**Objective** The primary objective was to report the associations of BED with productivity and functional impairment in the work/school, social, and family life domains based upon a large Internet survey conducted in 2013 in the United States.

**Methods**

The study population consisted of 22,397 respondents of the National Health and Wellness Study (NHWS), an internet-based, health-focused U.S. adult sample conducted in the fall of 2013. NHWS respondents were invited via e-mail to participate in the follow-up Internet survey, and a representative sample of the U.S. adult population was achieved through stratified sampling by the most recent Census.

**Sample**

The sample was drawn from respondents of the Kantar Health 2012 and 2013 U.S. National Health and Wellness Survey (NHWS), a self-administered, health-focused U.S. adult sample conducted online. The participants were invited to participate in the follow-up Internet survey, and a representative sample of the U.S. adult population was achieved through stratified sampling by the most recent Census. For the purpose of this study, we focus on a subset of 6,966 respondents who completed the full follow-up survey for whom data were available on our primary outcomes of interest: absenteeism, presenteeism, and productivity loss.

**Analysis**

The WPAI questionnaire[8] was used to assess absenteeism, presenteeism, and overall work productivity loss. The WPAI is a measure of productivity loss and functional impairment in the work/school, social, and family life domains. The WPAI is composed of five domains: productivity loss, work limitations, social limitations, family life/home limitations, and sleep limitations. To ensure the final sample matches the demographic characteristics of the U.S. adult population reported by the most recent Census, we included only participants who were 18 years of age or older, white, non-Hispanic, and resided in the United States. The sampling approach was designed to achieve a sample of 5,000 respondents, 4,000 of whom were randomly selected to participate in the follow-up survey, and an additional 1,000 were recruited through a call-to-action option.

**Demographics**

Demographic differences between groups are reported via descriptive statistics. Differences were tested using t-tests for continuous variables and chi-square tests for categorical variables. Multivariable models controlling for age, BMI, gender, race, income, education, pregnancy status, and comorbidities were conducted to better isolate the burden of BED; demographic variables and comorbidities were included in the final model as confounders.

**Results**

BED-symptomatic participants had higher BED-symptomatic participants had higher mean [SD] scores for absenteeism (9.59 [19.97] vs 2.90 [12.95]), presenteeism (30.00 [31.64] vs 15.30 [35.34]), and overall productivity loss (43.52 [34.36] vs 26.03 [34.23]), and reported more severe social limitations, family life/home limitations, and sleep limitations (Table 1). These associations remained significant after adjustment for covariates, including age, BMI, gender, race, income, education, pregnancy status, and comorbidities.

**Discussion**

The findings of this study are consistent with previous reports thatBED-symptomatic participants have higher absenteeism, presenteeism, and productivity loss than non-BED-symptomatic participants. The findings also suggest that BED-symptomatic participants have higher levels of social, family life, and sleep limitations than non-BED-symptomatic participants. These findings highlight the importance of addressing the burden of BED, particularly in the workplace and in social and family life settings.

**Strengths and Limitations**

The strength of the study is that it is based on a large, representative sample with respect to age and race and is the first to report on the burden of BED in the workplace and in social and family life settings. A potential limitation is that the study was conducted in the United States and may not be generalizable to other populations.

**References**