.2% EDNOS, 0.3% AN, 0.3% BN	Age	Effects: Age 15-16 or > 18 years (EDNOS 18mo incidence). Null effects: Age (AN, BN 18mo incidence).
	18-month follow-up	2509	91.5	Participants in a sample of the female adolescent population of Navarra without EDs at baseline	NR								
[44]	Baseline	3288	93.2	6 th – 12 th graders at 23 public schools and 1 private school in Haute-Marne, France	1988	Questionnaire: included diagnostic questions for DSM-III and DSM-III-R BN	France	12-19	52.7	Cross-sectional	Current: 0.7% DSM-III-R BN, 1.3% DSM-III BN	Sex, age, education level, parental marital status, parental occupation, family composition	Effects: Female sex (current BN), older (girls: current BN). Null effects: Education, parental marital status, parental occupation, family composition (current BN).

[45]	Baseline	1710	61	9 th – 12 th graders at 9 schools in urban and rural Oregon	1987-9	Interview: K-SADS for DSM-III-R	USA	M = 16.6 (SD = 1.2)	52.9	Cross-sectional	Current: 0% AN, 0.18% BN Lifetime: 0.23% AN, 0.53% BN	Sex	Effects: Female sex (lifetime EDs, BN). Null effects: Sex (current EDs, AN, BN; lifetime AN).
	12-month follow-up	1508	88.2					NR	NR	Cross-sectional	Current: 0% AN, 0.27% BN Lifetime: 0.40% AN, 0.93% BN		Effects: Female sex (lifetime EDs, AN, BN). Null effects: Sex (current EDs, AN, BN).
Mid-Atlantic Twin Registry (MATR); Norwegian Institute of Public Health Twin Panel (NIPHTP); and Swedish Twin study of Adults: Genes and Environment (STAGE)[46]	Baseline	21856	NR	Twins on the MATR, NIPHTP, and STAGE registries	2005 (STAGE registry)	Questionnaire: based on the SCID for DSM-IV	USA, Norway, Sweden	NR	NR	Cross-sectional	For ED prevalence estimates, registry x zygosity, see [46]	Sex (within sample)	Effects: Female sex (MATR: lifetime BN, broad BN, BED, broad BED); female sex (STAGE: lifetime broad AN, BN, broad BN) Null effects: Sex (NIPHTP: lifetime BN).
[47]	Baseline	257	NR	9 th – 12 th graders at two public high schools in southeastern Georgia	NR	Questionnaire: included diagnostic questions for DSM-III BN	USA	14-18+	65	Cross-sectional	Current: 4.7% BN	Sex, ethnicity, education level, age	Effects: Female sex (current BN). Null effects: Ethnicity, education, age (current BN).
NIMH Collaborative Psychiatric Epidemiological Studies (CPES) [48]	Baseline	14301	70.9-75.5	Participants in three nationally representative USA samples: The National Survey of American Life (NSAL), The National Latino and Asian American Study (NLAAS), and the National Comorbidity Survey Replication	2001-3	Interview: CIDI for DSM-IV	USA	18+	NR	Cross-sectional	Lifetime: White: 0.39% AN, 0.51% BN, 1.41% BED Latino: 0.08% AN, 2.03% BN, 2.11% BED Asian: 0.10% AN, 1.50% BN, 1.24% BED African-American: 0.15% AN, 1.31% BN, 1.48% BED	Ethnicity	Effects: Latino (vs. White), African-American (vs. White) ethnicity (12mo and lifetime BN). Null effects: White vs. Asian ethnicity (12mo BN); White vs. Asian, Latino, or African American ethnicity (12mo AN); White vs. Asian, Latino, or African American ethnicity (lifetime BED); White vs. Asian, Latino, or African American ethnicity (lifetime AN).

				(NCS-R)							12mo: White: 0.03% AN, 0.16% BN, 0.55% BED Latino: 0.03% AN, 1.01% BN, 1.11% BED Asian: 0.05% AN, 0.58% BN, 0.70% BED African-American: 0.06% AN, 0.60% BN, 0.68% BED		
[49]	Baseline	2862		Female students attending 39 schools in Navarra, Spain	1997	Interview: clinical interview for DSM-IV EDs	Spain	12-21	100	Longitudinal	18mo incidence: 3.6% ED	Number siblings, birth order, parental marital status	Effects: Separated/widowed parents (ED 18mo incidence). Null effects: Number of siblings, birth order on (ED 18mo incidence).
	18mo follow-up	2509			1998-9								
Health Omnibus Survey [50]	Baseline	3034	60.7	Adults residing in households in South Australia	2008	Interview: self-report lifetime AN	Australia	15+	51	Cross-sectional	Lifetime: 2.9% AN	Sex, age, marital status, urbanicity, country of birth (Australia/Other), education level, SES	Effects: Female sex, younger, regional residence, higher education, lower SES (lifetime AN). Null effects: Marital status, country of birth (lifetime AN).
Simmons Longitudinal Study [51]	Follow-up	68	95.8	Subset of eating disordered and non-eating disordered participants from the Simmons Longitudinal Study	NR	Interview: DIS-IV for DSM-IV EDs	USA	27-27	100	Cross-sectional	n/a	Ethnicity (White, other), marital status, child status, educational level, occupational status, SES	Effects: Lower SES (lifetime full/partial EDs). Null effects: Ethnicity, marital status, child status, education, occupational status on (lifetime full/partial ED).
[52]	Baseline	326	75.5	5 th – 10 th grade schoolgirls from 2 public and 2 private schools in Amman	2008	Questionnaire: EHQ for DSM-IV EDs	Jordan	10-16	100	Cross-sectional	Current: 31.0% EDNOS, 1.8% BED, 0.6% BN, 0.0% AN	Age, menarche, parental marital status	Effects: Older, commenced menarche, separated/widowed parents (current EDs). Null effects: n/a
[53]	Baseline	559	92.9	4 th – 5 th grade schoolgirls from 4 schools in Bradford, UK	NR	Interview: EDE for DSM-III-R	UK	14-16	100	Cross-sectional	Current: 1.6% BN, 0.2% AN	Ethnicity	Effects: Asian (vs. White) ethnicity (current BN). Null effects: Ethnicity (current AN).

1970 British Cohort Study [54]	30-year follow-up	11261	68	Participants in the 1970 British Cohort Study (infants born in the UK in 1970)	2000	Interview: self-reported ED	UK	30-30	NR	Cross-sectional	Lifetime: 0.9% AN	Sex	Effects: Female sex (current AN). Null effects: n/a
[55]	Baseline	11261	100	Schoolgirls who attended 2nd grade in various types of high schools in Tehran	1998	Interview: clinical interview for DSM-IV EDs	Iran	16-18	100	Cross-sectional	Lifetime: 0.9% AN, 3.2% BN, 1.8% partial AN, 4.8% partial BN	Age, birth order, parental education, parental work status	Effects: Higher maternal education (lifetime BN); at-home maternal work status, private business paternal work status (lifetime partial AN, partial BN). Null effects: Age, birth order, paternal education (lifetime AN, BN, partial AN, partial BN).
New Zealand Mental Health Survey [56, 57]	Baseline	12992	73.3	New Zealand adult population	2003-4	Interview: CIDI for DSM-IV	New Zealand	16+	NR	Cross-sectional	Lifetime: 0.6% AN, 1.3% BN 12mo: <0.1% AN, 0.4% BN	Age, sex, ethnicity (lifetime only)	Effects: Age 25-44, female sex, Maori/Pacific ethnicity (lifetime AN, BN); younger, female sex (12mo BN). Null effects: n/a
[58]	Baseline	1947	95.8	14-15 year-olds from 44 high schools in Victoria, Australia.	1992	Questionnaire: The BET for DSM-IV	Australia	14-15	53	Cross-sectional	Current: 0.1% BN, 1.4% partial BN, 0.0% AN, 0.2% partial AN	Age, sex, country of birth (Australia/Other), parental marital status, urbanicity	Effects: Female sex (current EDs); younger (3-year ED incidence). Null effects: Age (current ED); country of birth, parental marital status, urbanicity (current ED, 3-year ED incidence).
	3-year follow-up	1530	75.3		1995			17-18	NR	Longitudinal	3-year incidence: 2.1% partial BN, 0.0% other EDs		
[59]	Baseline	394	n/a	Women (judged to be < 60yrs) at state-regulated bingo tournaments, in 3 lower and 6 upper income communities in Massachusetts	NR	Questionnaire: EDs Questionnaire (Pope) for DSM-III and DSM-III-R EDs	USA	18-60	100	Cross-sectional	Current: 15.5% DSM-III/DSM-III-R BN, 9.6% DSM-III-R BN, 1.0% DSM-III/DSM-III-R AN	Upper/lower class community, household income	Effects: Lower household income (current DSM-III/R BN, DSM-III-R BN). Null effects: Upper/lower class community (current DSM-III/R BN, DSM-III-R BN, DSM-III/R AN); household income (current DSM-III/R AN).
European Study of the Epidemiology of Mental Disorders (ESEMeD) project [60]	Baseline	4139	61.2	Adults in Belgium, France, Germany, Italy, the Netherlands and Spain	2002-3	Interview: CIDI for DSM-IV	Belgium, France, Germany, Italy, the Netherlands and Spain	M = 47.1	51.6	Cross-sectional	Lifetime: 0.48% AN, 0.51% BN, 1.12% BED, 0.72% sub-threshold BED 12mo: 0% AN, 0.15% BN, 0.31% BED, 0.09% sub-threshold BED	Age	Effects: Younger (lifetime EDs, AN, BN, BED). Null effects: n/a

Teen Health 2000 (TH2K) [61, 62]	Baseline	4175	66	Adolescents from households in Houston, enrolled in local health maintenance organizations	2000	Interview: DISC-IV for DSM-IV	USA	11-17	48.9	Cross-sectional	12mo: 0.28% AN, 0% BN	Ethnicity (African, European, Mexican American), sex, age, family income, parental education, parental marital status	Effects: Female sex (12mo EDs). Null effects: Ethnicity, age, family income, parental education, parental marital status (12mo EDs).
[63]	2-year follow-up	1076	60.9	Participants who were originally recruited at age 12-13 from 22 schools in Ciudad Real, Spain	1998-9	Interview: SCAN for DSM-IV	Spain	14-15	53.5	Cross-sectional	Current: 0.1% AN, 0.75% BN, 2.88% EDNOS	Sex	Effects: Female sex (EDs). Null effects: n/a
[64]	Baseline	544	NR	Adolescents in Valencia, Spain	1998-9	Interview: clinical interview for for ICD-10 EDs	Spain	12-18	NR	Cross-sectional	Current: 0.22% AN, 0.20% BN	Sex, age	Effects: Female sex, older (EDs). Null effects: n/a
[65]	Baseline	678	67.8	15 year-olds in public schools from Buskerud county, Norway	NR	Interview: DSED for DSM-IV EDs	Norway	15-15	68	Cross-sectional	Current: 1.0% BED, 0.7% BN, 0.3% AN-BP, 0.7% subclinical BN	Sex	Effects: Female sex (EDs). Null effects: n/a
[66]	Baseline	258		Students from 17 primary schools in Tarragona, Spain	2002	Interview: DICA for DSM-IV	Spain	9.4-13.5	51.4	Longitudinal	Current: 0% AN, 0% BN, 0.07% BED, 2.3% EDNOS, 1.04% subclinical ED	Sex	Effects: Female sex (2-year ED incidence). Null effects: n/a
	2-year follow-up	200	77.5		2004			13-15	54		Current: 0% AN, 0.22% BN, 0.22% BED, 0.81% EDNOS, 2.39% subclinical AN, 0.14% subclinical BN		
[67, 68]	Baseline	1164	NR	6 th – 9 th grade school girls from Tucson, Arizona and	NR	Interview: McKnight EDE for DSM-IV	USA	NR	100	Longitudinal	Current: 2.0% ED	Ethnicity (within region)	Effects: Hispanic ethnicity (Arizona: 3-year ED incidence). Null effects:
	3-year follow-up	1103	60%		NR			NR			3-year incidence:		

				Hayward, California							2.9% ED		Ethnicity (current EDs).
Coronary Artery Risk Development in Young Adults (CARDIA) study [69]	Follow-up	5115	51	18-30 year-olds recruited using community-based sampling and membership of a large health care plan	NR	Questionnaire: QEWP-R for DSM-IV BED	USA	18-30	54	Cross-sectional	Current: 1.5% BED	Ethnicity (within sex)	Effects: White (vs. black) ethnicity (males: current BED). Null effects: Ethnicity (female: current BED).
[70]	Baseline	496	56%	Adolescent girls from 4 public and 4 private Metropolitan middle schools in southwestern USA	NR	Interview: EDE for DSM-IV	USA	11-15	100	Cross-sectional	Current: 1.6% AN, 4.8% BN, 1.0% BED	Menarche status	Effects: n/a Null effects: Menarche status (current AN, BN, BED).
New England Women's Health Project (NEWHP) [71]	Baseline	212	n/a	BED cases and matched psychiatric and healthy controls from the NEWHP study: 18-40 year-old White or Black US born females in Boston and New York	NR	Interview: SCID-IV and EDE for DSM-IV	USA	18-40	100	Cross-sectional	n/a	Ethnicity, education level, age	Effects: Older (current BED vs. BN-P). Null effects: Age (BED vs. BN-NP); ethnicity, education (BED vs. BN-P vs. BN-NP).
National Growth and Health Study-Wave II (NGHS-Wave II) [72, 73]	10-year follow-up	1560	86	Participants recruited in the NGHS study as 9-10 year-old White and Black USA-born females from California, Ohio, and District of Columbia	NR	Interview: SCID and EDE for DSM-IV Questionnaire: DEMQ for NES	USA	M = 21.5 (SD = 0.7)	100	Cross-sectional	Current: 1.6% NES Lifetime: 1.5% AN, 1.3% BN, 2.1% BED	Ethnicity. For NES (within Black participants): age, parental education, welfare status, child status.	Effects: White ethnicity (lifetime EDs); Black ethnicity (current NES); parent to more than one child (Black: current NES). Null effects: Age, parental education, welfare status (Black: current NES).

Mexican National Comorbidity Survey (MNCS), National Latino and Asian American Study (NLAAS), and the National Comorbidity Survey Replication (NCS-R) [74]	Baseline	2268	70.9-76.6	Participants of Mexican origin from 2 US and 1 Mexican nationally representative adult population surveys	2001-3	Interview: CIDI for DSM-IV	USA, Mexico	18-89	49.8	Cross-sectional	Current: 1.7% BED	Country of residence, parental migration status	Effects: USA residence, both parents USA-born (current BED). Null effects: n/a
[75]	Baseline	3615	94	Young females attending and not attending school in Hungary	1998	Questionnaire: included diagnostic questions for DSM-IV EDs	Hungary	15-24	100	Cross-sectional	Current: 0.03% AN, 0.41% BN, 1.09% subclinical AN, 1.48% subclinical BN	Student status, parental education	Effects: Current student (current EDs, subclinical AN), higher parental education (current EDs). Null effects: Student status (current BN, subclinical BN)
National Survey of American Life (NSAL) [76]	Baseline	6361	73 (adults) 81 (adolescents)	Adults and adolescents residing in households in the USA	2001-3	Interview: CIDI for DSM-IV-TR	USA	13-94	NR	Cross-sectional	12mo (adults): 0.05% AN, 0.69% BN, 0.78% BED 12mo (adolescents): 0.07% AN, 0.40% BN, 0.28% BED Lifetime (adults): 0.17% AN, 1.49% BN, 1.66% BED	Ethnicity (African American, Black Carribean), sex	Effects: Female sex (adults: 12mo BN, BED). Null effects: Sex (adults: lifetime AN, BN, BED; adolescents: 12mo BN, BED); ethnicity (lifetime and 12mo AN, BN, BED)
[77]	Baseline	301	65.1	Participants with chronic fatigue and controls selected from a representative telephone survey of residents in Chicago, USA	NR	Interview: SCID for DSM-IV	USA	18-59+	70.4	Cross-sectional	NR	Sex	Effects: n/a Null effects: Sex (EDs).

The Longitudinal Study of Kindergarten Children in Quebec [78]	10-year follow-up	798	56.2	Participants of a representative cohort recruited as 6 year-olds entering French-speaking schools in Quebec, Canada	1996-7	Interview: DISC-2 for DSM-III-R	Canada	16-16	100	Cross-sectional	Current: 0.6% AN, 0% BN, 3.5% subclinical AN, 3.8% subclinical BN, 10.8% subclinical BED	Parental education, parental employment status, parental immigrant status	Effects: n/a Null effects: Parental education, parental employment status, parental immigrant status (current AN, BN, subclinical AN, subclinical BN, subclinical BED).
[79]	Baseline	2907	96.9	10 th - 11 th graders attending high schools in Edirne, Turkey	NR	Interview: SCID for DSM-III-R	Turkey	ED group: M = 17.04 (SD = 0.8) Controls: M = 16.9 (SD = 0.7)	54	Cross-sectional	Current: 0.03% AN, 0.79% BN, 1.51% EDNOS, 1.00% BED	Sex, age	Effects: n/a Null effects: Sex, age (current EDs).
Australian NHMRC Twin Register (ATR) [80]	Follow-up	3845	79	Females on the ATR	1992-3	Interview: SSAGA for DSM-III-R	Australia	28-90	100	Cross-sectional	Lifetime: 0.4% AN, 1.8% BN	Age	Effects: Age < 45 (lifetime BN). Null effects: Age (lifetime AN).
Virginia Twin Registry (VTR) [81, 82]	Follow-up	2163	NR	Caucasian female same-sex twins on the VTR		Interview: SCID for DSM-III and DSM-III-R	USA	M = 30.1 (SD = 7.6)	100	Cross-sectional	Lifetime: 0.51% AN, 2.5% broad BN-P, 3.2% broad BN-NP	Parental education. For BN subtype comparison: age, education, marital status, family income	Effects: Higher parental education (lifetime AN). Null effects: Age, education, marital status, parental education, family income (lifetime broad BN-P vs. broad BN-NP).
Early Developmental Stages of Psychopathology study [83]	Baseline	3021	71	14-24 year olds on the Bavarian government registry of residents in metro Munich	1995	Interview: CIDI for DSM-IV	Germany	14-24	50.1	Cross-sectional	12mo: 0.1% AN, 0.5% atypical AN, 0.3% BN, 0.6% atypical BN Lifetime: 0.6% AN, 0.8% atypical AN, 0.9% BN, 1.1% atypical BN	Sex, age, education, living arrangement (parent/alone/partner/spouse), SES, urbanicity	Effects: Female sex (12mo and lifetime AN, atypical AN, atypical BN); older, female sex, lower SES (lifetime EDs). Null effects: Education, living arrangement, urbanicity (lifetime EDs).

Mental Health Supplement to the Ontario Health Survey [84]	Baseline	9953	76	Adults residing in households in Ontario		Interview: CIDI for DSM-III-R	Canada	15-64		Cross-sectional	Lifetime (males): 0.16% AN, 0.76% partial AN, 0.13 BN, 0.95% partial BN Lifetime (females): 0.66% AN, 1.15% partial AN, 1.46% BN, 1.70% partial BN	Sex, marital status	Effects: Female sex (lifetime EDs); not living with a spouse (males: lifetime EDs). Null effects: n/a
[85]	Baseline	1849	74.9	Norwegian female adult population	1991	Questionnaire: SEDs for DSM-III-R	Norway	M = 36.9 (SD = 11.9)	100	Cross-sectional	Current: 0.0% AN, 1.2% BN, 0.5% BED, 2.7% EDNOS Lifetime: 0.1% AN, 2.0% BN, 0.9% BED, 6.3% EDNOS	Age	Effects: Younger (current and lifetime EDs). Null effects: n/a
	Baseline	1521	45.8		2004			M = 46.4 (SD = 12.7)		Cross-sectional	Current: 0.0% AN, 1.8% BN, 0.3% BED, 1.8% EDNOS Lifetime: 0.2% AN, 4.1% BN, 0.7% BED, 5.0% EDNOS		Effects: Younger (current and lifetime EDs). Null effects: n/a
Epidemiological Catchment Area study [86]	Baseline	18152	76	White, Black, Hispanic, Asian and Pacific Islander adults from 5 community catchment areas: New Haven (Connecticut), Baltimore (Maryland), St. Louis (Missouri), Durham (North Carolina), and Los Angeles (California)	1980s	Interview: NIMH Diagnostic Interview Schedule (DIS) for DSM-III	USA	18-64+	53.4	Cross-sectional	Lifetime: 0.9% AN (White), 0.4% AN (Black), 0.4% AN (Hispanic), 0.6% AN (Asian)	Ethnicity	Effects: White (vs. Black) ethnicity (lifetime AN). Null effects: White vs. Hispanic vs. Asian ethnicity (lifetime AN).

Table S2: Environmental correlates of eating disorder epidemiology

Study	Wave	N	RR (%)	Population	Year Recruited	ED Diagnosis	Country	Age Range	% Female	Design	Prevalence	Correlates	Findings
[87]	Baseline	414		National Collegiate Athletic Association, Division-I female collegiate gymnasts and swimmers/divers		Questionnaire: QEDD for DSM-IV	USA	M = 19.1 (SD = 1.9)	100	Cross-sectional	Current: 4.8% sub-threshold BN, 1.0% PD, 0.5% BED	Sport	Effects: n/a Null effects: Sport - swimmer vs. gymnast (current EDs).
[88]	Baseline	898		Female students from 4 Norwegian universities: Oslo, Bergen, Tronso, Trondheim	1997	Questionnaire: SEDS for DSM-IV	Norway	18-50	100	Cross-sectional	Current: 4.7% BN, 0.2% AN, 0.7% BED, 9% EDNOS	Hours of physical activity	Effects: Fewer hours of physical activity (current BED). Null effects: Hours of physical activity (current BN, AN, EDNOS).
[89]	Baseline	458		Women in the community with AN, or who are aesthetic athletes, non-aesthetic athletes, or controls		Questionnaire	Israel	13-35	100	Cross-sectional	Lifetime (aesthetic athletes): 4.5% AN, 1.8% BN, 11.7% EDNOS Lifetime (non-aesthetic athletes): 1.4% AN, 1.4% BN, 5.8% EDNOS Lifetime (controls): 3.2% AN, 2.8% BN, 4.4% EDNOS	Sport category	Effects: Aesthetic vs. non-aesthetic/no sport (lifetime EDNOS, ED). Null effects: Sport category (lifetime AN, BN)
Virginia Twin Registry [90]	Follow-up A	412		Female twins on the VTR, born 1934-74	1987-94	Interview: SCID for DSM-III-R	USA		100	Longitudinal	Current: 3.16% BN	Child sexual abuse characteristics, perpetrator characteristics, others response to abuse	Effects: Child sexual abuse involving intercourse, child sexual abuse involving the use of force/threats (current BN). Null effects: Perpetrator age, perpetrator gender, perpetrator family status, receiving negative response/s after disclosure of the child sexual abuse on (current BN).
	Follow-up B		1995-7										

Dunedin Multidisciplinary Health and Development Study [91]	Follow-up	941	92	Participants of the Dunedin Multidisciplinary Health and Development Study, a nationally representative cohort born in 1972-3	1993-4	Interview: DIS for DSM-III-R	New Zealand	21-21	49	Cross-sectional	Current: 1.38% ED (AN or BN)	Females only: any partner violence, severe partner violence Males only: perpetrators of any partner violence, perpetrators of severe partner violence	Effects: Victim of any or severe partner violence (females: current EDs). Null effects: Perpetrator of partner violence (males: current EDs).
National Women's Study [92]	3-year follow-up	3006	75	Participants of the National Women's Study, a nationally representative cohort of women recruited in 1989	1992	Interview: clinical interview for DSM-IV BN and BED	USA	M = 46.1 (SD = 7.3)	100	Cross-sectional	Lifetime: 2.4% BN, 1.0% BED	Rape, sexual molestation, aggravated assault	Effects: Rape victim, sexual molestation victim, aggravated assault victim (lifetime BN). Null effects: Rape, sexual molestation, aggravated assault (lifetime BED).
Netherlands Mental Health Survey and Incidence Study (NEMESIS) [93]	Baseline	7076	69.7	Dutch general population aged 18-64 years	1996-7	Interview: CIDI	The Netherlands	18-64		Cross-sectional	1mo: 0.2% EDs (AN, BN)	Season	Effects: n/a Null effects: Season (1mo EDs).
[94]	Baseline	360		Participants (with BED, BN, other psychiatric diagnoses, and controls) selected from a sample of 16-35 year-old females on GP registers of practices in urban and rural areas of Oxfordshire		Interview: EDE for DSM-IV	England		100	Cross-sectional	N/A	Sexual assault, physical assault, bullying, parental separation, parental death, change of parent figure, frequent house moves, pregnancy, abortion.	Effects: Pregnancy, sexual assault victim, physical assault victim, bullying victim (current BED). Null effects: Parental separation, parental death, change of parent figure, frequent house moves, abortion (current BED).
[95]	Baseline	72	100	Rape victims consecutively referred to a women's association and who were raped 4 to 9 months before; and demographically-matched controls		Interview: The Florence Psychiatric Interview for DSM-IV	Italy		100	Cross-sectional		Sexual assault: Rape	Effects: Rape victim (current EDs). Null effects: n/a

[96]	Baseline	N = 193		White, black, Latino gay, and bisexual men were sampled from community venues in NY	2004-5	Interview: CIDI for DSM-IV	USA	M = 33 (SD = 9)	0	Cross-sectional	Lifetime: 0.01% AN, 6.22% BN, 5.18% BED, 3.11% subclinical AN, 9.33% subclinical BN	Childhood sexual abuse	Effects: Childhood sexual abuse victim (lifetime subclinical BN). Null effects: Childhood sexual abuse (lifetime AN, BN, BED, subclinical AN).
[97]	Baseline	45		Competitive female body-builders and recreational female weight training controls, recruited through gyms in Ottawa, Canada		Questionnaire: ED section of the Computerized Diagnostic Interview Schedule for DSM-III-R	Canada		100	Cross-sectional	Lifetime: 13.33% BN	Level of body-building	Effects: n/a Null effects: Level of body-building (lifetime BN).
[98]	Baseline	74		Men with BN (recruited from ED treatment clinics), and competitive and recreational male bodybuilders (recruited from gyms) from Ottawa, Canada		Questionnaire: ED section of the Computerized Diagnostic Interview Schedule for DSM-III-R	Canada		0	Cross-sectional	Lifetime (body builders): 19.2% BN, 7.7% EDNOS	Level of body-building	Effects: Competitive vs. recreational (lifetime BN) Null effects: Level of body-building (lifetime EDNOS).
Virginia Twin Registry (VTR) [99]	Follow-up A	854	79	Female twin pairs on the VTR, born 1934-74	1987-9	Interview: SCID for DSM-III-R	USA	17-55	100	Longitudinal		Significant positive experiences, trauma, sexual abuse, pregnancy < 16yrs	Effects: n/a Null effects: Significant positive experiences, trauma, sexual abuse, pregnancy < 16yrs (lifetime BN).
	1992-5				22-59								
[100]	Baseline	320		Newly committed offenders at the Iowa Medical and Classification Center	2003-5	Interview: MINI-Plus for DSM-IV-TR	USA	Males: M = 31.1 (SD = 9.7) Females: M = 31.3 (SD = 8.4)	17.5	Cross-sectional	Lifetime: 2.0% ED (men), 7.0% (women)	Traumatic events	Effects: n/a Null effects: Traumatic events (lifetime EDs).

[101]	Baseline	106		Dancers from national and regional ballet companies; and non-dancers		Interview: clinical interview for DSM-III and DSM-III-R EDs	USA	13-31	100	Cross-sectional	Lifetime: 21.7% AN, 28.3% DSM-III BN, 13.2% DSM-III-R BN	Dancing	Effects: n/a Null effects: Dancing (lifetime AN, BN).	
[102]	Baseline	355		Running athletes (UK: highest ranked female distance runners. Kenya: from major race meetings, local schools and training camps) and age-matched controls (high school and university students and teachers)		Questionnaire: EDE-Q	UK, Kenya	15-30	100	Cross-sectional	Current: 0.6% AN, 0.6% BN, 9.2% EDNOS	Athlete status	Effects: Athlete in UK vs. Kenya (current EDs); UK non-athlete vs. Kenyan athlete (current EDs). Null effects: n/a	
[103]	Baseline	184	81.4	Female elite running athletes sourced from ranking lists and race results published in Athletics Weekly, Britain	1996-7	Questionnaire: EDE-Q	Britain	M = 28.5	100	Cross-sectional	Current: 3.8% AN, 1.1% BN, 10.9% EDNOS	Racing distance, hours per week training	Effects: n/a Null effects: Racing distance, hours per week training (current EDs).	
Millennium Cohort Study [104]	Baseline	48378	36	All US military personnel on rosters as of October 2000 who completed baseline and follow-up surveys	2001-3	Questionnaire: Patient Health Questionnaire	USA		26.13	Longitudinal	3-year incidence: 2.81% ED (BN, BED, subclinical BN, subclinical BED)	Deployment status, number of deployments, service branch, life stressors	Effects: Deployment with combat exposure (women: 3-year ED incidence); active duty, major life stressors (men: ED incidence). Null effects: Number of deployments, service branch (3-year ED incidence).	
	3-year follow-up		71		2004-6									
Children in the Community Study [105]	Baseline			Randomly selected mothers and one of their offspring from two upstate New York counties recruited into the Children in the Community Study in 1975	1975	Interview: DISC for DSM-IV	USA			Longitudinal	16yr prevalence: 0.1% AN, 1.3% BN, 1.2% BED, 1.2% subclinical AN, 2.3% other EDNOS	Physical neglect, child sexual abuse	Effects: Physical neglect victim, child sexual abuse victim (16yr EDs). Null effects:	
	8-year follow-up				1983									M = 6
	10-year follow-up				1985-6									
	16-year follow-up	782	80.1		1991-3									M = 22
School Health Promotion Study [106]	Baseline	8787	86	8 th and 9 th grade school children attending 52 schools in Finland	1995	Questionnaire: included questions for DSM-III-R BN	Finland	14-16	50.7	Cross-sectional	Current: 1.8% BN (girls), 0.3% BN (boys)	Bullying (within sex)	Effects: Bullying victim and perpetrator (boys: current BN). Null effects: Bullying victim (girls: current BN).	

[107]	Baseline	296		Collegiate female lightweight rowers; collegiate female runners; control collegiate women	1998	Questionnaire: EDE-Q for DSM-IV	USA	100	Cross-sectional	Current: 1.0% BN, 7.8% EDNOS	Sport	Effects: n/a Null effects: Running, rowing (current EDs, BN, EDNOS).	
[108]	-	423		Army enlisted and officer female personnel from the general population on active duty at Fort Lewis, Washington		Interview: clinical interview for DSM-IV EDs	USA	17-53	100	Cross-sectional	Current: 0.2% AN, 0.7% BN, 2.6% EDNOS, 1.2% BED	External pressure	Effects: Higher external pressures (current EDs). Null effects: n/a
[109]	-	966	90 (athletes), 84 (controls)	Adolescent elite athletes attending 16 Elite Sport High Schools; age-matched controls from 2 randomly selected regular high schools, Buskerud County	2008-9	Interview: based on the EDE for DSM-IV	Norway	16-16		Cross-sectional	Current: 0.10% AN, 0.83% BN, 3.00% EDNOS	Training volume	Effects: Lower training volume (males: current EDs) Null effects: Training volume (females: current EDs).
[110]	20-year follow-up	1531	61.6 (bushfire group), 61.2 (controls)	Children attending primary school in a region devastated by bushfires, Victoria, Australia; control children attending primary schools in a neighbouring region	1983-5	Interview: CIDI for DSM-IV	Australia			Longitudinal	1mo: 1.11% ED Lifetime: 1.11% ED	Bushfire exposure	Effects: n/a Null effects: Bushfire exposure (1mo or lifetime EDs).
[111]	-	1278	34	Active duty females at 3 major medical centres for the US Army, Navy, and Air Force; females in the US Marines	1997-9	Questionnaire: included questions for DSM-IV AN, BN, and EDNOS	USA	18-55+	100	Cross-sectional	Current: 1.1% AN, 8.1% BN, 62.8% EDNOS	Corps	Effects: Marines vs. Army, Navy, or Air Force (current AN, BN, EDNOS). Null effects: n/a
1970 British Cohort Study [54]	30-year follow-up	11261	68	Participants in the 1970 British Cohort Study (infants born in the UK in 1970)	2000	Interview: self-reported ED	UK	30-30		Cross-sectional	Current: 0.9% AN	Separation from mother > 1mo old; being in social/public care	Effects: n/a Null effects: Separation from mother > 1mo old, social/public care (current AN).

New England Women's Health Project [112, 113]	Baseline	483		BED cases and matched psychiatric and healthy controls recruited in the NEWHP study: 18-40 year-old White or Black US born females residing in Boston or New York		Interview: SCID-IV and EDE for DSM-IV	USA	18-40	100	Cross-sectional	N/A	Events in past 12mo: house move, pregnancy, bereavement of loved one, change in family structure, end of intimate relationship, physical abuse, parental absence/death.	Effects: House move, bereavement, change in family structure, end of intimate relationship, physical abuse (current BED). Null effects: Pregnancy, sexual abuse, parental absence/death (current BED).
[114]	Baseline	165		Female fashion models working for 3 agencies in Cagliari and Oristano, Sardinia; Control group of girls born in Sardinia, not employed in 'beauty' jobs		Interview: EDE for DSM-IV	Italy	15-34	100	Cross-sectional	Current: 1.8% AN or BN, 6.7% partial AN, 2.4% partial BN	Model status	Effects: Modelling (current partial AN). Null effects: Modelling (current AN/BN, partial BN).
[115]	Baseline	179	8.6	Female running participants in 4 road races of 4 to 13 miles in length.		Questionnaire: Binge Scale for DSM-III-R BN	USA		100	Cross-sectional	Current: 19.0% BN	Miles per week running	Effects: n/a Null effects: Miles per week running (current BN).
FinnTwin16 [116]	Follow-up	4388		Finnish twins with known zygosity from birth cohorts born 1974-1979		Interview: SCID for DSM-IV	Finland	22-28	55.3	Cross-sectional	Lifetime: 1.32% AN, 2.51% broad AN, 1.00% BN, 1.39% broad BN	Zygosity groups (same-sex, opposite-sex)	Effects: n/a Null effects: Zygosity (lifetime AN, BN, broad AN, broad BN).
[117]	Baseline	169	94	Female dancers from the 7 largest nonprofessional ballet schools; non-physically active female controls from intermediate and high schools		Interview: SCID and EDE for DSM-IV	Italy		100	Cross-sectional	Current: 0.59% AN, 2.37% BN, 4.73% EDNOS-AN, 5.33% EDNOS-BN	Dancing	Effects: n/a Null effects: Dancing (current AN, BN, or EDNOS).

[118]	Baseline	346		Female non-elite ballet dancers, female gymnasium users, male non-competitive body-builders, female and male non-physically active controls		Interview: EDE for DSM-IV	Italy	78.6	Cross-sectional	Current: 0.87% AN, 1.73% BN, 12.72% EDNOS	Dance category (classical/modern), sport	Effects: Ballet dancing, gymnasium attendance (current EDs). Null effects: Dance category (current EDs); ballet dancing (current AN, BN, EDNOS); gymnasium attendance (current AN, EDNOS).	
Harvard Study of Moods and Cycles: Survey of Interpersonal Relationships [119]	2-4 year follow-up	732	81	Participants in the Harvard Study of Moods and Cycles, a representative population cohort of women aged 36-44 years recruited in 1995-7	1999	Interview: clinical interview for DSM-IV EDs	USA	100	Cross-sectional	Lifetime: 6.69% any ED (AN, BN, or BED)	Sexual abuse, physical abuse, type of abuse, severity of abuse	Effects: Sexual or physical abuse victim, physical abuse victim, physical and sexual abuse victim, severe abuse victim (lifetime EDs). Null effects: n/a	
[120]	Baseline	64		ED cases and non-cases drawn from a study of a population of 12-18 year-olds in 263 townships within Valencia	1998-9	Interview: clinical interview for DSM-IV EDs	Italy	12-18	Cross-sectional	N/A	Stressful life events and provoking agents	Effects: Provoking agent in past 12-months (current EDs). Null effects: Number or severity of life events (current EDs).	
[121]	Baseline	477	80	Women reporting child sexual abuse < 16 years-old and controls who did not report abuse drawn from a population study of adult women on the electoral rolls of Otago, New Zealand.		Interview: Present State Examination (PSE) with additional questions for ICD-10 AN and BN	New Zealand	18+	100	Cross-sectional	Lifetime: 3.9% AN, 5.5% BN, 1.3% AN+BN	Child sexual abuse	Effects: Child sexual abuse victim (lifetime AN, BN, EDs). Null effects: Child sexual abuse (lifetime AN+BN).
[122]	Baseline	64		Swimmers in the 1989 and 1990 Mjos-Svom, an open Norwegian contest; sex and age matched non-physically active controls	1989-90	Interview: clinical interview for DSM-III-R	Norway		Cross-sectional	Current: 0% AN, 1.6% BN, 0% partial AN, 4.7% partial BN	Swimming	Effects: n/a Null effects: Swimming (current EDs).	
Victorian Adolescent Health Cohort Study [123]	Baseline			9 th grade females from 44 public, Catholic, and independent schools in Victoria, Australia	1992	Interview: The Branched Eating Disorders Test for	Australia	100	Longitudinal	2-year incidence: 3.5% BN, 3.2% AN	Child sexual abuse	Effects: > 2 instances of child sexual abuse with/without physical contact (2-year BN incidence). Null effects: Child sexual abuse (2-year AN incidence).	

	10-year follow-up	999	82.4		2002-3	DSM-IV EDs		24-24					
[124]	Baseline	189	74 (models), 78 (controls)	Professional fashion models from 3 important modelling agencies in Milan, Italy; controls from a population study of 18-25 year-olds in Padua		Questionnaire: based on the EDE for DSM-IV EDs, self-reported past EDs	Italy	Models: M = 21.7 (SD = 3.2) Controls: M = 21.8 (SD = 2.8)	100	Cross-sectional	Current: 1.1% AN, 5.8% partial AN, 1.6% BN, 3.7% partial BN Past: 2.1% AN, 3.2% BN	Modelling	Effects: Modelling (current partial AN, past AN). Null effects: Modelling (current partial BN, past BN).
Netherlands Mental Health Survey and Incidence Study (NEMESIS) [125]	Baseline	1987	69.7	Female BN cases, and psychiatric, substance use disorder, dual diagnosis, and healthy controls in NEMESIS, a Dutch general population cohort aged 18-64 years	1996-7	Interview: CIDI for DSM-III-R	The Netherlands	18-64	100	Cross-sectional	N/A	Child abuse	Effects: Child psychological abuse victim, child multiple abuse victim (current BN). Null effects: Child sexual abuse, child physical abuse (current BN).
[126]	Baseline	1069	71 (controls), 88 (athletes)	Total population of elite female athletes in the Norwegian national senior and junior teams organized by the Norwegian Olympic Committee and Confederation of Sports; age-matched group of Norwegian females from the Norwegian Population Register		Interview: clinical interview for DSM-IV EDs	Norway	15-39	100	Cross-sectional	Current: 15.81% ED	Athlete status, sexual harassment and abuse (within athletes)	Effects: Athlete (current EDs); sexual harassment and abuse victim (athletes: current EDs). Null effects: n/a
[127]	Baseline	970		Female athletes who qualified for a junior or senior national team or one of the recruiting squads for those teams; age-matched group of female controls		Questionnaire: self-reported ED	Norway	15-35	100	Cross-sectional	Current: 11.44% ED	Athlete status	Effects: n/a Null effects: Athlete status (current EDs).

[128]	Baseline	2547	82.9 (athletes), 70.9 (controls)	Athletes in the Norwegian national senior and junior teams organized by the Norwegian Olympic Committee and Confederation of Sports; age-matched group of controls from the Norwegian Population Register	1997	Interview: EDE for DSM-IV EDs	Norway	15-35	45.7	Cross-sectional	Current: 8.83% ED	Athlete status, sport type (within sex)	Effects: Athlete (current EDs); anti-gravitation and weight-class sports vs. ball-game and endurance sports (males: current EDs); aesthetic sports vs. technical, ball-game, and endurance sports (females: current EDs). Null effects: n/a.
[129]	Baseline	2746	36.5	Icelandic women who were either married or cohabitating with their partner	2005-6	Questionnaire: self-reported EDs	Iceland	22-67	100	Cross-sectional	Current: 4.26% EDs	Intimate partner abuse	Effects: Intimate partner abuse victim (current EDs). Null effects: n/a
[130]	Baseline	300		Female collegiate cross-country runners in the USA		Questionnaire: self-reported ED	USA	M = 19.6 (SD = 1.6)	100	Cross-sectional	Lifetime: 19.3% EDs	Exercise load	Effects: n/a Null effects: Exercise load (lifetime EDs).
[131]	Baseline	529		Adolescent dance students at the Barcelona Theatre Institute; female adolescent controls in general population of Barcelona		Questionnaire: Eating Disorders Assessment Questionnaire (CETCA) for DSM-IV EDs	Spain	12-17	100	Cross-sectional	Current: 0.95% probable AN, 14.18% probable BN	Dancing	Effects: n/a Null effects: Dancing (current AN, BN).
[132]	Baseline	1276	69.4	Female athletes in the Norwegian national senior and junior teams organized by the Norwegian Olympic Committee and Confederation of Sports; age-matched group of female controls from the Norwegian Population Register		Interview: EDE for DSM-IV EDs	Norway	13-39	100	Cross-sectional	Current: 2.72% AN, 6.34% BN, 18.71% EDNOS	Athlete status, leanness sport	Effects: Leanness sports (current EDNOS, AN). Null effects: Athlete status (current AN, BN, EDNOS); leanness sport (current BN).

[133]	Baseline	195		Female weight lifters at a gym and at the registration of a university weight lifting club; control students in introductory university classes		Questionnaire: self-reported current and past AN and BN	USA	18-35	100	Cross-sectional	Current (weight lifters): 1% AN, 6% BN Current (controls): 1% AN, 1% BN Past (weight lifters): 17% AN, 6% BN Past (controls): 5% AN, 3% BN	Weight lifting status	Effects: Weight lifting (past AN). Null effects: Weight lifting (current BN, AN; past BN).
[134, 135]	Baseline	306		BN cases and age and SES matched controls selected from a sample of 16-35 year-old females on 23 GP registers of practices in urban and rural areas of Oxfordshire		Interview: EDE for DSM-III-R	England	16-35	100	Cross-sectional	N/A	Life events 12-months prior to disordered eating onset, sexual and physical abuse prior to disordered eating onset	Effects: 12-months prior to disordered eating onset: major house move, pregnancy, change in family structure, sexual abuse victim, physical abuse victim (current BN); sexual abuse victim, physical abuse victim, sexually abused by a relative (current BN). Null effects: 12-months prior to disordered eating onset: bereavement, new or ended intimate relationship (current BN).
[136]	-	150		BN cases and age and SES matched healthy controls selected from a sample of females on 12 GP registers in urban and rural areas of Oxfordshire		Interview: EDE for DSM-III-R	England	16-35	100	Cross-sectional	N/A	Sexual abuse, child sexual abuse	Effects: Sexual abuse victim, repeated sexual abuse victim, sexually abused by a relative (current BN). Null effects: Child sexual abuse (current BN).
Western Australian Pregnancy Cohort (Raine) Study [4]	14 year follow-up	1597	56	Participants of the Raine Study: born at a public hospital 1989-91		Interview: ChEDE	Australia	13-15	45	Longitudinal	Current: 0.06% AN, 0.56% BN, 0.44% BED, 1.7% PD	Family stress	Effects: Greater family stress at age 5, 8, and 10 years (current EDs). Null effects: n/a
[15]	Baseline	934	78	Females aged 18-25 on the electoral registers of two areas of Padova, Italy		Interview: SCID for DSM-IV	Italy	18-25	100	Cross-sectional	Current: 0.3% AN, 1.8% BN, 0.1% BED, 0.7% atypical AN, 2.4% atypical BN Lifetime: 2.0% AN, 4.6% BN, 0.6% BED, 2.6% atypical	Child abuse, sexual abuse, physical abuse	Effects: Child abuse victim (lifetime AN, BN, EDs); child physical abuse victim (lifetime BN, EDs). Null effects: Child sexual abuse (lifetime AN, BN, EDs); child physical abuse (lifetime AN).

											AN, 3.1% atypical BN		
Ontario Health Survey [20, 21]	Baseline	8116	76.5	Adults residing in households in Ontario, Canada		Interview: CIDI for DSM-III-R and ICD-10	Canada	15-64	53	Cross-sectional	Current: 0.76% BN (0.21% BN-P, 0.55% BN-NP), 0.34% subclinical BN	Child sexual abuse, foster care	Effects: Sexual abuse victim (current BN-P vs. BN-NP). Null effects: Lived in a foster/group home (current BN-P vs. BN-NP).
[79]	Baseline	2907		10 th - 11 th graders attending high schools in Edirne, Turkey		Interview: SCID for DSM-III-R	Turkey		54	Cross-sectional	Current: 0.03% AN, 0.79% BN, 1.51% EDNOS, 1.00% BED	Physical abuse, sexual abuse	Effects: Physical abuse victim (current EDs). Null effects: Sexual abuse (current EDs).
Mental Health Supplement to the Ontario Health Survey [84]	Baseline	9953	76	Adults residing in households in Ontario		Interview: CIDI for DSM-III-R	Canada	15-64		Cross-sectional	Lifetime (males): 0.16% AN, 0.76% partial AN, 0.13% BN, 0.95% partial BN Lifetime (females): 0.66% AN, 1.15% partial AN, 1.46% BN, 1.70% partial BN	Sexual abuse (within males)	Effects: n/a Null effects: Sexual abuse (males: lifetime EDs).

Table S3: Genetic correlates of eating disorder epidemiology

Study	Wave	N	RR (%)	Population	Year Recruited	ED Diagnosis	Country	Age Range	% Female	Design	Prevalence	Correlates	Findings
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European Youth Heart Study (EYHS) [137]	10-year follow-up	484	88.2	Female participants in the EYHS cohorts, originally recruited as children in Estonia in 1998-9.	2007-9	Questionnaire: included questions for DSM-IV EDs	Estonia	M = 21.6 (SD = 3.5)	100	Cross-sectional	Current: 1.65% BN-P, 2.07% BED, 2.48% sub-threshold BN, 0.83% AN-R, 1.03% sub-threshold AN, 4.34% EDNOS, 0% BN-NP, 0% AN-BP	5-HTTLPR gene	Effects: 5-HTTLPR gene associated with higher state anxiety and bulimia (current BN, BED, sub-threshold BN). Null effects: 5-HTTLPR gene AN, EDNOS, sub-threshold AN
[138]	Baseline	202 (AN)		AN women (and their immediate family), who responded to advertisements on college campuses, in newspapers, and the internet; control women (and their immediate family) recruited by word of mouth or who responded to advertisements on university campus notice boards.		Interview: SCID for DSM-IV			100	Cross-sectional	N/A	DRD4 gene	Effects: DRD4 gene (lifetime AN, AN-BP). Null effects: DRD4 gene (lifetime AN-R)
[139]	Baseline	166		25-45 year-olds with BED (and normal weight and obese controls) who responded to advertisements at universities, hospitals, public institutions, and in newspapers.		Interview: EDE for DSM-IV	Canada		81.3	Cross-sectional	N/A	DRD2 gene	Effects: DRD2 gene associated with greater reward sensitivity (current BED vs. normal weight controls). Null effects: DRD2 (current BED vs. obese controls).
Virginia Twin Registry (VTR) [140-143]	Wave 1	2163	92	Female twins on the population-based VTR, born between 1934-71, in Virginia, USA	1987-9	Interview: SCID for DSM-III-R	USA	17-55	100	Cross-sectional	Lifetime: 4.3% broad BN	Heritability	Estimated heritability of broad BN = 52% Estimated heritability of narrow BN = 55% Estimated heritability of broad AN = 58%
	Wave 3				1992-5			22-59		Cross-sectional	Lifetime: 5.6% broad BN		Estimated heritability of broad BN = 60%
	Wave 4	1024				Questionnaire: questions based on SCID for DSM-IV				Cross-sectional	2.64% DSM-IV BN		Estimated heritability of DSM-IV BN = 62%

[144]	Baseline	1188		Overweight and obese adults with BED from Boston; age and sex matched overweight and obese controls from Boston; first-degree relatives	2002-4	Interview: SCID for DSM-IV BED	USA	18-91	75.7 (BED)	Cross-sectional	N/A	Heritability	Estimated heritability of BED = 57%
Minnesota Twin Family Study (MTFS) [145]	Follow-up	672		Reared together female twins from the MTFS		Interview: Eating Disorders Structured Clinical Interview (EDSCI) for DSM-III-R and DSM-IV AN	USA	16-18	100	Cross-sectional	Current: 1.9% AN, 1.9% sub-threshold AN	Heritability	Estimated heritability of AN/sub-threshold AN = 76%
Danish Twin Register [146]	Follow-up	29424	86.2	Young Danish twins born 1953-82	1994	Questionnaire: self-reported and other-reported AN and BN	Denmark	11-41		Cross-sectional	Lifetime: 4.32% AN/BN	Heritability (female twins only)	Estimated heritability of narrow AN = 48% Estimated heritability of broad AN = 52% Estimated heritability of BN = 61%
Norwegian Institute of Public Health Twin Panel (NIPHTP) [147]	Follow-up	1430		Female twins on the NIPHTP	1999	Interview: CIDI for DSM-IV and ICD-10	Norway	19-36	100	Cross-sectional	Lifetime: 1.9% AN	Heritability	Estimated heritability of AN = 22%
Australian NHMRC Twin Registry (ATR) [148]	6-year follow-up	325		Female twins on the ATR who were aged 30-45 years at baseline and either 1.) had possible lifetime history of BN; or 2.) were randomly selected	1994-5	Interview: EDE	Australia		100	Cross-sectional	N/A	Heritability	Estimated heritability of BN = 62%

[149]	Baseline	63	Women with and without BED who responded to newspaper advertisements and flyers in medical centres	Interview: SCID for DSM-IV Questionnaire: Binge Eating Scale (BES) for DSM-IV BED	USA	BED: M = 39.5 (SD = 10.5) Controls : M = 38.1 (SD = 9.5)	100	Cross-sectional	N/A	Psychiatric morbidity in first-degree biological relatives	Effects: BED relatives have greater prevalence of lifetime: AN, BED, any ED, any depressive disorder, bipolar disorder, social phobia, specific phobia, obsessive compulsive disorder, agoraphobia, panic disorder, generalised anxiety disorder, and any anxiety disorder. Null effects: BED relatives lifetime prevalence: BN, EDNOS, major depressive disorder, dysthymic disorder, post-traumatic stress disorder, or any of the substance use disorders.
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References

1. Alegria, M., et al., *Prevalence and correlates of eating disorders in Latinos in the United States*. International Journal of Eating Disorders, 2007. **40**(7 SUPPL.): p. S15-S21.
2. Cochran, S.D., et al., *Mental Health and Substance Use Disorders Among Latino and Asian American Lesbian, Gay, and Bisexual Adults*. Journal of Consulting and Clinical Psychology, 2007. **75**(5): p. 785-794.
3. Nicdao, E.G., S. Hong, and D.T. Takeuchi, *Prevalence and correlates of eating disorders among Asian Americans: Results from the National Latino and Asian American Study*. International Journal of Eating Disorders, 2007. **40**(7 SUPPL.): p. S22-S26.
4. Allen, K.L., et al., *Risk Factors for Full- and Partial-Syndrome Early Adolescent Eating Disorders: A Population-Based Pregnancy Cohort Study*. Journal of the American Academy of Child and Adolescent Psychiatry, 2009. **48**(8): p. 800-809.
5. Beato-Fernández, L., et al., *Risk factors for eating disorders in adolescents: A Spanish community-based longitudinal study*. European Child and Adolescent Psychiatry, 2004. **13**(5): p. 287-294.
6. Bijl, R.V., et al., *Gender and age-specific first incidence of DSM-III-R psychiatric disorders in the general population. Results from the Netherlands mental health survey and incidence study (NEMESIS)*. Social Psychiatry and Psychiatric Epidemiology, 2002. **37**(8): p. 372-379.
7. Bijl, R.V., A. Ravelli, and G. Van Zessen, *Prevalence of psychiatric disorder in the general population: Results of the Netherlands Mental Health Survey and Incidence Study (NEMESIS)*. Social Psychiatry and Psychiatric Epidemiology, 1998. **33**(12): p. 587-595.
8. Bulik, C.M., et al., *Prevalence, heritability, and prospective risk factors for anorexia nervosa*. Archives of General Psychiatry, 2006. **63**(3): p. 305-312.
9. Cachelin, F.M., et al., *Acculturation and eating disorders in a Mexican American community sample*. Psychology of Women Quarterly, 2006. **30**(4): p. 340-347.
10. Cachelin, F.M., et al., *Disordered eating, acculturation, and treatment-seeking in a community sample of Hispanic, Asian, Black and White, women*. Psychology of Women Quarterly, 2000. **24**(3): p. 244-253.

11. Canals, J., et al., *Prevalence of DSM-III-R and ICD-10 psychiatric disorders in a Spanish population of 18-year-olds*. Acta Psychiatrica Scandinavica, 1997. **96**(4): p. 287-294.
12. Canals, J., C. Sancho, and M.V. Arijia, *Influence of parent's eating attitudes on eating disorders in school adolescents*. European Child and Adolescent Psychiatry, 2009. **18**(6): p. 353-359.
13. Chen, H. and T. Jackson, *Prevalence and sociodemographic correlates of eating disorder endorsements among adolescents and young adults from China*. European Eating Disorders Review, 2008. **16**(5): p. 375-385.
14. Fairburn, C.G., et al., *Identifying dieters who will develop an eating disorder: A prospective, population-based study*. American Journal of Psychiatry, 2005. **162**(12): p. 2249-2255.
15. Favaro, A., S. Ferrara, and P. Santonastaso, *The spectrum of eating disorders in young women: A prevalence study in a general population sample*. Psychosomatic Medicine, 2003. **65**(4): p. 701-708.
16. Feldman, M.B. and H.H. Meyer, *Eating disorders in diverse lesbian, gay, and bisexual populations*. International Journal of Eating Disorders, 2007. **40**(3): p. 218-226.
17. Fernández, M.A.P., F.J. Labrador, and R.M. Raich, *Prevalence of eating disorders among adolescent and young adult scholastic population in the region of Madrid (Spain)*. Journal of Psychosomatic Research, 2007. **62**(6): p. 681-690.
18. Fichter, M.M., et al., *Time trends in eating disturbances in young Greek migrants*. International Journal of Eating Disorders, 2005. **38**(4): p. 310-322.
19. Frisell, T., et al., *Psychiatric morbidity associated with same-sex sexual behaviour: Influence of minority stress and familial factors*. Psychological Medicine, 2010. **40**(2): p. 315-324.
20. Garfinkel, P.E., et al., *Bulimia nervosa in a Canadian community sample: Prevalence and comparison of subgroups*. American Journal of Psychiatry, 1995. **152**(7): p. 1052-1058.
21. Garfinkel, P.E., et al., *Purging and nonpurging forms of bulimia nervosa in a community sample*. International Journal of Eating Disorders, 1996. **20**(3): p. 231-238.
22. Garrusi, B. and M.R. Baneshi, *Eating disorders and their associated risk factors among Iranian population - a community based study*. Global journal of health science, 2013. **5**(1): p. 193-202.
23. Ghaderi, A. and B. Scott, *Prevalence and psychological correlates of eating disorders among females aged 18-30 years in the general population*. Acta Psychiatrica Scandinavica, 1999. **99**(4): p. 261-266.
24. Gotestam, K.G. and W.S. Agras, *General population-based epidemiological study of eating disorders in Norway*. International Journal of Eating Disorders, 1995. **18**(2): p. 119-126.
25. Gowen, L.K., et al., *Acculturation and eating disorder symptoms in adolescent girls*. Journal of Research on Adolescence, 1999. **9**(1): p. 67-83.
26. Grucza, R.A., T.R. Przybeck, and C.R. Cloninger, *Prevalence and correlates of binge eating disorder in a community sample*. Comprehensive Psychiatry, 2007. **48**(2): p. 124-131.

27. Hay, P., *The epidemiology of eating disorder behaviors: An Australian community- based survey*. International Journal of Eating Disorders, 1998. **23**(4): p. 371-382.
28. Hudson, J.I., et al., *The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication*. Biological Psychiatry, 2007. **61**(3): p. 348-358.
29. Le Grange, D., et al., *Eating disorder not otherwise specified presentation in the US population*. International Journal of Eating Disorders, 2012. **45**(5): p. 711-718.
30. Isomaa, A.L., et al., *Obesity and eating disturbances are common in 15-year-old adolescents. A two-step interview study*. Nordic Journal of Psychiatry, 2010. **64**(2): p. 123-129.
31. Isomaa, R., et al., *The prevalence, incidence and development of eating disorders in Finnish adolescents - A two-step 3-year follow-up study*. European Eating Disorders Review, 2009. **17**(3): p. 199-207.
32. Kaltiala-Heino, R., et al., *Early puberty is associated with mental health problems in middle adolescence*. Social Science and Medicine, 2003. **57**(6): p. 1055-1064.
33. Kaltiala-Heino, R., et al., *Early puberty and early sexual activity are associated with bulimic-type eating pathology in middle adolescence*. Journal of Adolescent Health, 2001. **28**(4): p. 346-352.
34. Kaltiala-Heino, R., et al., *Bulimia and bulimic behaviour in middle adolescence: More common than thought*. Acta Psychiatrica Scandinavica, 1999. **100**(1): p. 33-39.
35. Kessler, R.C., et al., *Prevalence, persistence, and sociodemographic correlates of DSM-IV disorders in the National Comorbidity Survey Replication Adolescent Supplement*. Archives of General Psychiatry, 2012. **69**(4): p. 372-380.
36. Swanson, S.A., et al., *Prevalence and correlates of eating disorders in adolescents: Results from the national comorbidity survey replication adolescent supplement*. Archives of General Psychiatry, 2011. **68**(7): p. 714-723.
37. Kessler, R.C., et al., *The prevalence and correlates of binge eating disorder in the World Health Organization World Mental Health Surveys*. Biological Psychiatry, 2013. **73**(9): p. 904-914.
38. Kinzl, J.F., et al., *Binge eating disorder in females: A population-based investigation*. International Journal of Eating Disorders, 1999. **25**(3): p. 287-292.
39. Kjelsås, E., C. Bjørnstrøm, and K.G. Gøtestam, *Prevalence of eating disorders in female and male adolescents (14-15 years)*. Eating Behaviors, 2004. **5**(1): p. 13-25.
40. Klingenspor, B., *Gender identity and bulimic eating behavior*. Sex Roles, 1994. **31**(7-8): p. 407-431.
41. Krizba, T., *An epidemiological study of eating disorders among high school students in Romania*. Journal of Cognitive and Behavioral Psychotherapies, 2010. **10**(1): p. 77-86.
42. Lachenmeyer, J.R. and P. Muni-Brander, *Eating disorders in a nonclinical adolescent population: implications for treatment*. Adolescence, 1988. **23**(90): p. 303-312.
43. Lahortiga-Ramos, F., et al., *Incidence of eating disorders in Navarra (Spain)*. European Psychiatry, 2005. **20**(2): p. 179-185.

44. Ledoux, S., M. Choquet, and M. Flament, *Eating disorders among adolescents in an unselected French population*. International Journal of Eating Disorders, 1991. **10**(1): p. 81-89.
45. Lewinsohn, P.M., et al., *Adolescent Psychopathology: I. Prevalence and Incidence of Depression and Other DSM-III-R Disorders in High School Students*. Journal of Abnormal Psychology, 1993. **102**(1): p. 133-144.
46. Lydecker, J.A., et al., *Association between co-twin sex and eating disorders in opposite sex twin pairs: Evaluations in North American, Norwegian, and Swedish samples*. Journal of Psychosomatic Research, 2012. **72**(1): p. 73-77.
47. Maceyko, S.J. and D.B. Nagelberg, *The assessment of bulimia in high school students*. The Journal of school health, 1985. **55**(4): p. 135-137.
48. Marques, L., et al., *Comparative prevalence, correlates of impairment, and service utilization for eating disorders across US ethnic groups: Implications for reducing ethnic disparities in health care access for eating disorders*. International Journal of Eating Disorders, 2011. **44**(5): p. 412-420.
49. Martínez-González, M.A., et al., *Parental factors, mass media influences, and the onset of eating disorders in a prospective population-based cohort*. Pediatrics, 2003. **111**(2): p. 315-320.
50. Mitchison, D., et al., *Self-reported history of anorexia nervosa and current quality of life: Findings from a community-based study*. Quality of Life Research, 2013. **22**(2): p. 273-281.
51. Moorhead, D.J., et al., *Child and adolescent predictors for eating disorders in a community population of young adult women*. International Journal of Eating Disorders, 2003. **33**(1): p. 1-9.
52. Mousa, T.Y., et al., *Eating disturbances among adolescent schoolgirls in Jordan*. Appetite, 2010. **54**(1): p. 196-201.
53. Mumford, D.B. and A.M. Whitehouse, *Increased prevalence of bulimia nervosa among Asian schoolgirls*. British Medical Journal, 1988. **297**(6650): p. 718.
54. Nicholls, D.E. and R.M. Viner, *Childhood Risk Factors for Lifetime Anorexia Nervosa by Age 30 Years in a National Birth Cohort*. Journal of the American Academy of Child and Adolescent Psychiatry, 2009. **48**(8): p. 791-799.
55. Nobakht, M. and M. Dezhkam, *An epidemiological study of eating disorders in Iran*. International Journal of Eating Disorders, 2000. **28**(3): p. 265-271.
56. Oakley Browne, M.A., et al., *Lifetime prevalence and projected lifetime risk of DSM-IV disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey*. Australian and New Zealand Journal of Psychiatry, 2006. **40**(10): p. 865-874.
57. Wells, J.E., et al., *Prevalence, interference with life and severity of 12 month DSM-IV disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey*. Australian and New Zealand Journal of Psychiatry, 2006. **40**(10): p. 845-854.
58. Patton, G.C., et al., *Onset of adolescent eating disorders: Population based cohort study over 3 years*. British Medical Journal, 1999. **318**(7186): p. 765-768.
59. Pope Jr, H.G., R.F. Champoux, and J.I. Hudson, *Eating disorder and socioeconomic class. Anorexia nervosa and bulimia in nine communities*. Journal of Nervous and Mental Disease, 1987. **175**(10): p. 620-623.

60. Preti, A., et al., *The epidemiology of eating disorders in six European countries: Results of the ESEMeD-WMH project*. Journal of Psychiatric Research, 2009. **43**(14): p. 1125-1132.
61. Roberts, R.E., C.R. Roberts, and Y. Xing, *Prevalence of youth-reported DSM-IV psychiatric disorders among African, European, and Mexican American adolescents*. Journal of the American Academy of Child and Adolescent Psychiatry, 2006. **45**(11): p. 1329-1337.
62. Roberts, R.E., C.R. Roberts, and Y. Xing, *Rates of DSM-IV psychiatric disorders among adolescents in a large metropolitan area*. Journal of Psychiatric Research, 2007. **41**(11): p. 959-967.
63. Rodríguez-Cano, T., L. Beato-Fernández, and A. Belmonte-Llario, *New contributions to the prevalence of eating disorders in Spanish adolescents: Detection of false negatives*. European Psychiatry, 2005. **20**(2): p. 173-178.
64. Rojo, L., et al., *Epidemiology and risk factors of eating disorders: A two-stage epidemiologic study in a Spanish population aged 12-18 years*. International Journal of Eating Disorders, 2003. **34**(3): p. 281-291.
65. Rosenvinge, J.H., J.S. Borgen, and R. Børresen, *The prevalence and psychological correlates of anorexia nervosa, bulimia nervosa and binge eating among 15-year-old students: A controlled epidemiological study*. European Eating Disorders Review, 1999. **7**(5): p. 382-391.
66. Sancho, C., et al., *Epidemiology of eating disorders: A two year follow up in an early adolescent school population*. European Child and Adolescent Psychiatry, 2007. **16**(8): p. 495-504.
67. Shisslak, C.M., et al., *Eating and weight control behaviors among middle school girls in relationship to body weight and ethnicity*. Journal of Adolescent Health, 2006. **38**(5): p. 631-633.
68. Taylor, *Risk factors for the onset of eating disorders in adolescent girls: Results of the McKnight longitudinal risk factor study*. American Journal of Psychiatry, 2003. **160**(2): p. 248-254.
69. Smith, D.E., et al., *Prevalence of binge eating disorder, obesity, and depression in a biracial cohort of young adults*. Annals of Behavioral Medicine, 1998. **20**(3): p. 227-232.
70. Stice, E., K. Presnell, and S.K. Bearman, *Relation of early menarche to depression, eating disorders, substance abuse, and comorbid psychopathology among adolescent girls*. Developmental Psychology, 2001. **37**(5): p. 608-619.
71. Striegel-Moore, R.H., et al., *Comparison of binge eating disorder and bulimia nervosa in a community sample*. International Journal of Eating Disorders, 2001. **29**(2): p. 157-165.
72. Striegel-Moore, R.H., et al., *Night eating syndrome in young adult women: Prevalence and correlates*. International Journal of Eating Disorders, 2005. **37**(3): p. 200-206.
73. Striegel-Moore, R.H., et al., *Eating disorders in white and black women*. American Journal of Psychiatry, 2003. **160**(7): p. 1326-1331.
74. Swanson, S.A., et al., *Change in binge eating and binge eating disorder associated with migration from Mexico to the US*. Journal of Psychiatric Research, 2012. **46**(1): p. 31-37.
75. Szumska, I., et al., *The prevalence of eating disorders and weight-control methods among young women: A Hungarian representative study*. European Eating Disorders Review, 2005. **13**(4): p. 278-284.

76. Taylor, J.Y., et al., *Prevalence of eating disorders among blacks in the National Survey of American Life*. International Journal of Eating Disorders, 2007. **40**(7 SUPPL.): p. S10-S14.
77. Taylor, R.R., L.A. Jason, and S.C. Jahn, *Chronic fatigue and sociodemographic characteristics as predictors of psychiatric disorders in a community-based sample*. Psychosomatic Medicine, 2003. **65**(5): p. 896-901.
78. Touchette, E., et al., *Subclinical eating disorders and their comorbidity with mood and anxiety disorders in adolescent girls*. Psychiatry Research, 2011. **185**(1-2): p. 185-192.
79. Vardar, E. and M. Erzen, *The prevalence of eating disorders (EDs) and comorbid psychiatric disorders in adolescents: A two-stage community-based study*. Turk Psikiyatri Dergisi, 2011. **22**(4).
80. Wade, T., et al., *Assessing the prevalence of eating disorders in an Australian twin population*. Australian and New Zealand Journal of Psychiatry, 1996. **30**(6): p. 845-851.
81. Walters, E.E. and K.S. Kendler, *Anorexia nervosa and anorexic-like syndromes in a population-based female twin sample*. American Journal of Psychiatry, 1995. **152**(1): p. 64-71.
82. Walters, E.E., et al., *Bulimia nervosa: A population-based study of purgers versus nonpurgers*. International Journal of Eating Disorders, 1993. **13**(3): p. 265-272.
83. Wittchen, H.U., C.B. Nelson, and G. Lachner, *Prevalence of mental disorders and psychosocial impairments in adolescents and young adults*. Psychological Medicine, 1998. **28**(1): p. 109-126.
84. Woodside, D.B., et al., *Comparisons of men with full or partial eating disorders, men without eating disorders, and women with eating disorders in the community*. American Journal of Psychiatry, 2001. **158**(4): p. 570-574.
85. Zachrisson, H.D., et al., *Time trends in obesity and eating disorders*. International Journal of Eating Disorders, 2008. **41**(8): p. 673-680.
86. Zhang, A.Y. and L.R. Snowden, *Ethnic characteristics of mental disorders in five U.S. communities*. Cultural Diversity and Ethnic Minority Psychology, 1999. **5**(2): p. 134-146.
87. Anderson, C. and T.A. Petrie, *Prevalence of disordered eating and pathogenic weight control behaviors among NCAA division I female collegiate gymnasts and swimmers*. Research Quarterly for Exercise and Sport, 2012. **83**(1): p. 120-124.
88. Augestad, L.B. and W.D. Flanders, *Eating disorder behavior in physically active Norwegian women*. Scandinavian Journal of Medicine and Science in Sports, 2002. **12**(4): p. 248-255.
89. Bachner-Melman, R., et al., *How anorexic-like are the symptom and personality profiles of aesthetic athletes?* Medicine and Science in Sports and Exercise, 2006. **38**(4): p. 628-636.
90. Bulik, C.M., C.A. Prescott, and K.S. Kendler, *Features of childhood sexual abuse and the development of psychiatric and substance use disorders*. British Journal of Psychiatry, 2001. **179**(NOV.): p. 444-449.
91. Danielson, K.K., et al., *Comorbidity between abuse of an adult and DSM-III-R mental disorders: Evidence from an epidemiological study*. American Journal of Psychiatry, 1998. **155**(1): p. 131-133.

92. Dansky, B.S., et al., *The national women's study: Relationship of victimization and posttraumatic stress disorder to bulimia nervosa*. International Journal of Eating Disorders, 1997. **21**(3): p. 213-228.
93. De Graaf, R., et al., *Seasonal variations in mental disorders in the general population of a country with a maritime climate: Findings from the Netherlands mental health survey and incidence study*. American Journal of Epidemiology, 2005. **162**(7): p. 654-661.
94. Fairburn, C.G., et al., *Risk factors for binge eating disorder: A community-based, case-control study*. Archives of General Psychiatry, 1998. **55**(5): p. 425-432.
95. Faravelli, C., et al., *Psychopathology after rape*. American Journal of Psychiatry, 2004. **161**(8): p. 1483-1485.
96. Feldman, M.B. and I.H. Meyer, *Childhood abuse and eating disorders in gay and bisexual men*. International Journal of Eating Disorders, 2007. **40**(5): p. 418-423.
97. Goldfield, G.S., *Body image, disordered eating and anabolic steroid use in female bodybuilders*. Eating Disorders, 2009. **17**(3): p. 200-210.
98. Goldfield, G.S., A.G. Blouin, and D.B. Woodside, *Body image, binge eating, and bulimia nervosa in male bodybuilders*. Canadian Journal of Psychiatry, 2006. **51**(3): p. 160-168.
99. Göpel, C. and F. Herrmann, *Characteristics of monozygotic twins discordant for bulimia nervosa*. International Journal of Eating Disorders, 2001. **29**(1): p. 1-10.
100. Gunter, T.D., et al., *Relative Contributions of Gender and Traumatic Life Experience to the Prediction of Mental Disorders in a Sample of Incarcerated Offenders*. Behavioral Sciences and the Law, 2012. **30**(5): p. 615-630.
101. Holderness, C.C., J. Brooks-Gunn, and M.P. Warren, *Eating disorders and substance use: A dancing vs a nondancing population*. Medicine and Science in Sports and Exercise, 1994. **26**(3): p. 297-302.
102. Hulley, A., et al., *Eating disorders in elite female distance runners: Effects of nationality and running environment*. Psychology of Sport and Exercise, 2007. **8**(4): p. 521-533.
103. Hulley, A.J. and A.J. Hill, *Eating disorders and health in elite women distance runners*. International Journal of Eating Disorders, 2001. **30**(3): p. 312-317.
104. Jacobson, I.G., et al., *Disordered eating and weight changes after deployment: Longitudinal assessment of a large US military cohort*. American Journal of Epidemiology, 2009. **169**(4): p. 415-427.
105. Johnson, J.G., et al., *Childhood adversities associated with risk for eating disorders or weight problems during adolescence or early adulthood*. American Journal of Psychiatry, 2002. **159**(3): p. 394-400.
106. Kaltiala-Heino, R., et al., *Bullying at school - An indicator of adolescents at risk for mental disorders*. Journal of Adolescence, 2000. **23**(6): p. 661-674.
107. Karlson, K.A., C.B. Becker, and A. Merkur, *Prevalence of eating disordered behavior in collegiate lightweight women rowers and distance runners*. Clinical Journal of Sport Medicine, 2001. **11**(1): p. 32-37.

108. Lauder, T.D., et al., *Abnormal eating behaviors in military women*. *Medicine and Science in Sports and Exercise*, 1999. **31**(9): p. 1265-1271.
109. Martinsen, M. and J. Sundgot-Borgen, *Higher prevalence of eating disorders among adolescent elite athletes than controls*. *Medicine and Science in Sports and Exercise*, 2013. **45**(6): p. 1188-1197.
110. McFarlane, A.C. and M. Van Hooff, *Impact of childhood exposure to a natural disaster on adult mental health: 20-Year longitudinal follow-up study*. *British Journal of Psychiatry*, 2009. **195**(2): p. 142-148.
111. McNulty, P.A.F., *Prevalence and contributing factors of eating disorder behaviors in active duty service women in the Army, Navy, Air Force, and Marines*. *Military Medicine*, 2001. **166**(1): p. 53-58.
112. Pike, K.M., et al., *Antecedent life events of binge-eating disorder*. *Psychiatry Research*, 2006. **142**(1): p. 19-29.
113. Striegel-Moore, R.H., et al., *Toward an understanding of risk factors for binge-eating disorder in black and white women: A community-based case-control study*. *Psychological Medicine*, 2005. **35**(6): p. 907-917.
114. Preti, A., et al., *Eating disorders among professional fashion models*. *Psychiatry Research*, 2008. **159**(1-2): p. 86-94.
115. Prussin, R.A. and P.D. Harvey, *Depression, dietary restraint, and binge eating in female runners*. *Addictive Behaviors*, 1991. **16**(5): p. 295-301.
116. Raevuori, A., et al., *Anorexia and bulimia nervosa in same-sex and opposite-sex twins: Lack of association with twin type in a nationwide study of Finnish twins*. *American Journal of Psychiatry*, 2008. **165**(12): p. 1604-1610.
117. Ravaldi, C., et al., *Gender role, eating disorder symptoms, and body image concern in ballet dancers*. *Journal of Psychosomatic Research*, 2006. **61**(4): p. 529-535.
118. Ravaldi, C., et al., *Eating disorders and body image disturbances among ballet dancers, gymnasium users and body builders*. *Psychopathology*, 2003. **36**(5): p. 247-254.
119. Rayworth, B.B., L.A. Wise, and B.L. Harlow, *Childhood abuse and risk of eating disorders in women*. *Epidemiology*, 2004. **15**(3): p. 271-278.
120. Rojo, L., et al., *Influence of stress in the onset of eating disorders: Data from a two-stage epidemiologic controlled study*. *Psychosomatic Medicine*, 2006. **68**(4): p. 628-635.
121. Romans, S.E., et al., *Child sexual abuse and later disordered eating: A New Zealand epidemiological study*. *International Journal of Eating Disorders*, 2001. **29**(4): p. 380-392.
122. Rosenvinge, J.H. and C. Vig, *Eating disorders and associated symptoms among adolescent swimmers. Initial screening and a controlled study*. *Scandinavian Journal of Medicine and Science in Sports*, 1993. **3**(3): p. 164-169.
123. Sancu, L., et al., *Childhood sexual abuse and eating disorders in females: Findings from the Victorian Adolescent Health Cohort study*. *Archives of Pediatrics and Adolescent Medicine*, 2008. **162**(3): p. 261-267.
124. Santonastaso, P., S. Mondini, and A. Favaro, *Are fashion models a group at risk for eating disorders and substance abuse?* *Psychotherapy and Psychosomatics*, 2002. **71**(3): p. 168-172.

125. Schoemaker, C., et al., *Bulimia nervosa following psychological and multiple child abuse: Support for the self-medication hypothesis in a population-based cohort study*. International Journal of Eating Disorders, 2002. **32**(4): p. 381-388.
126. Sundgot-Borgen, J., et al., *Sexual harassment and eating disorders in female elite athletes - A controlled study*. Scandinavian Journal of Medicine and Science in Sports, 2003. **13**(5): p. 330-335.
127. Sundgot-Borgen, J. and S. Larsen, *Pathogenic weight-control methods and self-reported eating disorders in female elite athletes and controls*. Scandinavian Journal of Medicine and Science in Sports, 1993. **3**(3): p. 150-155.
128. Sundgot-Borgen, J. and M.K. Torstveit, *Prevalence of Eating Disorders in Elite Athletes Is Higher Than in the General Population*. Clinical Journal of Sport Medicine, 2004. **14**(1): p. 25-32.
129. Svavarsdottir, E.K. and B. Orlygsdottir, *Intimate partner abuse factors associated with women's health: A general population study*. Journal of Advanced Nursing, 2009. **65**(7): p. 1452-1462.
130. Thompson, S.H., *Characteristics of the female athlete triad in collegiate cross-country runners*. Journal of American College Health, 2007. **56**(2): p. 129-136.
131. Toro, J., et al., *Eating disorders in Ballet dancing students: Problems and risk factors*. European Eating Disorders Review, 2009. **17**(1): p. 40-49.
132. Torstveit, M.K., J.H. Rosenvinge, and J. Sundgot-Borgen, *Prevalence of eating disorders and the predictive power of risk models in female elite athletes: A controlled study*. Scandinavian Journal of Medicine and Science in Sports, 2008. **18**(1): p. 108-118.
133. Walberg, J.L. and C.S. Johnston, *Menstrual function and eating behavior in female recreational weight lifters and competitive body builders*. Medicine and Science in Sports and Exercise, 1991. **23**(1): p. 30-36.
134. Welch, S.L., H.A. Doll, and C.G. Fairburn, *Life events and the onset of bulimia nervosa: A controlled study*. Psychological Medicine, 1997. **27**(3): p. 515-522.
135. Welch, S.L. and C.G. Fairburn, *Childhood sexual and physical abuse as risk factors for the development of bulimia nervosa: A community-based case control study*. Child Abuse and Neglect, 1996. **20**(7): p. 633-642.
136. Welch, S.L. and C.G. Fairburn, *Sexual abuse and bulimia nervosa: Three integrated case control comparisons*. American Journal of Psychiatry, 1994. **151**(3): p. 402-407.
137. Akkermann, K., et al., *Serotonin transporter gene promoter polymorphism affects the severity of binge eating in general population*. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 2010. **34**(1): p. 111-114.
138. Bachner-Melman, R., et al., *Anorexia nervosa, perfectionism, and dopamine D4 receptor (DRD4)*. American Journal of Medical Genetics, Part B: Neuropsychiatric Genetics, 2007. **144**(6): p. 748-756.
139. Davis, C., et al., *Reward sensitivity and the D2 dopamine receptor gene: A case-control study of binge eating disorder*. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 2008. **32**(3): p. 620-628.
140. Bulik, C.M., P.F. Sullivan, and K.S. Kendler, *Heritability of binge-eating and broadly defined bulimia nervosa*. Biological Psychiatry, 1998. **44**(12): p. 1210-1218.

141. Kendler, K.S., et al., *The genetic epidemiology of bulimia nervosa*. American Journal of Psychiatry, 1991. **148**(12): p. 1627-1637.
142. Mazzeo, S.E., et al., *A twin study of specific bulimia nervosa symptoms*. Psychological Medicine, 2010. **40**(7): p. 1203-1213.
143. Wade, T.D., et al., *Anorexia nervosa and major depression: Shared genetic and environmental risk factors*. American Journal of Psychiatry, 2000. **157**(3): p. 469-471.
144. Javaras, K.N., et al., *Familiality and heritability of binge eating disorder: Results of a case-control family study and a twin study*. International Journal of Eating Disorders, 2008. **41**(2): p. 174-179.
145. Klump, K.L., et al., *Genetic and environmental influences on anorexia nervosa syndromes in a population-based twin sample*. Psychological Medicine, 2001. **31**(4): p. 737-740.
146. Kortegaard, L.S., et al., *A preliminary population-based twin study of self-reported eating disorder*. Psychological Medicine, 2001. **31**(2): p. 361-365.
147. Mazzeo, S.E., et al., *Assessing the heritability of anorexia nervosa symptoms using a marginal maximal likelihood approach*. Psychological Medicine, 2009. **39**(3): p. 463-473.
148. Wade, T., et al., *A genetic analysis of the eating and attitudes associated with bulimia nervosa: Dealing with the problem of ascertainment in twin studies*. Behavior Genetics, 1999. **29**(1): p. 1-10.
149. Lilenfeld, L.R.R., et al., *A family history study of binge-eating disorder*. Comprehensive Psychiatry, 2008. **49**(3): p. 247-254.