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By Tambelli Renata & Trentini Cristina

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PARENTS WITH BINGE EATING DISORDERS: WHICH ARE THE INFLUENCES ON ADULT-CHILD FEEDING INTERACTIONS AND ON THE CHILD'S BEHAVIORAL/EMOTIONAL FUNCTIONING?**Cimino Silvia (1), Cerniglia Luca (2), Rocco Angela (1), Porreca Alessio (3), Simonelli Alessandra (3)**

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Feeding during the first years of life represents one of the main domains of adult-child interactions and plays a crucial role in children's later development. It has been suggested that some kinds of adult psychopathology are more likely to compromise early feeding exchanges. This is the case of parental Binge Eating Disorder (BED) which has resulted to be associated with poor parent-infant interactions during feeding and with children's emotional and behavioral problems during infancy.

The present study aimed to investigate, through a longitudinal research design, the influence of maternal and paternal BED diagnosis on parent-infant feeding interactions and on later children's behavioral/emotional functioning. The study involved 408 families divided into four groups, according to the presence or absence of BED diagnosis in the parents: Group 1 included families with both parents diagnosed with BED, Group 2 and 3 included families with one parent diagnosed with BED, Group 0 was a healthy control. The assessment took place at two different points, when the children were respectively 18 (T1) and 36 months (T2). Feeding interactions were assessed through the Scale for the Assessment of Feeding Interactions (SVIA) while the children's behavioral/emotional functioning was evaluated through the Child Behavior Check-List (CBCL).

When compared to healthy controls, the groups with one or both parents diagnosed with BED showed higher scores on the SVIA and on the CBCL internalizing and externalizing scales, suggesting more difficulties in adult-child feeding interactions and in the children's behavioral/emotional functioning. Maternal and paternal BED diagnosis resulted to have a direct effect on feeding interactions and an indirect effect on behavioral/emotional difficulties at 36 months, mediated by the quality of feeding exchanges, both at 18 and 36 months. Moreover the influence of maternal and paternal BED diagnosis resulted to assume a different weight over time.

The presence of BED diagnosis in one or both parents appears to affect negatively the quality of adult-infant feeding exchanges and children's behavioral/emotional functioning over time, thus affecting later child development. These results appear particularly important since they can help to understand more in depth the influence of parental BED diagnosis on child development and on family functioning.