



Eating Disorder Risk in Women Following Energy-Restricted Diets: Does Professional Nutrition Counseling Matter?

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Introduction: Eating disorders are complex conditions influenced by biological, psychological, and sociocultural factors and are increasingly observed beyond Western societies due to cultural changes. Energy-restricted dieting, body dissatisfaction, and restrictive eating behaviours are considered important risk factors for the development of disordered eating patterns; therefore, this study aimed to examine the relationship between energy-restricted dieting and eating disorder risk among women.

Aims: The present study aimed to examine the association between energy-restricted dieting behaviour and the risk of eating disorders among women, and to determine whether receiving professional dietary counselling influences this relationship.

Method: This cross-sectional study was conducted among women aged 18–45 years. The survey form developed by the researchers was transferred to an electronic platform using Google Forms, and the survey link was distributed through an online call. Participants who followed an energy-restricted diet and those who did not were identified through random sampling. The Sociodemographic Information Form, the Eating Attitudes Test (EAT-26), the SCOFF Eating Disorders Screening Scale, and the Eating Disorder Examination Questionnaire (EDE-Q-TR) were administered to the participants.

Results: A total of 609 women participated in the study, including 403 (66.2%) women following an energy-restricted diet and 206 (33.8%) non-dieters. Women following an energy-restricted diet showed significantly higher eating disorder risk than non-dieters, with 47.6% (n=192) presenting eating disorder symptoms, 69.2% (n=279) being at risk for eating disorders, and 12.2% (n=49) showing disordered

eating behaviour, compared with 19.9% (n=41), 41.3% (n=85), and 3.4% (n=7), respectively, among non-dieters. Compared with non-dieters, women following an energy-restricted diet had significantly higher EAT-26 Eating Preoccupation, Dietary Restraint, and total scores (all $p < 0.05$), while women with overweight and women with obesity also had significantly higher REZZY total scores than women with normal weight ($p < 0.05$). According to professional dietary counselling status, both women receiving counselling and those dieting without counselling had significantly higher EAT-26 and EDE-Q scores than non-dieters (all $p < 0.001$), whereas no clear difference was observed between the two dieting groups; however, unsupervised dieting appeared particularly unfavourable among women with obesity and women aged ≤ 25 years.

Discussion: The findings of this study indicate that energy-restricted dieting is significantly associated with increased eating disorder risk and more pronounced disordered eating attitudes among women. Although both women receiving professional dietary counselling and those dieting without such counselling demonstrated less favourable profiles than non-dieters, subgroup analyses suggest that dieting without professional dietary counselling may be particularly detrimental among younger and obese women. These results highlight the importance of balanced, professionally guided nutritional care in weight-management interventions and underscore the need for further research on the psychosocial mechanisms linking restrictive dieting to eating pathology.