

Supplementary materials

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Supplementary Table S1. PRISMA Checklist

Section and topic	Item	Checklist item	Location where item is reported
Title		Perfectionism in children and adolescents with eating related symptoms: a systematic review and a meta-analysis of effect estimates.	Page 1
Title	1	Identify the report as a systematic review.	Page 1
Abstract			
Abstract	2	See the PRISMA 2020 for Abstracts checklist (Table 2).	Page 3
Introduction			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 1 to 3
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 3
Methods			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 3 to 4
Information sources	6	Specify all databases, registers, websites, organizations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 3 to 4
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 3 to 4

Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 3 to 4
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 3 to 4
Data items	10 a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 4
	10 b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 4
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 4
Effect measures	12	Specify for each outcome the effect measure(s) (e.g., risk ratio, mean difference) used in the synthesis or presentation of results.	Page 4
Synthesis methods	13 a	Describe the processes used to decide which studies were eligible for each synthesis (e.g., tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Page 4

	13 b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 5 to 6
	13 c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 6
	13 d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Page 6
	13 e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g., subgroup analysis, metaregression).	Page 6
	13 f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Page 6
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Page 6
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 6
Results			
Study selection	16 a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram (see Fig. 1).	Page 4 to 6
	16 b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Page 4
Study characteristics	17	Cite each included study and present its characteristics.	Page 6 and in

			supplementary materials
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Page 6
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimates and its precision (e.g., confidence/credible interval), ideally using structured tables or plots.	Page 6 and Table 3 in supplements
Results of syntheses	20 a	For each synthesis, briefly summarize the characteristics and risk of bias among contributing studies.	Page 6 to 12
	20 b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g., confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Page 6 to 12
	20 c	Present results of all investigations of possible causes of heterogeneity among study results.	Page 6 to 12
	20 d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Page 6 to 12
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Page 12
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Page 6 to 12
Discussion			
Discussion	23 a	Provide a general interpretation of the results in the context of other evidence.	Page 12 to 16

	23 b	Discuss any limitations of the evidence included in the review.	Page 15 to 16
	23 c	Discuss any limitations of the review processes used.	Page 15 to 16
	23 d	Discuss implications of the results for practice, policy, and future research.	Page 15 to 16
Other information			
Registration and protocol	24 a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 3
	24 b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	NA
	24 c	Describe and explain any amendments to information provided at registration or in the protocol.	NA
Support	25	Describe sources of financial or nonfinancial support for the review, and the role of the funders or sponsors in the review.	Yes
Competing interests	26	Declare any competing interests of review authors.	Yes
Availability of data, code, and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Yes

Supplementary Table S2. Search strategies for the five databases

MEDLINE (Ovid)

#	Searches	Results
1	exp "Feeding and Eating Disorders"/	35290
2	exp Hyperphagia/	9098
3	((eat* or feed* or appetite or food*) adj3 (disorder* or syndrome* or addict* or patholog*)),ti,ab,kf,kw,jw.	35686
4	(anorexi* or bulimi* or (binge eat* adj3 (disorder* or syndrome*)) or (compuls* adj3 eat*) or pica or allotriophag* or geophag* or (ruminat* adj3 (disorder* or syndrome*)) or ((eat* or feed* or appetite or food) adj3 neophob*) or diabulimi* or orthorexi* or (obsess* adj3 health* adj3 (eat* or feed* or appetite or food*)) or (purging adj3 (disorder* or syndrome*)) or (night eat* adj3 (disorder* or syndrome*)) or (((avoid* or restrict* or aversion) adj3 (eat* or feed* or food*)) or ARFID) or merycis* or hyperphag* or overeat* or overfeed* or overindulg* or polyphag* or (emotion* adj2 (eat* or feed*)) or EDNOS or OFSED).ti,ab,kf,kw.	77330
5	Perfectionism/	501
6	(perfectionis* or flawlessness or high performan* or (over* adj2 critic*)),ti,ab,kf,kw.	172372
7	Adolescent/	2195574
8	Young adult/	1000961
9	(adolescen* or teen* or youth or juvenile*).ti,ab,kf.	510962
10	(young adj3 (adult* or person* or individual* or people* or population or man or men or wom#n)).ti,ab,kf,kw.	237057
11	(youngster* or first grader* or second grader* or third grader* or fourth grader* or fifth-grader* or sixth grader* or seventh grader* or highschool* or high school* or college*).ti,ab,kf.	182343
12	((("13" or "14" or "15" or "16" or "17" or "18") adj1 (year* or yr)).ti,ab,kf,kw.	457387
13	or/1-4	104028
14	or/5-6	172390
15	or/7-12	3249760
16	13 and 14 and 15	487

Embase (Ovid)

#	Searches	Results
1	exp eating disorder/	60880
2	exp hyperphagia/	6826
3	((eat* or feed* or appetite or food*) adj3 (disorder* or syndrome* or addict* or patholog*)).ti,ab,kf,kw,jw.	46726
4	(anorexi* or bulimi* or (binge eat* adj3 (disorder* or syndrome*)) or (compuls* adj3 eat*) or pica or allotriophag* or geophag* or (ruminat* adj3 (disorder* or syndrome*)) or ((eat* or feed* or appetite or food) adj3 neophob*) or diabulimi* or orthorexi* or (obsess* adj3 health* adj3 (eat* or feed* or appetite or food*)) or (purging adj3 (disorder* or syndrome*)) or (night eat* adj3 (disorder* or syndrome*)) or (((avoid* or restrict* or aversion) adj3 (eat* or feed* or food*)) or ARFID) or merycis* or hyperphag* or overeat* or overfeed* or overindulg* or polyphag* or (emotion* adj2 (eat* or feed*)) or EDNOS or OFSED).ti,ab,kf,kw.	103318
5	exp perfectionism/	1370
6	(perfectionis* or flawlessness or high performan* or (over* adj2 critic*)).ti,ab,kf,kw.	195896
7	exp adolescent/	1713978
8	exp young adult/	483897
9	(adolescen* or teen* or youth or juvenile*).ti,ab,kf.	635495
10	(young adj3 (adult* or person* or individual* or people* or population or man or men or wom#n)).ti,ab,kf,kw.	312799
11	(youngster* or first grader* or second grader* or third grader* or fourth grader* or fifth-grader* or sixth grader* or seventh grader* or highschool* or high school* or college*).ti,ab,kf.	318500
12	((("13" or "14" or "15" or "16" or "17" or "18") adj1 (year* or yr)).ti,ab,kf,kw.	712695
13	or/1-4	143958
14	or/5-6	196131
15	or/7-12	3047245
16	13 and 14 and 15	496

EBM Review (Ovid)

#	Searches	Results
1	((eat* or feed* or appetite or food*) adj3 (disorder* or syndrome* or addict* or patholog*)).ti,ab,kf,kw,jw.	4292
2	(anorexi* or bulimi* or (binge eat* adj3 (disorder* or syndrome*)) or (compuls* adj3 eat*) or pica or allotriophag* or geophag* or (ruminat* adj3 (disorder* or syndrome*)) or ((eat* or feed* or appetite or food*) adj3 neophob*) or diabulimi* or orthorexi* or (obsess* adj3 health* adj3 (eat* or feed* or appetite or food*)) or (purging adj3 (disorder* or syndrome*)) or (night eat* adj3 (disorder* or syndrome*)) or (((avoid* or restrict* or aversion) adj3 (eat* or feed* or food*)) or ARFID) or merycis* or hyperphag* or overeat* or overfeed* or overindulg* or polyphag* or (emotion* adj2 (eat* or feed*)) or EDNOS or OFSED).ti,ab,kf,kw.	9700
3	(perfectionis* or flawlessness or high performan* or (over* adj2 critic*)).ti,ab,kf,kw.	5931
4	(adolescen* or teen* or youth or juvenile*).ti,ab,kf.	41063
5	(young adj3 (adult* or person* or individual* or people* or population or man or men or wom#n)).ti,ab,kf,kw.	37714
6	(youngster* or first grader* or second grader* or third grader* or fourth grader* or fifth-grader* or sixth grader* or seventh grader* or highschool* or high school* or college*).ti,ab,kf.	22226
7	((("13" or "14" or "15" or "16" or "17" or "18") adj1 (year* or yr)).ti,ab,kf,kw.	81015
8	or/1-2	11918
9	or/4-7	160873
10	8 and 3 and 9	44

PsycINFO (Ovid)

#	Searches	Results
1	exp eating disorders/	34187
2	exp Hyperphagia/	554
3	((eat* or feed* or appetite or food*) adj3 (disorder* or syndrome* or addict* or patholog*)).ti,ab,id,jw.	35215
4	(anorexi* or bulimi* or (binge eat* adj3 (disorder* or syndrome*)) or (compuls* adj3 eat*) or pica or allotriophag* or geophag* or (ruminat* adj3 (disorder* or syndrome*)) or ((eat* or feed* or appetite or food*) adj3 neophob*) or diabulimi* or orthorexi* or (obsess* adj3 health* adj3 (eat* or feed* or appetite or food*)) or (purging adj3 (disorder* or syndrome*)) or (night eat* adj3 (disorder* or syndrome*)) or (((avoid* or restrict* or aversion) adj3 (eat* or feed* or food*)) or ARFID) or merycis* or hyperphag* or overeat* or overfeed* or overindulg* or polyphag* or (emotion* adj2 (eat* or feed*)) or EDNOS or OFSED).ti,ab,id.	37403
5	exp perfectionism/	3015
6	(perfectionis* or flawlessness or high performan* or (over* adj2 critic*)).ti,ab,id.	11980
7	exp adolescent development/	64353
8	(adolescen* or teen* or youth or juvenile*).ti,ab,id.	374981
9	(young adj3 (adult* or person* or individual* or people* or population or man or men or wom#n)).ti,ab,id.	118725
10	(youngster* or first grader* or second grader* or third grader* or fourth grader* or fifth-grader* or sixth grader* or seventh grader* or highschool* or high school* or college*).ti,ab,id.	320853
11	((("13" or "14" or "15" or "16" or "17" or "18") adj1 (year* or yr)).ti,ab,id.	115116
12	or/1-4	56216
13	or/5-6	12063
14	or/7-11	788171
15	12 and 13 and 14	401

CINAHL Complete (EBSCOHost)

#	Searches	Results
S1	(MH "Eating Disorders+") OR (MH "Feeding and Eating Disorders of Childhood+")	21,073
S2	(MH "Hyperphagia")	1,056
S3	TI (((eat* OR feed* OR appetite OR food*) N3 (disorder* OR syndrome* OR addict* OR patholog*))) OR AB (((eat* OR feed* OR appetite OR food*) N3 (disorder* OR syndrome* OR addict* OR patholog*)))	17,445
S4	TI ((anorexi* OR bulimi* OR (binge eat* N3 (disorder* OR syndrome*)) OR (compuls* N3 eat*) OR pica OR allotriophag* OR geophag* OR (ruminat* N3 (disorder* OR syndrome*)) OR ((eat* OR feed* OR appetite OR food) N3 neophob*) OR diabulimi* OR orthorexi* OR (obsess* N3 health* N3 (eat* OR feed* OR appetite OR food*)) OR (purging N3 (disorder* OR syndrome*)) OR (night eat* N3 (disorder* OR syndrome*)) OR (((avoid* OR restrict* OR aversion) N3 (eat* OR feed* OR food*)) OR ARFID) OR merycis* OR hyperphag* OR overeat* OR overfeed* OR overindulg* OR polyphag* OR (emotion* N2 (eat* OR feed*)) OR EDNOS OR OFSED)) OR AB ((anorexi* OR bulimi* OR (binge eat* N3 (disorder* OR syndrome*)) OR (compuls* N3 eat*) OR pica OR allotriophag* OR geophag* OR (ruminat* N3 (disorder* OR syndrome*)) OR ((eat* OR feed* OR appetite OR food) N3 neophob*) OR diabulimi* OR orthorexi* OR (obsess* N3 health* N3 (eat* OR feed* OR appetite OR food*)) OR (purging N3 (disorder* OR syndrome*)) OR (night eat* N3 (disorder* OR syndrome*)) OR (((avoid* OR restrict* OR aversion) N3 (eat* OR feed* OR food*)) OR ARFID) OR merycis* OR hyperphag* OR overeat* OR overfeed* OR overindulg* OR polyphag* OR (emotion* N2 (eat* OR feed*)) OR EDNOS OR OFSED))	21,467
S5	(MH "Perfectionism")	402
S6	TI ((perfectionis* OR flawlessness OR high performan* OR (over* N2 critic*))) OR AB ((perfectionis* OR flawlessness OR high performan* OR (over* N2 critic*)))	11,506
S7	(MH "Adolescence+") OR (MH "Adolescent Psychology") OR (MH "Young Adult")	722,715
S8	TI ((adolescen* OR teen* OR youth OR juvenile*)) OR AB ((adolescen* OR teen* OR youth OR juvenile*))	224,071
S9	TI ((young N3 (adult* OR person* OR individual* OR people* OR population OR man OR men OR woman OR women))) OR AB ((young N3 (adult* OR person* OR individual* OR people* OR population OR man OR men OR woman OR women)))	95,589
S10	TI ((youngster* OR first grader* OR second grader* OR third grader* OR fourth grader* OR fifth-grader* OR sixth grader* OR seventh grader* OR highschool* OR high school* OR college*)) OR AB ((youngster* OR first grader* OR second grader* OR third grader* OR fourth grader* OR fifth-grader* OR sixth grader* OR seventh grader* OR highschool* OR high school* OR college*))	104,440
S11	TI ((("13" OR "14" OR "15" OR "16" OR "17" OR "18") N1 (year* OR yr))) OR AB ((("13" OR "14" OR "15" OR "16" OR "17" OR "18") N1 (year* OR yr)))	92,591
S12	S1 OR S2 OR S3 OR S4	37,525
S13	S5 OR S6	11,573
S14	S7 OR S8 OR S9 OR S10 OR S11	936,324
S15	S12 AND S13 AND S14	260

Supplementary Table S3. Studies included in the systematic review.

Studies	Design	Sample				Measures		Results	Quality assessment total score
		N	Sample type	Mean age	Female	Perfectionism	EDs		
(Swierczynska, 2022)	A	345	COMT	12- 16	57.4%	FMPS-PS FMPS-CM FMPS-DA FMPS-PE FMPS-PC FMPS-O	FAQ	<u>Cluster analysis</u> Group 1 = adapted, Group 2 = egocentric, Group 3= anorectic based on scales of FAQ <u>Group comparison</u> <u>ANOVA and Tukey</u> FMPS-PS: $F=4.3^* 2>1$ FMPS-CM: $F=24.61^{***} 2>1, 3>1$ FMPS-DA: $F=14.26^{***} 2>1, 3>1$ FMPS-PE: $F=6.47^{**} 2>1$ FMPS-PC: $F=22.96^{***} 2>1, 3>1$ FMPS-O: $F=0.33$	2 [#]
(Costa et al., 2022)	A	92	C (AN> 14 yrs old, AN-PP <14 yrs old)	8-18	NR	EDI-II-P	EDI-II-DT EDI-II-Bu EDI-II-BD EDI-II-IN EDI-II-ID EDI-II-IA	<u>Group comparison</u> Prepubertal (AN-PP) vs adolescent (AN) EDI-II-P: AN [6.76 (3.95)] > AN-PP [3.41 (2.58)]	3 [#]

							EDI-II-MF EDI-II-ASC EDI-II-IR EDI-II-INS EDI-II-total EDE-Q-RT EDE-Q-EaC EDE-Q-SC EDE-Q-WC EDE-Q-total BSQ-Total		
(Mohoric et al., 2022)	A	482	COMT	15	51%	FMPS-Total	EDE-Q TFEQ-UE TFEQ-CR TFEQ-EE	<u>Correlation</u> FMPS/EDEQ = 0.33** FMPS/TFEQ-UE =0.19** FMPS/TFEQ-CR =0.24** FMPS/TFEQ-EE =0.22** <u>Mediation path analysis</u> FMPS/EDEQ β = 0.12* FMPS/TFEQ-UE β =0.11 FMPS/TFEQ-CR β =0.30**	4 [#]

								FMPS/TFEQ-EE $\beta=0.15^*$	
(Cresswell et al., 2022)*	A	149	C (AN, AN-B, UNSFED)	14.9 (0.83) (13-17)	100%	EDI-III-P	ChEDE Total	<u>Correlation</u> EDI-P/EDEtotal = 0.30*** <u>Mediation path analysis after controlling for compulsive exercise</u> EDI-P/EDEtotal $\beta=0.30^*$, SE= 0.11	6 [#]
(Pamies-Aubalat et al., 2022)	A	1630	COMT	14 (1.34)	54.6%	CAPS	EAT-40 EDI-II-BD	<u>Clusters created from all variables</u> Correlations CAPS/EAT-40 = NR CAPS/EDI-BD = NR	4 [#]
(Pauls et al., 2022)	A	AAN = 42 AN-R = 79	C (AAN, AN-R)	AAN = 15.93 AN-R = 15.63		EDI-III-P	EDI-III-DT EDI-III-BD EDI-III-LSE	<u>Group comparison between two types of diagnosis</u> EDI-III-P = NR	6 [#]
(Schilder et al., 2021)	A	386	C	14.69	98.1%	EDI-II-P-SOP	EDE	EDI-P/EDE = NR	5 [#]
(Schlegl et al., 2021)	A	1071	C (AN, BN)	AN = 15.53 BN = 16.01		EDI-II-P	EDI-II	<u>Network Analysis</u> removed items and doesn't report scores or associations	7 [#]

								perfectionism is identified as a core concept in the network of EDI-II	
(Sepulveda et al., 2021)*	A	100	C (EDs) COM	ED = 14.68 COMT = 14.66	100%	EDI-II-P CAPS-SOP CAPS-SPP	EDI II	<u>ED averages</u> EDI-P = 4.06 (3.70) CAPS-SOP = 39.11 (10.95) CAPS-SPP = 21.60 (8.97) <u>COMT averages</u> EDI-P = 3.50 (3.36) CAPS-SOP = 32.96 (7.81) CAPS-SPP = 24.29 (7.83)	6 [#]
(Sander et al., 2021)	A	320	C (EDs)	16.98	100 %	CR-EAT-P	EDE-Q BMI SEED	<u>Sample characteristics</u> Participants reported elevated perfectionism - CR-EAT-P: M = 3.78 (1.12) - EDE-Q: M = 2.87 (1.82) - CR-EAT/EDE-Q: NR - CR-EAT/BMI: NR - CR-EAT/SEED: NR	5 [#]
(Swierczynska, 2020)*	A	345	COMT	NR high school	57%	FMPS-CM FMPS-PS FMPS-PE FMPS-PC FMPS-DA FMPS-O FMPS-Total	FAQ-WR FAQ-AF FAQ-PS FAQ-PA FAQ-Total	<u>Correlations</u> FMPS-CM/FAQ-WR = 0.204** FMPS-CM/FAQ-AF = 0.214** FMPS-CM/FAQ-PS = 0.311**	2 [#]

								FMPS-CM/FAQ-PA = 0.378**	
								FMPS-CM/FAQ-Total = 0.434**	
								FMPS-PS/FAQ-WR = 0.099	
								FMPS-PS/FAQ-AF = 0.136*	
								FMPS-PS/FAQ-PS = 0.239**	
								FMPS-PS/FAQ-PA = 0.107*	
								FMPS-PS/FAQ-Total = 0.193**	
								FMPS-PE/FAQ-WR = 0.155**	
								FMPS-PE/FAQ-AF = 0.102	
								FMPS-PE/FAQ-PS = 0.239**	
								FMPS-PE/FAQ-PA = 0.055	
								FMPS-PE/FAQ-Total = 0.177**	
								FMPS-PC/FAQ-WR = 0.216**	
								FMPS-PC/FAQ-AF = 0.132*	
								FMPS-PC/FAQ-PS = 0.347**	
								FMPS-PC/FAQ-PA = 0.247**	
								FMPS-PC/FAQ-Total = 0.348**	

								FMPS-DA/FAQ-WR = 0.158** FMPS-DA/FAQ-AF = 0.122* FMPS-DA/FAQ-PS = 0.202** FMPS-DA/FAQ-PA = 0.315** FMPS-DA/FAQ-Total = 0.326** FMPS-O/FAQ-WR = - 0.016 FMPS-O/FAQ-AF = 0.049 FMPS-O/FAQ-PS = - 0.030 FMPS-O/FAQ-PA = - 0.019 FMPS-OFAQ-Total = - 0.011 FMPS-Total/FAQ-WR = 0.225** FMPS-Total/FAQ-AF = 0.218** FMPS-Total/FAQ-PS = 0.357** FMPS-Total/FAQ-PA = 0.315** FMPS-Total/FAQ-Total = 0.417**	
(Welch et al., 2020)	B	158	C (AN)	15.3 (1.8)	89.2%	FMPS	EDE	<u>Regression</u> Only reports values across timepoints within one	3 ^{##}

								<p>group. Baseline perfectionism is a predictor of EDE in the future.</p> <p>FMPS adaptive/EDE = NR</p> <p>FMPS maladaptive/EDE = NR</p>	
(Jones et al., 2020)*	A	270	C (EDs)	14.86	95.2 %0.38	EDI-P-III	<p>DSM-5</p> <p>ChEDE-EC</p> <p>ChEDE-SC</p> <p>ChEDE-WC</p> <p>ChEDE-RT</p>	<p><u>Pearson correlation matrix</u></p> <ul style="list-style-type: none"> - EDI-P/ChEDE-EC: 0.34*** - EDI-P/ChEDE-SC: 0.36*** - EDI-P/ChEDE-WC: 0.34*** - EDI-P/ChEDE-RT: 0.28*** 	6 [#]
(Petisco-Rodriguez et al., 2020)*	A	120	COMT	17.2	100%	<p>CAPS-SOP</p> <p>CAPS-SPP</p>	<p>SCOFF</p> <p>EAT-40</p> <p>BMI</p>	<p><u>Multiple linear regression:</u></p> <ul style="list-style-type: none"> - CAPS-SOP/SCOFF : B = -0.11, t = -0.95 (NS) - CAPS-SPP/SCOFF : B = 0.23, t = 2.07 * <p><u>Spearman's Correlations</u></p>	2 [#]

								<ul style="list-style-type: none"> - CAPS-SOP/EAT-40 = NR - CAPS-SOP/EAT-Sub 1 = 0.05 (NS) - CAPS-SOP/EAT-Sub 2 = -0.16 (NS) - CAPS-SOP/EAT-Sub 3 = -0.03 (NS) - CAPS-SOP/SCOFF = -0.11 (NS) - CAPS-SPP/EAT-40 = NR <p>CAPS-SPP/EAT-Sub 1 = 0.015 (NS)</p> <ul style="list-style-type: none"> - CAPS-SPP/EAT-Sub 2 = 0.06 (NS) - CAPS-SPP/EAT-Sub 3 = 0.16 (NS) - CAPS-SPP/SCOFF = -0.11 (NS) 	
(Obeid et al., 2020)	A	178	C (EDs)	15.73	86.6%	EDI-III-P	DSM-IV DSM-V BMI EDI-III-ASC EDI-III-OC	t-test: EDI-III-P: BED > Restrictive ED*	3 [#]
(Shu et al., 2019)	B	94	COMT (perf)	16.2 (1.8)	100%	CPQ	EDE-Q	<u>Perfectionism intervention study</u> CPQ/EDE-Q = NR Only time variations are reported (pre-post intervention) and between	5 ^{##}

								groups (perf intervention or not)	
(Blasczyk-Schiep et al., 2019)	B	98	COMT	17.65 (0.47) 17- 18	71.42%	EDI-II-P	EDI-II	<u>Correlation</u> EDI-II-P/EDI-II: NR	4 ^{##}
(Christian et al., 2019)	B	332	COMT	15.21 (0.59)	100%	FMPS	EDE-Q EDI-II IBSS-R	<u>Pre-post intervention repeated measure ANOVA</u> <u>Correlations</u> NR	5 ^{##}
(Ramon-Jarne et al., 2019)	A	493	COMT	14.8 (1.7)	54.8%	EDI-II-P	EDI-II	<u>Correlation</u> EDI-II-P/EDI = NR	6 [#]
(Flamarique et al., 2019)*	A	154	COMT C (AN)	NR	83%	CAPS-SOP CAPS-SPP	DSM-IV-TR EAT-40	<u>One-way ANOVA:</u> - CAPS-SOP: AN > HC*** - CAPS-SPP: AN > HC*** <u>Hierarchical multiple regression analyses:</u> <u>AN</u> - CAPS-SOP/EAT-40: $\beta = 0.94^{***}$ - CAPS-SPP/EAT-40: $\beta = 0.06$ (NS) <u>COMT</u> - CAPS-SOP/EAT-40: $\beta = -0.08$ (NS) - CAPS-SPP/EAT-40: $\beta = 0.18^{**}$	5 [#]
(Keery et al., 2019)	A	193	C (ARFID, AN)	13.75	44%	CPQ	DSM V BMI	<u>t-test:</u> CPQ: AN > ARFID***	6 [#]

							EDE (global score) EDE-RT EDE- EAC EDE-SC EDE- WC		
(Stornaes et al., 2019)*	A	832	COMT	NR	53%	FMPS-PS FMPS-CM FMPS-DA FMPS-PE FMPS-PC FMPS-O CAPS-SOP CAPS-SPP	EDE-Q- WSC	<u>Pearson's correlation:</u> - EDE-Q-WSC/FMPS-PS: $r=0.12^*$ - EDE-Q-WSC/FMPS-CM: $r=0.35^{**}$ - EDE-Q-WSC/FMPS-DA: $r=0.32^{**}$ - EDE-Q-WSC/FMPS-PE: $r=0.16$ (NS) - EDE-Q-WSC/FMPS-PC: $r=0.24$ (NS) - EDE-Q-WSC/FMPS-O: $r=-0.01$ - EDE-Q-WSC/CAPS-SOP: $r=0.19^{**}$ - EDE-Q-WSC/CAPS-SPP: $r=0.27^{**}$	4 [#]
(Cella et al., 2019)	A	1156	COMT	15.61	55%	FMPS (global score) FMPS-PS FMPS-DA FMPS-CM FMPS-PE FMPS-O	BMI EDI-III- Risk EDI-III- DT EDI-III- BN EDI-III- BD	<u>Structural equation modeling:</u> Maladaptive and adaptive perfectionism have no influence on the EDI-III- Risk.	3 [#]

(Magson et al., 2019)*	A	510	COMT	11.2	49.7%	CAPS-SOP CAPS-SPP	ChEAT (global score)	<u>Pearson's correlation:</u> - CAPS-SOP/ChEAT: $r = 0.22^{**}$ - CAPS-SPP/ChEAT: $r = 0.20^{**}$	2 [#]
(Drieberg et al., 2019)*	A	231	C (EDs)	14.5	100%	EDI-III-P	DSM V AdoED E (global score)	<u>Pearson's correlation:</u> - EDI-III-P/AdoEDE global score: $r = 0.35^{**}$	4 [#]
(Morgan-Lowes et al., 2019)	B	167	C	14.57	100%	EDI-III-P	DSM V ChEDE (global score) BMI	<u>Pearson's correlation:</u> - EDI-III- P(intake)/BMI(intake) : $r=0.25^{**}$ - EDI-III- P(intake)/BMI(6 months): $r=0.23^{**}$ - EDI-III- P(intake)/BMI(12 months): $r=0.20^*$	6 ^{##}
(Plumed et al., 2019)*	B	7167	COMT	13.66	52.3%	EDI-III-P	chEAT BMI	<u>Correlation</u> <i>Girls:</i> - chEAT(baseline)/EDI -P = 0.280^{**} - chEAT (2 years)/EDI- P = 0.177^{**} <i>Boys:</i> - chEAT(baseline)/EDI -P = 0.295^{**} - chEAT(2years)/EDI- P = 0.183^{**}	5 ^{##}

(Hurst & Zimmer-Gembeck, 2019)	B	21	C (AN)	14.9 (1.2)	100%	CAPS-SOP CAPS-SPP EDI-III-P	EDI-III- total EDE-Q	<u>Correlation of change pre-post CBT-P</u> CAPS-SOP/EDI-total =0.65** CAPS-SPP/EDI-total =0.66** EDI-III-P/EDI-total =0.48* <u>Correlation of change pre-post treatment</u> CAPS-SOP/EDI-total =0.63** CAPS-SPP/EDI-total =0.68** EDI-III-P/EDI-total =0.54*	5 ^{##}
(Gan et al., 2018)*	A	356	COMT	14.3 (1.0)	57.3%	PSS	BINE	<u>Simple linear regression</u> PSS/BINE: $\beta = 0.065$, $t=1.232$, $p = 0.219$	4 [#]
(Gonzalez et al., 2018)*	A	455	COMT	13.3 (0.6)	51.2%	EDI-II-P	EAT-26	<u>Portugal</u> <i>Girls</i> EDI-II-P/EAT-26 =0.01 <i>Boys</i> EDI-II-P/EAT-26 = -0.03 <u>Spain</u> <i>Girls</i> EDI-II-P/EAT-26 = 0.38*** <i>Boys</i> EDI-II-P/EAT-26 = 0.14	2 [#]
(Warschburger & Zitzmann, 2018)*	B	1112	COMT	13 (0.8)	49%	EDI-II-P	EAT-26 EDI-II-Bu	<u>Pearson correlations:</u> EDI-II-P/EAT-26 = 0.30**	5 ^{##}

							EDI-II-DT EDI-II-BD SATAQ-ITI SATAQ-MP	EDI-II-P/EDI-II-Bu = 0.25** EDI-II-P/EDI-II-DT = 0.25** EDI-II-P/EDI-II-BD = 0.15** EDI-II-P/SATAQ-ITI = 0.22** EDI-II-P/SATAQ-MP = 0.27**	
(Campbell et al., 2018)*	B	284	COMT	14.1	58%	FMPS-CM FMPS-DAA FMPS-EC	EDI-II (global score)	<i>Study 1</i> <u>Structural equation modeling:</u> FMPS-EC/EDI-II: $\beta = .45^{***}$ <i>Study 2</i> <u>Latent change modeling:</u> Change in perfectionism (FMPS-EC) linked to change in EDI-II (global score)	4 [#]
(Curzio et al., 2018)*	A	419	C (AN, BN, EDNOS)	14.83	86.2%	EDI-III-P CAPS-SOP	DSM-IV-TR EDI-III-BN EDI-III-BD EDE-RT EDE - SC BUT	<u>Pearson's correlation:</u> <i>AN</i> - EDI-III-BN/EDI-III-P: $r=0.427^{***}$ - EDI-III-BN/CAPS-SOP: $r=0.195^{**}$ - EDE-RT/EDI-III-P: $r=0.119$ (NS) - EDE-RT/CAPS-SOP: $r=0.095$ (NS) <i>BN</i> - EDI-III-BN/EDI-III-P: $r=0.468^{**}$	4 [#]

								<ul style="list-style-type: none"> - EDI-III-BN/CAPS-SOP: $r=0.284^*$ - EDE-RT/EDI-III-P: $r=0.013$ (NS) - EDE-RT/CAPS-SOP: $r=0.235$ (NS) <p><i>EDNOS</i></p> <ul style="list-style-type: none"> - EDI-III-BN/EDI-III-P: $r=0.702^{***}$ - EDI-III-BN/CAPS-SOP: $r=0.342^{***}$ - EDE-RT/EDI-III-P: $r=0.259^{**}$ - EDE-RT/CAPS-SOP: $r=0.219^{**}$ 	
(Dakanalis et al., 2018)*	A	272	C (BN)	15.3	94.2%	EDI-III-P	EDE-I YBCED S EDE-BE EDE-RT EDE-EAC EDE-SC EDE-WC	<u>ANOVA</u> : EDI-III-P: BN mild severity > BN moderate severity > BN severe severity > BN extreme severity***	4 [#]
(Elizathe et al., 2018)*	A	100	COMT C (OWC)	10.85	37%	CPI	DSM IV EDE-I BMI ChEAT (global score) CH/ASR S-BD	<u>t-test</u> : CPI: C > COMT**	4 [#]

(Izydorczyk & Sitnik-Warchulska, 2018)	A	234	COMT	14.0 (95) 18.2 (33) 25.5 (56) 35.5 (50)	100%	EDI-P	BMI SATPA BI EDI (polish) -BD -DT -BN	<u>ANOVA</u> <i>Difference in 4 age groups</i> - EDI-P: $F(3,230)=21.79^{***}$, $1>2,3,4$ - EDI-DT: $F(3,230)=13.33^{***}$, $1>2,3,4$ - EDI-BN: $F(3,230)=9.78^{***}$, $1>2,3,4$ - EDI-BD: $F(3,230)=42.60^{***}$, $1>2,3,4$	4 [#]
(Johnston et al., 2018)	B	175	C	14.47	91%	EDI-III-P	DSM V ChEDE (global score) BMI	<u>Mixed Models</u> Perfectionism as a predictor of remission at 12-months review: higher EDI-P at intake predicted a lower likelihood of remission at 12 months; $\beta = -0.55^*$	6 ^{##}
(Rosewall et al., 2018)*	A	231	COMT	15.5	100%	CAPS -SOP -SPP	BMI EAT-26 SBFD EDI -BD	<u>Correlation</u> - CAPS-SOP/BMI: $r=0.07$ (NS) - CAPS-SPP/BMI: $r=0.13$ (NS) - CAPS-SOP/EAT-26: $r=0.32^{**}$ - CAPS-SPP/EAT-26: $r=0.36^{**}$ - CAPS-SOP/SBFD: $r=0.16^*$ - CAPS-SPP/SBFD: $r=0.24^{**}$ - CAPS-SOP/EDI-BD: $r=0.15^*$ - CAPS-SPP/EDI-BD: $r=0.24^{**}$	3 [#]

(Shahyad et al., 2018)	A	477	COMT	15-17	100%	APS	EDI MBSRQ -AE SATAQ -4	<u>Structural equation modeling</u> - APS/EDI: $\beta = 0.67^*$ - APS/MBSRQ-AE: $\beta = -0.64^*$ - APS/SATAQ-4: NR	4 [#]
(Sehm & Warschburger, 2018)*	B	1039	COMT	14.37	51.3%	EDI-C-P	BMI- SDS ChEDE- BE ChEDE- WSC ChEDE- RT EDI-C- IA SATAQ -GI	<u>Cross-lagged panel design, bivariate analyses:</u> EDI-C-P is not longitudinally associated with ChEDE-BE <u>Pearson's correlation:</u> <i>Boys</i> - ChEDE-BE/EDI-C-P (baseline): $r = -0.02$ (NS) - ChEDE-WSC/EDI-C-P (baseline): $r = 0.16^*$ - ChEDE-RT/EDI-C-P (baseline): $r = 0.16^*$ - EDI-C-P/EDI-C-IA (baseline): $r = 0.35^*$ - EDI-C-P/SATAQ-GI (baseline): $r = 0.4^*$ - ChEDE-BE/EDI-C-P (20 months): $r = 0.00$ (NS) - ChEDE-WSC/EDI-C-P (20 months): $r = 0.08$ (NS) - ChEDE-RT /EDI-C-P (20 months): $r = 0.02$ (NS) - EDI-C-P/EDI-C-IA (20 months): $r = 0.29^*$	4 ^{##}

								<ul style="list-style-type: none"> - EDI-C-P/SATAQ-GI (20 months): $r=0.3^*$ <p><i>Girls</i></p> <ul style="list-style-type: none"> - ChEDE-BE/EDI-C-P (baseline): $r=0.09^*$ - ChEDE-WSC/EDI-C-P (baseline): $r=0.30^*$ - ChEDE-RT - /EDI-C-P (baseline): $r=0.21^*$ - EDI-C-P/EDI-C-IA (baseline): $r=0.40^*$ - EDI-C-P/SATAQ-GI (baseline): $r=0.32^*$ - ChEDE-BE/EDI-C-P (20 months): $r=0.16^*$ - ChEDE-WSC/EDI-C-P (20 months): $r=0.43^*$ - ChEDE-RT - /EDI-C-P (20 months): $r=0.38^*$ - EDI-C-P/EDI-C-IA (20 months): $r=0.42^*$ - EDI-C-P/SATAQ-GI (20 months): $r=0.42^*$ 	
(van Noort et al., 2018)	A	120	COMT C (AN)	14.01	100%	FMPS (global score)	BMI ChEDE-Q (global score) ChEDE-Q-RT ChEDE-Q-EAC	<u>One-way ANOVA:</u> FMPS (global score): 1) EO-AN>AO-AN*** 2) No difference between EO-AN and EO-HC 3) AO-AN>AO-HC***	6 [#]

							ChEDE- Q-WC ChEDE- Q-SC AdoED E-Q (global score) AdoED E-Q-RT AdoED E-Q- EAC AdoED E-Q-WC AdoED E-Q-SC ABOS SIAB- EX-BID		
(Wilksch et al., 2017)	B	1,316	COMT	13.21	64%	MPS-P	EDE- WC EDE-SC EDE-EC DUBC- Diet EDI-BD EAT- RA	<u>Linear mixed models:</u> MPS-P and eating : NR	5 ^{##}
(Levallius et al., 2017)	B	3116	C (AN, BN, EDNOS)	15.40	48%	SASB-NP	BMI AdoED E-Q (global score) AdoED E-Q-RT	<u>t tests:</u> <i>All Girls</i> - SASB-NP: Compulsive Exercise (CE) > non-CE*** <i>Girls Clinical Group</i>	7 ^{##}

							AdoED E-Q-PG AdoED E-Q-BE	<ul style="list-style-type: none"> - SASB-NP: CE>non-CE*** <i>All Boys</i> <ul style="list-style-type: none"> - SASB-NP: CE>non-CE* <i>Boys Clinical Group</i> <ul style="list-style-type: none"> - SASB-NP: no difference between CE and non-CE (NS) 	
(Vall & Wade, 2017)	B	40	C (AN)	15.40	95%	FMPS-CM FMPS-PS	BMI EDE-Q (Global score) EDE-Q-PG EDE-Q-EX	<u>linear mixed models:</u> FMPS-CM(baseline)/ED (3months)**; F=13.89. FMPS-PS(baseline)/ED (3months) (NS)	5 ^{##}
(Varela-Besteiro et al., 2017)	A	109	C (AN, BN, EDNOS)	14.74		EDI-II-P CAPS (global score) CAPS-SOP CAPS-SPP	DSM-IV-TR EDI-II-DT EDI-II-BN EDI-II-BD EDI-II-IN EDI-II-ID EDI-II-IA EDI-II-MF EDI-II-ASC	<u>Mann-Whitney U-test:</u> <ul style="list-style-type: none"> - EDI-II-P: Non Suicidal Self Injury (NSSI)>non-NSSI*** - CAPS (global score): NSSI>non-NSSI*; F=2.32. - CAPS-SOP: No difference between NSSI and non-NSSI - CAPS-SPP: no difference between NSSI and non-NSSI 	5 [#]

							EDI-II- IR EDI-II- INS		
(Maiano et al., 2016)*	A	Study 1:291 Study 2:900 Study 3:51 Study 4:92 Study 5:38	COMT for studies 1-4 study 5: C (AN with controls)	Study 1:14.32 Study 2:13.70 Study 3:13.94 Study 4:14.59 Study 5:15.68	Study 1:46.4 % Study 2:50% Study 3:49% Study 4:62% Study 5: 100%	EDI-VS-P	EDI-VS-BD EDI-VS-Bu EDI-VS-DT EDI-VS-IN EDI-VS-MF EDI-VS-ID EDI-VS-IA EDI-VS-HO	Study 1: EDI-VS-P/EDI-VS-BD = -0.112 EDI-VS-P/EDI-VS-BU = 0.325* EDI-VS-P/EDI-VS-DT = 0.251* EDI-VS-P/EDI-VS-IN = 0.136 EDI-VS-P/EDI-VS-MF = 0.115 EDI-VS-P/EDI-VS-ID = -0.231* EDI-VS-P/EDI-VS-IA = 0.184 Study 2: EDI-VS-P/EDI-VS-HO = -0.137* EDI-VS-P/EDI-VS-ID = -0.092 EDI-VS-P/EDI-VS-IA = 0.028 Study 3: NR Study 4: EDI-VS-P/EAT-26 = 0.23* Study 5:	3 [#]

								Contr EDI-VS-P= 3.03 (2.20) AN EDI-VS-P= 11.08 (5.25) t=6.17***, d=1.99	
(Mockdece Neves et al., 2016)*	A	413	COMT	12.86 (1.8)	76%	MPS	EAT-26 SATAQ -3 BSQ	<u>Pearson correlations</u> <u>Controls:</u> MPS/EAT-26 = 0.232* MPS/SATAQ-3 = 0.07 MPS/BSQ = 0.158 <u>Non-elite athletes:</u> MPS/EAT-26 = 0.340* MPS/SATAQ-3 = 0.203* MPS/BSQ = 0.081 <u>Elite athletes:</u> MPS/EAT-26 = 0.182 MPS/SATAQ-3 = 0.239 MPS/BSQ = 0.294	6 [#]
(De Caro & Di Blas, 2016)	B	142	COMT	15.6	46.48%	EDI-II-P	BMI EDI-II	Partial Correlation BMI(T1) EDI-II-P(T1, T2) <u>Boys, Girls, All</u> - BMI(T1)/EDI-II- P(T2) pr = -0.01 (NS) - EDI-II-BN(T1,T2) EDI-II-P(T1) <u>All</u> - EDI-II-P(T1)/EDI-II- BN(T2) Sr = 0.18*, R2 = 0.03* EDI-2 Perfectionism predicted increases in	4 ^{##}

								Bulimia, and changes in the two variables were correlated across time ($p = .23, p \leq .05$).	
(Flett et al., 2016)* (Study 3) Sample 4	A	131	COMT	15.96	54.96%	EDI-P CAPS -SPP -SOP	EAT-26	<u>Correlation</u> <i>Girls</i> <ul style="list-style-type: none"> - CAPS-SOP/EAT-26: $r = -0.08$ (NS) - CAPS-SPP/EAT-26: $r = -0.30^*$ - EDI-P/EAT-26: $r = 0.19$ (NS) <i>Boys</i> <ul style="list-style-type: none"> - CAPS-SOP/EAT-26: $r = -0.25$ (NS) - CAPS-SPP/EAT-26: $r = -0.22$ (NS) - EDI-P/EAT-26 : $r = 0.28^*$ 	4 [#]
(Iannaccone et al., 2016)*	A	222	COMT (obese and HC)	15.5	38.74%	FMPS -COM -PS -PE -DA	EDI-3 -EDR	<u>Hierarchical Regression Model</u> <i>Obese Group</i> <ul style="list-style-type: none"> - EDI-3-EDR/FMPS-COM: $\beta = 0.04$ (NS) - EDI-3-EDR/FMPS-PS: $\beta = -0.02$ (NS) - EDI-3-EDR/FMPS-PE: $\beta = 0.05$ (NS) - EDI-3-EDR/FMPS-DA: $\beta = 0.02$ (NS) <i>Non-Obese Control Group</i> <ul style="list-style-type: none"> - EDI-3-EDR/FMPS-COM: $\beta = -0.19$ (NS) - EDI-3-EDR/FMPS-PS: $\beta = 0.16$ (NS) 	3 [#]

								<ul style="list-style-type: none"> - EDI-3-EDR/FMPS-PE: $\beta = 0.12$ (NS) - EDI-3-EDR/FMPS-DA: $\beta = 0.07$ (NS) 	
(Kerr et al., 2016)	A	37	C (AN)	14.87	100%	CAPS-SOP CAPS-SPP	DSM IV BMI EDE-Q (global score)	<u>One sample t-test:</u> <ul style="list-style-type: none"> - SOP: AN>HC, $t = 10.43^{**}$ - SPP: AN>HC, $t = 2.21^*$ 	2 [#]
(Teixeira et al., 2016)*	A	575	COMT	15.77	100%	CAPS -Total -SOP -SPP	CDRS ChEAT BMI	<u>Correlation</u> <ul style="list-style-type: none"> - CAPS-Total/BMI = <i>NS</i> - CAPS-SOP/BMI = <i>NS</i> - CAPS-SPP/BMI = <i>NS</i> - CAPS-Total/ChEAT: $r = 0.235^{***}$ - CAPS-SOP/ChEAT: $r = 0.211^{***}$ - CAPS-SPP/ChEAT: $r = 0.175^{***}$ - CAPS-Total/CDRS: $r = 0.140^{***}$ - CAPS-SOP/CDRS: $r = 0.111^*$ - CAPS-SPP/CDRS: $r = 0.123^*$ <u>ANOVA</u> <i>High vs Moderate vs Low Perfectionism</i> <ul style="list-style-type: none"> - CAPS-Total/BMI: $F = 0.170$ (NS) - CAPS-Total/ChEAT: $F = 13.232^{***}$, High>Moderate>Low 	2 [#]

								<ul style="list-style-type: none"> - CAPS-Total/CDRS: $F = 5.086^{**}$, High>Low,Moderate - CAPS-SPP/BMI: <i>NR</i> - CAPS-SPP/ChEAT: $F = 4.812^{*}$, Low< Moderate, High - CAPS-SPP/CDRS: $F = 3.438^{*}$, High> Low, Moderate - CAPS-SOP/BMI: $F = 0.174$ (NS) - CAPS-SOP/ChEAT: $F = 8.611^{***}$, High>Low - CAPS-SOP/CDRS: $F = 1.828$ (NS) 	
(Turgeon et al., 2015)*	A	430	COMT	M:7.6(0.9) G:7.4(0.9)	71%	EPPN-PPOS EPPN-PNOS	ChEAT-F	<u>EPPN-PPOS/ChEAT-F:</u> <i>NR</i> <u>EPPN-PNOS/ChEAT-F:</u> $= 0,33^{***}$	4 [#]
(Arcelus et al., 2015)*	A	281	COMT	15.28	100%	FMPS-CM FMPS-PS	BMI BSQ-BD EAT-26-DTG EAT-26-BN EAT-26-OC	<u>Pearson's correlation:</u> <ul style="list-style-type: none"> - FMPS-CM/BSQ-BD: $r=0.64^{**}$ - FMPS-CM/EAT-26-DTG: $r=0.58^{**}$ - FMPS-CM/EAT-26-BN: $r=0.44^{**}$ - FMPS-CM/EAT-26-OC: $r=0.22^{**}$ - FMPS-PS/BSQ-BD: $r=0.43^{**}$ - FMPS-PS/EAT-26-DTG: $r=0.46^{**}$ 	3 [#]

								<ul style="list-style-type: none"> - FMPS-PS/EAT-26-BN: $r=0.33^{**}$ - FMPS-PS/ EAT-26-OC: $r=0.56^{**}$ 	
(Francisco et al., 2015)*	A	455	COMT	13.28	51.21%	EDI-II-P	CDRS EAT-26 BMI SATAQ -R -ITI	<u>Corrélation</u> <i>Spain</i> <ul style="list-style-type: none"> - EDI-2-P/BMI: $r= 0.05$ (NS) - EDI-2-P/EAT-26: $r= 0.14$ (NS) - EDI-2-P/CDRS: $r= 0.08$ (NS) - EDI-2-P/SATAQ-ITI: $r= 0.09$ (NS) <i>Portugal</i> <ul style="list-style-type: none"> - EDI-2-P/BMI: $r= 0.03$ (NS) - EDI-2-P/EAT-26: $r= - 0.03$ (NS) - EDI-2-P/CDRS: $r= - 0.07$ (NS) - EDI-2-P/SATAQ-ITI: $r= -0.02$ (NS) 	5 [#]
(Gutierrez et al., 2015)*	A	448	COMT	13.4	51.79%	EDI-3-P	EAT-26 SATAQ -R CDRS SCOFF	<u>Multiple Linear Regression Model</u> <ul style="list-style-type: none"> - EDI-3-P/EAT-26: $\beta= 0.15^{***}$ - EDI-3-P/SCOFF: $\beta= 0.12^{**}$ - EDI-3-P/SATAQ-R: NR - EDI-3-P/CDRS: NR 	4 [#]
(Sehm & Warschburger, 2015)	A	1039	COMT	14.37	50.3%	EDI-C-P	ChEDE-Q -BE	<u>multinomial logistic regression analysis</u> <i>BE vs HC groups</i>	6 [#]

							-RT -WSC SATAQ	- OR = 1.24, [0.92-1.66] 95% CI (NS)	
(Wade & O'Shea, 2015)	B	699	COMT (twins)	12.70	100%	FMPS-PS	EDE	<u>ANOVA</u> <i>No-ED vs AN vs A-AN vs RED</i> FMPS-PS(T2): F(607.63) = 11.85***	6 ^{##}
(Wade et al., 2015)*	B	926	COMT	13.00	100%	FMPS-CM FMPS-PS	EDE-Q- WSC EDE-Q- WSI EDI- -IN -EDR	<u>Pearson's correlation:</u> - FMPS-CM/EDE-Q-WSI (Baseline): r = 0.46*** - FMPS-CM/EDI-IN(Baseline): r = 0.49*** - FMPS-CM/EDI-EDR(Baseline): r = 0.47*** - FMPS-PS/EDE-Q-WSI (Baseline): r = 0.09*** - FMPS-PS/EDI-IN(Baseline): r = -0.02 - FMPS-PS/EDI-EDR (Baseline): r = 0.08***	4 ^{##}
(Formby et al., 2014)	A	104	C	14.9	93%	EDI-III-P	EDE global EDI-III- DT EDI-III- BD EDI-III- Bu	<u>EDI-III-P/EDE</u> NR <u>EDI-III-P/EDI-III-DT</u> NR <u>EDI-III-P/EDI-III-BD</u> NR <u>EDI-III-P/EDI-III-Bu</u> NR	5 [#]

(Fortes et al., 2014)*	A	368	COMT	13.8(0.83)	0%	MPS	EAT-26-total EAT-26-Diet EAT-26-Bu EAT-26-Oral	<u>Logistic Regression</u> Association between high trait perf and high ED symptoms ($X^2 = 15.87$, Wald = 15.04, $p = 0.001$) <u>Odd Ratio</u> Odds of high ED if high perf = 1.92 (95% CI [1.49-5.71]) <u>MANCOVA</u> <i>High Perf</i> Diet = 5.14 (1.11) Low Perf Diet = 4.92 (0.82) <i>High Perf</i> Bu = 5.14 (1.11) Low Perf Bu = 4.92 (0.82) <i>High Perf</i> Oral = 5.14 (1.11) Low Perf Oral = 4.92 (0.82)	5 [#]
(Goodwin et al., 2014)	B	369	COMT	T1:12.89(0.69) T2:14.84(0.67)	60%	CAPS-SOP CAPS-SPP	EDI-II-DT EDI-II-BD EDI-II-Bu	<u>CAPS-SOP/EDI-II-DT</u> = NR <u>CAPS-SOP/EDI-II-BD</u> = NR <u>CAPS-SOP/EDI-II-Bu</u> = NR <u>CAPS-SPP/EDI-II-DT</u> = NR <u>CAPS-SPP/EDI-II-BD</u> = NR	4 ^{##}

								<u>CAPS-SPP/EDI-II-Bu = NR</u>	
(Boone, Claes, et al., 2014)*	A	460	COMT	14.20	70%	FMPS-PS FMPS-EC	EDE-Q-WC EDE-Q-SC EDE-Q-RT EDE-Q-EAC	<u>Pearson's correlation:</u> - FMPS -PS/ EDE-Q-RT: $r=0.17^{***}$ - FMPS -PS/ EDE-Q-EAC: $r=0.19^{***}$ - FMPS -PS/ EDE-Q-WC: $r=0.15^{**}$ - FMPS-PS /EDE-Q-SC: $r=0.14^{**}$ - FMPS -EC/ EDE-Q-RT: $r=0.28^{***}$ - FMPS -EC/ EDE-Q-EAC: $r=0.34^{***}$ - FMPS EC/ EDE-Q-WC: $r=0.28^{***}$ - FMPS -EC/ EDE-Q-SC: $r=0.29^{***}$	3 [#]
(Boone, Soenens, et al., 2014)*	B	455	COMT	13.25	70%	FMPS-PS FMPS-EC	BMI EDE-Q-WSC EDI-II-DT EDI-II-BD EDI-II-BN	<u>Pearson's correlation:</u> - FMPS-PS/EDE-Q-WSC (Baseline): $r = .29^{***}$ - FMPS-PS/EDI-II-DT (Baseline): $r = .18^{***}$ - FMPS-PS/EDI-II-BD (Baseline): $r = .09^*$ - FMPS-PS/EDI-II-BN (Baseline): $r = .11^*$ - FMPS-EC/EDE-Q-WSC (Baseline): $r = .45^{***}$ - FMPS-EC/EDI-II-DT (Baseline): $r = .39^{***}$	5 ^{##}

								<ul style="list-style-type: none"> - FMPS-EC/EDI-II-BD (Baseline): $r = .40^{***}$ - FMPS-EC/EDI-II-BN (Baseline): $r = .45^{***}$ 	
(Boone, Vansteenkiste, et al., 2014) *	B	566	COMT	13.30	72%	FMPS-EC	BMI EDI-II-BN	<u>Pearson correlation:</u> <ul style="list-style-type: none"> - FMPS-EC/EDI-II-BN (Baseline): $r = 0.39^{***}$ - FMPS-EC/BMI (Baseline): $r = -0.03$ (NS) - FMPS-EC/EDI-II-BN (6 months): $r = 0.37^{***}$ - FMPS-EC/EDI-II-BN (12 months): $r = 0.31^{***}$ 	4 ^{##}
(Fairweather-Schmidt & Wade, 2014)	B	699	COMT (twins)	12.70	100%	FMPS-COM	EDE	<u>ANOVA</u> <i>No-ED (T2-T3) vs ED (T2-T3) vs OSFED (T2-T3)</i> FMPS-COM(T1): $F(650,44) = 1.12$ (NS)	4 ^{##}
(Lyman & Luthar, 2014)*	A	299	COMT (Academically gifted) High SES vs Low SES	11th--12th graders	56.87%	PSS -Non-Display -Non-Disclosure	EDI-BD	<u>Correlation</u> <i>High SES</i> <ul style="list-style-type: none"> - PSS-Non-Display/EDI-BD: $r = 0.16$ (NS) - PSS-Non-Disclosure/EDI-BD: $r = 0.17$ (NS) <i>Low SES</i> <ul style="list-style-type: none"> - PSS-Non-Display/EDI-BD: $r = 0.24^*$ 	4 [#]

								- PSS-Non-Disclosure/EDI-BD - $r = 0.30^{**}$	
(Upadhyah et al., 2014)	A	120	COMT	Group I: 15.05 ± 0.86 Group 2: 14.70 ± 0.56	100%	Not validated Semi-structured questionnaire of factors associated with ED - perfectionism subscale	EAT-26	<u>Group I (EAT Score ≥ 20) (n = 32)</u> mean (sd): 3.97 ± 0.86 ; score 79.4 <u>Group II (EAT Score < 20) (n=88)</u> mean (sd): 1.95 ± 0.95 39.1	3 [#]
(Pellicciari et al., 2012)	A	78	C (AN, BN, EDNOS)	15.40	100%	SAFA P EDI-2 P	SAFA P EDI-2	<u>EDI-II-P/SAFA=</u> NR	4 [#]
(Boone et al., 2012)*	A	275	COMT	16.51	50.2%	FMPS-PS FMPS-CM	BMI EDI-II-BN EDI-II-BD EDI-II-DT	<u>Pearson correlation:</u> <i>Perfectionism trait</i> - FMPS-PS/EDI-II-BN: $r=0.09$ (NS) - FMPS-PS/EDI-II-BD: $r=0.12$ (NS) - FMPS-PS/EDI-II-DT: $r=0.19^*$ - FMPS-PS/BMI: $r=0.01$ (NS) - FMPS-CM/EDI-II-BN: $r=0.20^{***}$ - FMPS-CM/EDI-II-BD: $r=0.23^{***}$ - FMPS-CM/EDI-II-DT: $r=0.23^{***}$ - FMPS-CM/BMI: $r = -0.09$ (NS) <i>Perfectionism daily fluctuations</i>	4 [#]

								<ul style="list-style-type: none"> - FMPS-PS/EDI-II-BN: $r=0.12^*$ - FMPS-PS/EDI-II-BD: $r=0.01$ (NS) - FMPS-PS/EDI-II-DT: $r=0.06$ - FMPS-PS/BMI: $r=-0.07$ (NS) - FMPS-CM/EDI-II-BN: $r=0.27^{***}$ - FMPS-CM/EDI-II-BD: $r=0.25^{***}$ - FMPS-CM/EDI-II-DT: $r=0.23^{***}$ - FMPS-CM/BMI: $r=-0.05$ 	
(Buhren et al., 2012)*	B	28 27	C(AN) COMT	15.6 15.0	100% 100%	EDI-II-P	SIAB-EX	<u>T-Test</u> <i>AN vs HC</i> <ul style="list-style-type: none"> - EDI-II-P (T0) : $18.0(5.9) = 14.3(3.8)$ (NS) $p = 0.059$ 	6 ^{##}
(Ferreiro et al., 2012)	B	942	COMT	10.8	49%	EDI-II-P	BMI ChEAT EDI-II-BD	<u>Correlation</u> <i>Girls</i> <ul style="list-style-type: none"> - EDI-II-P(T1)/ChEAT(T3): $r = 0.24^*$ - EDI-II-P(T2)/ChEAT(T3): $r = 0.10^*$ <i>Boys</i> <ul style="list-style-type: none"> - EDI-II-P(T1)/ChEAT(T3): $r = 0.17^*$ - EDI-II-P(T2)/ChEAT(T3): $r = 0.24^*$ 	6 ^{##}

								<u>hierarchical multiple regression analyses</u> - EDI-II-P(T1) predictors of ChEAT(T3) - <i>Girls</i> $\beta = 0.14^{**}$ - <i>Boys</i> (NS) EDI-II-P(T2) predictors of ChEAT(T3) - <i>Girls</i> (NS) - <i>Boys</i> (NS)	
(Wojtowicz & von Ranson, 2012)	B	393	COMT	15.8	100%	CAPS	BMI TREI SDBPS	<u>Correlation</u> - CAPS(T1)/BMI(T1): $r = 0.07$ (NS) - CAPS(T1)/TREI(T1): $r = 0.23^{**}$ - CAPS(T1)/SDBPS(T1): $r = 0.19^{**}$ - CAPS(T1)/SDBPS(T2): $r = 0.15^{**}$ <u>T-test</u> <i>Baseline BD vs Baseline No-BD</i> CAPS BD>No-BD: $t = 2.24^*$, $d = 0.34$ <u>hierarchical regression models</u> CAPS/Increase in BD from T1 to T2: $\beta = 0.033$ (NS), $r = 0.03$	5 ^{##}

(Turgeon et al., 2011)*	A	43	COMT (chEAT>20)	9.37	65%	EPPN	ChEAT	<u>Correlation</u> EPPN/ChEAT = 0.004	3 [#]
(Boone et al., 2011)*	B	559	COMT	13.9	59%	FMPS-PS FMPS-EC	BMI PSPS- PPBT ITI EDI-II- BN EDI-II- BD	<u>Pearson correlation:</u> - FMPS-PS/BMI (Baseline): $r=0.02$ (NS) - FMPS-PS/EDI-II-BN (Baseline): $r=0.11^*$ - FMPS-PS/EDI-II-BD (Baseline): $r=0.00$ (NS) - FMPS-EC/BMI (Baseline): $r=0.12^*$ - FMPS-EC/EDI-II-BN (Baseline): $r=0.29^{**}$ - FMPS-EC/EDI-II-BD (Baseline): $r=0.19^{**}$	6 ^{##}
(Dour & Theran, 2011)*	A	161	COMT	12.8	54%	APS-R -D	EAT-26	<u>Correlation</u> APS-R-D/EAT-26 $r=0.30^{**}$	3 [#]
(Goodwin et al., 2011)	A	1488	COMT	12.98	54.1%	CAPS-SOP CAPS-SPP	BMI EDI-II- DT EDI-II- BN EDI-II- BD	<u>Multiple stepwise regression:</u> <i>Boys</i> - CAPS-SOP predicts Compulsive exercise test (CET): $\beta = 0.27$, $T=6.64^{***}$ <i>Girls</i> - CAPS-SOP predicts CET: $\beta = 0.31$, $T =$ 8.77^{***}	3 [#]
(Nordin-Bates et al., 2011)*	A	347	COMT (Dancers)	14.43	75.43%	PI -CP	EAT-26	<u>Correlation</u> <i>Girls</i>	3 [#]

						-SEP		<ul style="list-style-type: none"> - PI-CP/EAT-26: $r=0.27^{**}$ - PI-SEP/EAT-26: $r=0.42^{**}$ <p><i>Boys</i></p> <ul style="list-style-type: none"> - PI-CP/EAT-26: $r=0.24^*$ - PI-SEP/EAT-26: $r=0.31^*$ 	
(Fan et al., 2010)	A	3544	COMT	15.6 \pm 0.7	60%	EDI-3: Perf	EDI-3: DT BD Bu	<u>NR (focus on BMI)</u>	7 [#]
(Bachar et al., 2010)	B	1057	COMT	14.02	100%	HMPS	EAT-26 EDFHI	<u>T-test</u> ED vs Non-ED <i>Seventh Grade group</i> HMPS: $t = -0.59$ (NS) <i>Ninth Grade group</i> HMPS: $t = 0.56$ (NS)	5 ^{##}
(Bento et al., 2010)	A	997	COMT	16.88	55.8%	CAPS -Total -SOP -SPP	EAT-25 -DT -BRB -SPE	<u>One-Way ANOVA</u> Low vs Medium vs High Perf <u>Girls</u> <ul style="list-style-type: none"> - CAPS-Total/EAT-25-Total: $F(551) = 30.107^{***}$, High>Medium>Low - CAPS-Total/EAT-25-DT: $F(551) = 28.385^{***}$, High>Medium>Low - CAPS-Total/EAT-25-BRB: $F(551) =$ 	4 [#]

								<p>26.593***, High>Medium, Low</p> <ul style="list-style-type: none"> - CAPS-Total/EAT-25-SPE: F(551) = 2.477 (NS) - CAPS-SPP/EAT-25-Total: F(552) = 21.728***, High>Medium>Low - CAPS-SPP/EAT-25-DT: F(552) = 17.992***, High>Medium>Low - CAPS-SPP/EAT-25-BRB: F(552) = 17.992***, High>Medium, Low - CAPS-SPP/EAT-25-SPE: F(552) = 1.176(NS) - CAPS-SOP/EAT-25-Total: F(551) = 16.806***, High>Medium>Low - CAPS-SOP/EAT-25-DT: F(551) = 14.612***, High>Medium,Low - CAPS-SOP/EAT-25-BRB: F(551) = 17.671***, High>Medium> Low - CAPS-SOP/EAT-25-SPE: F(551) = 3.158(NS) <p><u>Boys</u></p>	
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								<ul style="list-style-type: none"> - CAPS-Total/EAT-25- Total: F(430) = 6.73**, High>Medium, Low - CAPS-Total/EAT-25- DT: F(430) = 7.074**, High>Medium, Low - CAPS-Total/EAT-25- BRB: F(430) = 0.108 (NS) - CAPS-Total/EAT-25- SPE: F(430) = 2.089 (NS) - CAPS-SPP/EAT-25- Total: F(431) = 11.856**, High>Medium, Low - CAPS-SPP/EAT-25- DT: F(431) = 12.298***, High>Medium, Low - CAPS-SPP/EAT-25- BRB: F(431) = 2.541 (NS) - CAPS-SPP/EAT-25- SPE: F(431) = 1.997 (NS) - CAPS-SOP/EAT-25- Total: F(430) = 8.768***, High>Medium - CAPS-SOP/EAT-25- DT: F(430) = 7.232**, High>Medium 	
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								<ul style="list-style-type: none"> - CAPS-SOP/EAT-25-BRB: $F(430) = 3.94$ (NS) - CAPS-SOP/EAT-25-SPE: $F(430) = 3.426$ (NS) 	
(Boone et al., 2010)	A	656	COMT	13.9	58.5%	FMPS-PS FMPS-EC	BMI EDE-Q-RT EDE-Q-WC EDE-Q-SC EDE-Q-EAC	<u>Pearson correlation:</u> <ul style="list-style-type: none"> - FMPS-PS/EDE-Q-RT: $r=0.22^{***}$ - FMPS-PS/EDE-Q-WC: $r=0.15^{***}$ - FMPS-PS/EDE-Q-SC: $r=0.16^{***}$ - FMPS-PS/EDE-Q-EAC: $r=0.25^{***}$ - FMPS-EC/EDE-Q-RT: $r=0.37^{***}$ - FMPS-EC/EDE-Q-WC: $r=0.33^{***}$ - FMPS-EC/EDE-Q-SC: $r=0.34^{***}$ - FMPS-EC/EDE-Q-EAC: $r=0.44^{***}$ <u>Multiple regressions</u> <ul style="list-style-type: none"> - FMPS-PS/EDE-Q-RT: $\beta = 0.01$ - FMPS-PS/EDE-Q-EAC: $\beta = -0.02$ - FMPS-PS/EDE-Q-WC: $\beta = -0.04$ - FMPS-PS/EDE-Q-SC: $\beta = -0.04$ - FMPS-EC/EDE-Q-RT: $\beta = 0.35^{***}$ - FMPS-EC/EDE-Q-EAC: $\beta = 0.45^{***}$ 	4 [#]

								<ul style="list-style-type: none"> - FMPS-EC/EDE-Q-WC: $\beta = 0.35^{***}$ - FMPS-EC/EDE-Q-SC: $\beta = 0.37^{***}$ 	
(Chen et al., 2010)*	A	883	COMT	NR	48.81%	EDI-P	BMI CDRS MBSRQ -AE SATAQ -AWA SATAQ -GI	<u>Pearson correlation:</u> <i>Boys</i> <ul style="list-style-type: none"> - EDI-P/BMI: $r = 0.09$ (NS) - EDI-P/CDRS: $r = 0.03$ (NS) - EDI-P/MBSRQ-AE: $r = 0.07$ (NS) - EDI-P/SATAQ-AWA: $r = 0.14^{**}$ - EDI-P/SATAQ-ITI: $r = 0.12^*$ <i>Girls</i> <ul style="list-style-type: none"> - EDI-P/BMI: $r = -0.03$ (NS) - EDI-P/CDRS: $r = 0.02$ (NS) - EDI-P/MBSRQ-AE: $r = 0.08$ (NS) - EDI-P/SATAQ-AWA: $r = 0.25^{**}$ - EDI-P/SATAQ-ITI: $r = 0.21^{**}$ 	5 [#]
(Phillips et al., 2010)	A	32	C (AN, EDNOS)	15.72	100%	CAPS (global score) CAPS-SPP CAPS-SOP	DSM IV 85% of IBW	<u>Cox Regression</u> <ul style="list-style-type: none"> - CAPS (global score) /85% of IBW: Odd Ratio = 0.63* - CAPS-SPP/85% of IBW: Odd Ratio = 0.84 (NS) 	5 [#]

								- CAPS-SOP/85% of IBW: Odd Ratio =0.72 (NS)	
(Westerberg et al., 2010)	B	516	COMT	NR	100%	EDI-C-P	BMI ChEAT (global score) ChEAT-DTG ChEAT-BN ChEAT-OC	<u>Pearson correlation:</u> - EDI-C-P(baseline)/ChEAT (global score, Year 8): $r = 0.19^*$ <u>Multiple regression</u> - EDI-C-P(baseline)/ChEAT (global score, Year 8): $\beta = 0.15$ (NS)	4 ^{##}
(Wilksch & Wade, 2010)	B	699	COMT (twins)	13.96	100%	FMPS-COM	EDE-WSC	<u>Correlation</u> - FMPS-COM(T1)/EDE-WSC(T1): $r = 0.279^{**}$ <u>Multivariate analysis</u> <u>Univariate Predictors</u> <i>Controlled for EDE-WSC(T1)</i> EDE-WSC(T2)/FMPS-COM(T1) REML = .06 [.05, .16] (NS)	6 ^{##}
(Canals et al., 2009)	B	T1:258 T2:200 (113 at risk)	COMT (at risk or controls)	T1: NR T2: boys M = 13.78 and girls M = 13.79	T1:52% T2:54%	EDI-2	chEAT	<u>NR: only cross-generational findings (mother BD vis-a-vis daughter BD for example)</u>	8 ^{##}

(Custers & Van den Bulck, 2009)*	A	711	COMT	13.7	54.9%	EDI-P	BMI EDI-DT SDQ-PAA	<u>Pearson correlation:</u> <ul style="list-style-type: none"> - EDI-P/visiting pro-ana sites: $r=0.194^{***}$ - EDI-P/EDI-DT: $r=0.260^{***}$ - EDI-P/BMI: $r=0.098$ (NS) - EDI-P/SDQ-PAA: $r=-0.084$ (NS) 	4 [#]
(Gustafsson et al., 2009)	B	429	COMT	13.6	100%	EDI-C-PS	ChEAT (Swedish)	<u>ANOVA</u> Disturbed Eating vs Intermediate Eating Concern vs Healthy Eating Attitudes EDI-C-PS $F = 2.7$ (NS)	4 ^{##}
(Gustafsson et al., 2008)*	B	205	COMT	16.8	100%	EDI-C-SOP (3 items)	ChEAT (Swedish)	<u>3 groups:</u> <ul style="list-style-type: none"> - DE : - PS : psychosocial problems reported by parents - SF : healthy eating attitudes/behaviour and no reported psychosocial problems Item 1 “I hate being less than best at things”: SF ($M = 0.3$ (0.66)) = PS ($M = 0.3$ (0.80)) < DE ($M = 0.9$ (1.14)) avec F (df2) = 10.9 et $p < .001$. Item 2 “I feel I must be the best,	4 ^{##}

								<p>or not do anything at all”: SF (M = 0.1 (0.37)) = PS (M = 0.2 (0.62)) < DE (M= 0.6 (0.95)), avec F(df=2) = 11.3 et p=0.001.</p> <p>Item 3 “I want to do very well at things: PS (M = 1.1 (1.05)) < DE (M = 1.8 (1.14)), avec F = 6.5 et p = 0.002.</p> <p>EDI-C-SOP/ ChEAT: NR</p>	
(Wilksch et al., 2008)	B	138	COMT	15.00	100%	MPS-CM MPS-PS	DEBQ-RT EDEQ-WSC	<p><u>Mixed-Model Analyses of Dependent Variables (Time 1 Covariate) by Time (2), Risk Status (2), and Group (3):</u></p> <ul style="list-style-type: none"> - EDEQ- WSC (postprogramm): High risk in perfectionism (n= 15, M=2.22(0.32)) et Low risk in perfectionism (n=26, M=2.78 (0.21)). - MPS-CM/ DEBQ-RT: NR - MPS-PS/DEBQ-RT: NR - MPS-CM/ EDEQ-WSC: NR - MPS-PS/ EDEQ-WSC: NR 	5 ^{##}

(Westerberg et al., 2008)	B	567	COMT	NR	100%	EDI-C-P	BMI ChEAT (global score) ChEAT-DTG ChEAT-BN ChEAT-OC	<u>Pearson correlation:</u> - EDI-C-P(baseline)/ChEAT (global score, Year 3): $r=0.26^{***}$ <u>Multiple regression</u> - EDI-C-P(baseline)/ChEAT (global score, Year 3): $\beta = 0.11$ (NS)	5 ^{##}
(Nilsson et al., 2008)	B	68	C (AN)	15.00	100%	EDI-SOP EDI-SPP	DSM III DSM IV EDI (global score)	<u>Kruskal–Wallis test (post hoc Mann–Whitney U Test)</u> - EDI-P (8 years later): Long term recovered < almost long term recovered, newly recovered, not recovered*** - EDI-P (16 years later): Long term recovered < almost long term recovered, newly recovered, not recovered*** - EDI-SOP (8 years later): Long term recovered < not recovered*** - EDI-SOP (16 years later): No group difference, $p=0.045$ - EDI-SPP (8 years later): Long term recovered < newly recovered**	4 ^{##}

								- EDI-SPP (16 years later): Long term recovered < newly recovered***	
(Castro-Fornieles et al., 2007)*	A	321	C (AN, BN) COMT	16.6	100%	CAPS-SPP CAPS-SOP	EDI-2 EAT	<u>ED group, AN+BN, n = 108:</u> - CAPS total score/EDI-2 = $r=0.49^{**}$ - CAPS-SOP/EDI-2: $r=0.43^{**}$ - CAPS-SPP/EDI-2: $r=0.40^{**}$ <u>Healthy controls group, n=213:</u> - CAPS total score/EDI-2 () = $r=0.43^{**}$ - CAPS-SOP/EDI-2: $r=0.32^{**}$ - CAPS-SPP/EDI-2: $r=0.42^{**}$	5 [#]
(Kirsh et al., 2007)*	A	75	COMT C (EDs)	12.78	100%	CAPS-SPP CAPS-SOP	DSM-IV DICA-R BMI ChEAT (Global score)	<u>MANOVA</u> - CAPS-SOP: C > High ChEAT > Low ChEAT* - CAPS-SPP: No significant group difference	4 [#]
(Eddy et al., 2007)*	A	122	C (BED)	11.49	56%	EDI-II-P	ChEDE (global score) ChEDE-WC ChEDE-SC	<u>Pearson correlation:</u> - EDI-II-P/ChEDE-WC: $r= -0.17$ (NS) - EDI-II-P/ChEDE-SC: $r= -0.16$ (NS) - EDI-II-P/BMS-BE: $r= -0.12$ (NS)	6 [#]

							ChEDE- DR ChEDE- EAC BMS- BE SATAQ -ITI	- EDI-II-P/SATAQ- ITI: $r = -0.30^{***}$	
(Serpell et al., 2006)*	A	49	C (AN)	15.2	94%	HMPS-SOP HMPS-SPP HMPS-OOP	ChEDE (global score) ChEDE- RT ChEDE- EAC ChEDE- WC ChEDE- SC	<u>Pearson correlation:</u> - HMPS- SOP/ChEDE(global score): $r=0.243$ (NS) - HMPS- OOP/ChEDE(global score): $r= -0.081$ (NS) - HMPS- SPP/ChEDE(global score): $r=0.214$ (NS) - HMPS-SOP/ChEDE- RT: $r= 0.264$ (NS) - HMPS-OOP/ChEDE- RT: $r= 0.008$ (NS) - HMPS-SPP/ChEDE- RT: $r=0.229$ (NS) - HMPS-SOP/ChEDE- EAC: $r= -0.005$ (NS) - HMPS-OOP/ChEDE- EAC: $r= -0.122$ (NS) - HMPS-SPP/ChEDE- EAC: $r= -0.101$ (NS) - HMPS-SOP/ChEDE- WC: $r=0.222$ (NS) - HMPS-OOP/ChEDE- WC: $r= -0.106$ (NS) - HMPS-SPP/ChEDE- WC: $r=0.294$ (NS)	4 [#]

								<ul style="list-style-type: none"> - HMPS-SOP/ChEDE-SC: $r=0.203$ (NS) - HMPS-OOP/ChEDE-SC: $r=-0.051$ (NS) - HMPS-SPP/ChEDE-SC: $r=0.246$ (NS) 	
(Nilsson & Hägglöf, 2005)	B	68	C (AN)	15.0	100%	EDI-P	BMI EDI (Global score) EDI-DT EDI-BN EDI-BD EDI-IN EDI-ID EDI-IA EDI-MF EDI-ASC EDI-IR EDI-INS	<u>Wilcoxon signed-ranks test:</u> AN: EDI-P: 96 months > 192 months (NS)	7 ^{##}
(Franko et al., 2004)	B	2379	COMT	9.5	100%	EDI-C-P	EDI-C-DT EDI-C-B EDI-C-BD EDI-C-I EDI-C-P EDI-C-ID EDI-C-IA EDI-C-MF	A principal components analysis (PCA) using oblique rotation (promax). The analysis was restricted to eight factors, based on the original eight EDI subscales. Loadings greater than 0.35 were considered meaningful or significant. <ul style="list-style-type: none"> - EDI-C-P/EDI-C-DT: NR - EDI-C-P/ EDI-C-B: NR - EDI-C-P/ EDI-C-BD: NR 	4 ^{##}

								<ul style="list-style-type: none"> - EDI-C-P/ EDI-C-I: NR - EDI-C-P/ EDI-C-P: NR - EDI-C-P/ EDI-C-ID: NR - EDI-C-P/ EDI-C-IA: NR - EDI-C-P/ EDI-C-MF: NR 	
(McVey et al., 2004)*	B	258	COMT	11.18	100%	CAPS-SPP CAPS-SOP	SIQYA-BDS ChEAT	ANOVA (Group (intervention and control) by time (baseline, postintervention, 6-month, and 12-month follow-up): The intervention was successful in improving body image satisfaction and global self-esteem and in reducing dieting attitude scores at postintervention only.	3 ^{##}
(Castro et al., 2004)*	A	184	COMT C (AN)	14.95	100%	CAPS-SPP CAPS-SOP PSS	DSM IV EAT-40	<u>t test:</u> <ul style="list-style-type: none"> - CAPS-SOP: AN>HC*** - CAPS-SPP: No difference between AN and HC (NS) - PSS: AN>HC*** <u>Pearson correlation:</u> AN <ul style="list-style-type: none"> - CAPS-SPP/EAT-40: r = 0.24* - CAPS-SOP/EAT-40: r = 0.32** 	3 [#]

								- PSS/EAT-40: $r = 0.38^{**}$	
(McCabe & Vincent, 2003)*	A	306 girls 297 boys	COMT	13.66 13.89	50.75%	EDI-P	BMI BULIT-R -BE -EWL -BUS	<u>Standard Multiple Regression</u> <i>Girls</i> <ul style="list-style-type: none"> - EDI-P/BULIT-R-EWL: NS - EDI-P/BULIT-R-BUS: NS - EDI-P/BULIT-R-BE: NS <i>Boys</i> <ul style="list-style-type: none"> - EDI-P/BULIT-R-EWL: NS - EDI-P/BULIT-R-BUS: NS - EDI-P/BULIT-R-BE: $\beta = 0.13, sr^2 = 0.02$ 	3 [#]
(Shaw et al., 2004)*	B	496	COMT	13.0	100%	EDI-P	SDBPS EDE	<u>Correlation</u> <ul style="list-style-type: none"> - EDI-P(T3)/SDBPS (T3) : $r = 0.08$ (NS) - EDI-P(T3)/EDE (T3) : $r = 0.12^*$ - EDI-P(T3)/EDE (T4) : $r = 0.03$ (NS) <u>Hierarchical regression models</u> Predicting increase in EDE over a year (T3, T4) EDI-P, $B = -0.008, r = -0.02$ (NS)	4 ^{##}
(Wiseman et al., 2004)	B	188	COMT	15.5		EDI-P	EDI-DT EDI-BD EDI-ID	ANOVA, all analyses were conducted separately by country (Italy and USA).	5 ^{##}

							EDI-IA EDI-MF TFEQ	For the Italian group, there were significant effects for DT for time ($F(1,116)=28.17$, $p<.0001$), as well as a time \times intervention interaction ($F(1,116)=5.88$, $p=.017$). Italian subjects in the intervention condition showed a significant decrease in DT from the baseline to post-intervention. - EDI-DT/ EDI-P : NR - EDI-BD/ EDI-P : NR - EDI-ID/ EDI-P : NR - EDI-IA/ EDI-P : NR - EDI-MF/ EDI-P : NR - TFEQ/ EDI-P : NR	
(Leung et al., 2004)	A	2256	COMT	NR	100%	EDI-P	EDI-DT EDI-B EDI-BD EDI-I EDI-ID EDI-IA EDI-MF	Psychometric properties of the EDI among Chinese adolescent girls in Hong Kong. - EDI-DT/EDI-P: NR - EDI-B/EDI-P: NR - EDI-BD/EDI-P: NR - EDI-I/EDI-P: NR - EDI-ID/EDI-P: NR - EDI-IA/EDI-P: NR - EDI-MF/EDI-P: NR	3 [#]
(Ruggiero et al., 2003)*	A	42	COMT	NR	100%	FMPS-CM FMPS-PS FMPS-PE FMPS-PC	BMI EDI-I- DT EDI-I- BD	<u>Linear regression analysis:</u> <i>Average Day</i> - FMPS-CM/EDI-I-DT: $\beta=0.362$ (NS)	4 [#]

								<ul style="list-style-type: none"> - FMPS-PS/EDI-I-DT: $\beta = -0.035$ (NS) - FMPS-PE/EDI-I-DT: $\beta = -0.133$ (NS) - FMPS-PC/EDI-I-DT: $\beta = 0.380^*$ - FMPS-CM/EDI-I-BD: $\beta = 0.458^{**}$ - FMPS-PS/EDI-I-BD: $\beta = -0.116$ (NS) - FMPS-PE/EDI-I-BD: $\beta = -0.071$ (NS) - FMPS-PC/EDI-I-BD: $\beta = 0.421^{**}$ <p><i>Exam Day</i></p> <ul style="list-style-type: none"> - FMPS-CM/EDI-I-DT: $\beta = 0.323$ (NS) - FMPS-PS/EDI-I-DT: $\beta = -0.026$ (NS) - FMPS-PE/EDI-I-DT: $\beta = -0.038$ (NS) - FMPS-PC/EDI-I-DT: $\beta = 0.230$ (NS) - FMPS-CM/EDI-I-BD: $\beta = 0.448^{**}$ - FMPS-PS/EDI-I-BD: $\beta = -0.169$ (NS) - FMPS-PE/EDI-I-BD: $\beta = -0.044$ (NS) - FMPS-PC/EDI-I-BD: $\beta = 0.325$ (NS) <p><i>Result Day</i></p> <ul style="list-style-type: none"> - FMPS-CM/EDI-I-DT: $\beta = 0.560^{**}$ 	
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								<ul style="list-style-type: none"> - FMPS-PS/EDI-I-DT: $\beta=0.228$ (NS) - FMPS-PE/EDI-I-DT: $\beta=0.326^*$ - FMPS-PC/EDI-I-DT: $\beta=0.499^{**}$ - FMPS-CM/EDI-I-BD: $\beta=0.585^{***}$ - FMPS-PS/EDI-I-BD: $\beta= -0.076$ (NS) - FMPS-PE/EDI-I-BD: $\beta= -0.031$ - FMPS-PC/EDI-I-BD: $\beta=0.440^{**}$ 	
(Simmons et al., 2002)*	A	692	COMT	14.3	100%	EDI-P	BULIT-R TREI	<u>TREI/EDI-P :</u> <ul style="list-style-type: none"> - Seventh Grade (n=392): $r = 0.18$, NS - Tenth Grade (n=300): $r = 0.11$, NS BULIT-R/EDI-P: NR	5 [#]
(McVey et al., 2002)*	A	363	COMT	12.9	100%	CAPS -SOP -SPP	ChEAT	<u>Hierarchical Multiple Regression</u> <ul style="list-style-type: none"> - ChEAT/CAPS-SOP : $\beta= 0.18$, $T=2.90$, $SSPr = 0.02$ $p<0.01$ - ChEAT/CAPS-SPP : $\beta= -0.01$, $T= -0.13$, NS 	4 [#]
(Tyrka et al., 2002)	B	157	COMT	NR	100%	EDI-P	DSM IV SCID BMI EAT-26 (global score)	<u>Multivariate analyses</u> EDI-P(baseline)/AN syndrome (8 years): Unstandardized $\beta = 0.746^{**}$	5 ^{##}

							EAT-26-RT EAT-26-OC EAT-26-BN		
(Wade & Lowes, 2002)	A	323	COMT	14.0	100%	FMPS-CM FMPS-PE FMPS-PC	EDE-Q-WSC EDE-Q-DR EDE-Q-BN	PE, CM, and PC effect on overvalued ideas were partially mediated by self-esteem.	3 [#]
(Cassidy et al., 1999)	A	49	C (EDs, PCG)	15.6	96%	EDI-P	ICD 10	<u>MANOVA</u> <i>ED Group</i> EDI-P M= 7.00, SE = 0.94 <i>Psychiatric Control Group</i> EDI-P M=4.09, SE= 0.92 F=4.48, p < 0.05	7 [#]
(Fulkerson et al., 1999)	A	678	COMT	NR	54%	EDI-I-P	BMI RRS EDI-I-BN EDI-I-BD EDI-I-IN EDI-I-DT EDI-I-IA EDC	<u>MANOVA:</u> <i>Girl Athletes</i> EDI-I-DT: High EDI-I-P > Low EDI-I-P EDI-I-IA: High EDI-I-P > Low EDI-I-P EDI-I-BN: No group difference EDI-I-IN: No group difference EDI-I-BD: No group difference	4 [#]

								RRS: No group difference BMI: No group difference EDC: No group difference <i>Male Athletes</i> EDC: High EDI-I-P >Low EDI-I-P RRS: High EDI-I-P >Low EDI-I-P EDI-I-DT: No group difference EDI-I-IA: No group difference EDI-I-BN: No group difference EDI-I-IN: No group difference EDI-I-BD: No group difference BMI: No group difference	
(Rosenvinge et al., 1999)*	A	678	COMT	15.4	68.5%	SCANS-P	DSM-IV BMI EDI-I-DT EDI-I-BN EDI-I-BD SCANS-GD	<u>ANOVA</u> SCANS-P: No difference between ED, HC and at risk for ED ('at-risk' group consisting of subjects who were dieting, or explicitly considering dieting, as a way to handle personal problems and a slim body as the solution, without, however, satisfying any	6 [#]

								DSM-IV eating disorder criteria).	
(Pla & Toro, 1999)	B	93	COMT C (AN)	14.6	100%	EDI-P	STCPD EAT-26 EDI (global score) EDI-DT EDI-BN EDI-BD EDI-IN EDI-ID EDI-IA EDI-MF BAT (global score) IBI (global score)	<u>Pearson correlation:</u> AN: EDI-P (Baseline) /PSRS (8years): r=0.45***	6 ^{##}
(Santonastaso et al., 1999)*	B	359	C (BN)	16.1	100%	EDI-P	DSM-IV SCID BMI EAT-40 EDI (Global score) EDI-DT BAT	<u>t-test:</u> EDI-P: Non-recovery > recovery, t = 2.42*	6 ^{##}
(Striegel-Moore et al., 2000)	B	2379	COMT (Black and White)	11-16	100%	EDI-P	EDI -BD -DT -BN -IA -ID -IN	<u>ANOVA</u> With increasing age, Perfectionism scores decreased (F = 8.82, p < .0001) The same for Interpersonal Distrust and	6 ^{##}

							-MF	<p>age ($F = 19.85, p < .0001$),</p> <p>Interceptive Awareness scores decreased significantly with increasing age ($F = 14.34, p < .0001$).</p> <p>Bulimia scores decreased with increasing age in both black and white girls</p> <p>These data suggest that with increasing age, EDI scores decrease in all scales except Body Dissatisfaction, Drive for Thinness, and Ineffectiveness</p>	
(Wiederman & Pryor, 1998)*	A	110	C (AN, BN)	15.43	100%	EDI-I-P	DSED EDI-DT EDI-BN EDI-BD EDI-IN EDI-ID EDI-IA EDI-MF	<u>Pearson correlation:</u> - EDI-I-P/Diagnosis (AN and BN): $r=0.07$ (NS)	4 [#]
(Calam & Waller, 1998)	B	92	COMT	12.8	100%	SCANS-P	EAT-26 BITE -Purging - Severity	<u>Spearman correlation</u> - SCANS-P(T1)/BITE-Severity(T2) $\rho = -0.216^*$ - SCANS-P(T1)/BITE-Purging(T2)	5 ^{##}

							SCANS-GD	rho = -.172 (NS)	
(Fryer et al., 1997)*	A	286	COMT	14.70	100%	SCANS-P	SCANS-GD EAT-26	<u>Correlations</u> - SCANS-P/SCANS-GD : r= -0.27** - SCANS-P/EAT-26: NS <u>Linear regression:</u> EAT-26/SCANS-P: B=0.25, NS	3 [#]
(al-Subaie et al., 1996)	A	118	COMT	15.8	100%	EDI-P	EDI-DT EDI-BN EDI-BD EDI-IN EDI-ID EDI-IA EDI-MF	- EDI-DT/EDI-P: NR - EDI-BN/EDI-P: NR - EDI-BD/EDI-P: NR - EDI-IN/EDI-P: NR - EDI-ID/EDI-P: NR - EDI-IA/EDI-P: NR - EDI-MF/EDI-P: NR	- 5 [#]
(Tiggemann & Dyer, 1995)*	A	152	COMT	15.0	100%	EDI-C-P	EDI-I-DT EDI-I-BN EDI-I-BD EDI-I-IN EDI-I-ID EDI-I-IA EDI-I-MF RST	<u>Pearson correlation:</u> - EDI-I-P/RST: r = 0.17*	1 [#]
(Steiger et al., 1992)	A	715	COMT	14.60	100%	EDI-P	EAT-26	<u>ANOVA</u> <i>Asymptomatic (n=342)</i> - EDI-P = 2.73 (0.79)	5 [#]

								<i>Mood Disorder (n=68)</i> - EDI-P = 3.03(0.84) <i>Eating Disorder (n=34)</i> - EDI-P = 3.15(0.79) <i>Eating and Mood Disorder (n=62)</i> - EDI-P = 3.19(0.88): F(3,502) = 9.09***	
(Steiger et al., 1991)	A	715	COMT	14.60	100%	EDI-P	EAT-26	<u>ANOVA</u> <i>Restrictor (n=14):</i> EDI-P = 3.45(0.77) <i>Underweight Binger (n=10):</i> EDI-P = 2.82(0.47) <i>NormalWeight Binger (n=20):</i> EDI-P = 3.31(0.78) <i>Atypical (n=50):</i> EDI-P = 3.13(0.88) <i>Asymptomatic (n=410):</i> EDI-P = 2.78(0.81) F(4,500) = 5.80, p<0.0001	2 [#]
(Shore & Porter, 1990)	A	610	COMT	13.7	68%	EDI-P	EDI-I-DT EDI-I-BN EDI-I-BD EDI-I-IN EDI-I-ID EDI-I-IA	- EDI-I-DT/EDI-P: NR - EDI-I-BN/EDI-P: NR - EDI-I-BD/EDI-P: NR - EDI-I-IN/EDI-P: NR - EDI-I-ID/EDI-P: NR - EDI-I-IA/EDI-P: NR - EDI-I-MF/EDI-P: NR	- 5 [#]

							EDI-I-MF		
(Cole & Edelman, 1987)	A	184	COMT	15.5	100%	EDI-P	BEQ RS-RT	- EDI-P/BEQ = NR - EDI-P/RS-RT = NR	- 3 [#]
(Faust, 1987)*	A	68	COMT	13.2	100%	EDI-I-P	EDI-DT EDI-BD EDI-IA EDI-IN	<u>Pearson correlation:</u> - EDI-I-P/EDI-I-DT: r=0.23 (NS) - EDI-I-P/EDI-I-BD: r = 0.04 (NS) - EDI-I-P/EDI-I-IA: r =0.28* - EDI-I-P/EDI-I-IN: r = -0.06 (NS)	3 [#]
(Pumariega & LaBarbera, 1986)*	A	119	COMT	17.26	100%	SPP	ChEAT (total score) ChEAT-DTG	<u>Pearson correlation:</u> - SPP/ChEAT (total score): r = 0.173, p=0.06 - SPP/ChEAT-DTG: r= 0.108, NS	6 [#]

Note. *Indicates used in the meta-analysis. Studies are presented in chronological order. A = Cross-sectional studies; B = Longitudinal studies; [#] : The modified version of the Newcastle-Ottawa quality assessment scale was used for cross-sectional study (Herzog et al., 2013); ^{##} : The Newcastle-Ottawa quality assessment scale was used for longitudinal study (Wells et al., 2014). EDs: Eating disorders; Clinical = C; Community = COMT; PCG = Psychiatric Controls Group; * p < .05, ** p < .01, *** p < .001; NR = not reported; N: global score number of participants; NS = Non-significant; ○ = Study used in the quantitative study; AN = Anorexia nervosa; A-AN = Atypical Anorexia Nervosa; BN = Bulimia nervosa; RED = Restrictive and/or Exercise Disorder; SES = Socio-Economic Status; BMI = Body Mass Index. IBW = the standard provided for minimally normal body weight by the DSM-IV (American Psychiatric Association, 1994). Abbreviations for scales: **ABOS** = Anorectic Behaviour Observation Scale (Salbach-Andrae et al., 2009). **APS** = Appearance Perfectionism Scale (Srivastava, 2009). D = Discrepancy - on the **APS-R** = Almost Perfect Scale- Revised (Slaney et al., 2001). **BEQ** = Binge Eating Questionnaire (Halmi et al., 1981). AP = Appearance, AT = Attribution, WS = Weight Satisfaction - on the **BES** = Body-Esteem Scale Canadian French Version (Beaudoin et al., 2001). **BINES** = Binge Eating Scale (Gormally et al., 1982). **BITE** = Bulimic Investigatory Test (Henderson & Freeman, 1987). BE = Binge Eating - on the **BMS** = Bulimic Modeling Scale (Stice, 1998). **BSQ** = Body Shape Questionnaire (Conti et al., 2009). BE = Binge Eating, BUS = Bulimic Symptoms, EWL = Extreme Weight Loss - on the **BULIT-R** = Bulimia Test Revised (Thelen et al., 1991). **BUT** = Body Uneasiness Test (Cuzzolaro et al., 2006). SOP = Self-Oriented Perfectionism, SPP = Socially Prescribed Perfectionism - on the **CAPS** = Children and Adolescent Perfectionism Scale (Flett et al., 1992). **CDRS** = Contour Drawing Rating Scale (Thompson & Gray, 1995). OC = Oral Control, DTG = Dieting - on the **ChEAT** = Child Eating Attitudes Test (Maloney et al., 1988). **ChEAT-F** = French version of ChEAT (Sénécal unpublished dissertation, 2010). EC = Eating Concerns, SC = Shape Concerns, WC = Weight Concerns, BE = Binge Eating, WSC = Weight Shape

Concern, RT = Restraint - on the **ChEDE** = Eating Disorder Examination adapted for Children (Bryant-Waugh et al., 1996). **CH/ASRS** = Child/Adolescent Version of the Silhouette Rating Scale (Collins, 1991). **CPI** = Child Perfectionism Questionnaire (Oros, 2003). **CPQ** = Clinical Perfectionism Questionnaire (Moessner et al., 2015). **CR-EAT** = Clinical and Research Inventory for Eating Disorders. **DEBQ-RT (fr)** = Dutch Eating Behaviour Questionnaire-Restraint Scale french version (van Strien et al., 1986). **DT** = Drive for Thinness, **BRB** = Bulimic Related Behavior, **SPE** = Social Pressure to Eat - on the **EAT-25** = Eating Attitude Test portuguese short form (Pereira et al., 2008). **EAT-26** = Eating Attitude Test (Garner & Garfinkel, 1979; Garner et al., 1982). Sub 1 = Dieting, Sub 2 = Bulimia and food fixation/the indication of bulimia, Sub 3 = Perceived external pressure to lose weight/self-control over eating - on the **EAT-40** = Eating Attitudes Test (Garner & Garfinkel, 1979). **EDE** = Eating Disorder Examination (Fairburn & Cooper, 1993). **EDE-I** = Italian Eating Disorder Examination-Interview 12.0D (Calugi et al., 2015). **WSC** = Weight Shape Concern, **WC** = Weight Concern, **SC** = Shape Concern, **RT** = Restraint, **EAC** = Eating Concern, **PG** = Frequency of purging, **EX** = driven exercise - on the **EDE-Q** = Eating Disorder Examination-Questionnaire (Hilbert et al., 2007). **EDFHI** = The Eating Disorder Family History Interview (Strober, 1987). **EDI-C** = Eating Disorder Inventory for Children (Garner, 1991). **EDI-P** = Perfectionism Scale - on the **EDI-I** = Eating Disorder Inventory (Garner et al., 1983). **EDI-II** = Eating Disorders Inventory (Garner, 1991). **IA** = Interoceptive Awareness, **DT** = Drive for Thinness, **Bu** = Bulimia, **BD** = Body Dissatisfaction, **BE** = Binge Eating, **IN** = Ineffectiveness, **ID** = Interpersonal Distrust, **IA** = Interoceptive Awareness, **MF** = Maturity Fears, **ASC** = Asceticism, **IR** = Impulse Regulation, **INS** = Insecurity, **EDR** = Eating Disorder Risk - on the **EDI-III** = Eating Disorder Inventory-3 (Garner, 2004). **PPOS** = Perfectionnisme Positif Orienté vers Soi, **PNOS** = Perfectionnisme Négatif Orienté vers Soi on the **EPPN** = Echelle de Perfectionnisme Positif et Négatif (Turgeon et al., 2015). **HO** = Higher Order eating disorder factor on the **EDI-VS**: very short version of the Eating Disorder Inventory (Maiano et al., 2016), **WR** = weight reduction, **AF** = Attitude to food, **PS** = parenting style, **PA** = perception of own attractiveness on the **FAQ** = Food Attitude Questionnaire (Ziółkowska, 2001). **PS** = Personal Standards, **CM** = Concern Over Mistakes, **EC** = Evaluative Concerns, **DA** = Doubts about Actions, **PE** = Parental Expectations, **PC** = Parental Criticism and **O** = Organization - on the **FMPS** = Frost Multidimensional Perfectionism Scale (Frost et al., 1990). **OOP** = Other Oriented Perfectionism - on the **HMPS** = Hewitt & Flett Multidimensional Perfectionism Scale (Hewitt & Flett, 1991). **IBSS-R** = Ideal-Body Stereotype Scale-Revised (Stice & Agras, 1998). **ICD-10** = Classification of Mental and Behavioural Disorders (World Health Organization, 1992). **MBSRQ-AE** = Multidimensional Body-Self Relations Questionnaire-Appearance Evaluation (Thompson et al., 1999). **MPS** = Multidimensional Perfectionism Scale (Hewitt et al., 1991). **PAA** = Perceptions about appearance - on the **SDQ** = self-description questionnaire (Marsh et al., 2006). **PDQ-R** = Personality Diagnostic Questionnaire-Revised (Hyler & Reider, 1987). **CP** = Conscientious Perfectionism, **SEP** = Self-Evaluative Perfectionism - on the **PI** = The Perfectionism Inventory (Hill et al., 2004). **PPBT** = Perceived Pressure to Be Thin - on the **PSPS** = Perceived Sociocultural Pressure Scale (Stice et al., 1996). **PSRS** = Psychiatric Status Rating Scale (Herzog et al., 1993). **PSS** = Perfectionistic Self-Presentation Scale (Hewitt et al., 1995). **RT** = Restraint Scale (Herman & Mack, 1975). **RST** = Rating of silhouettes task (Fallon & Rozin, 1985). **SC** = Self-Criticism on the **SASB** = Structural Analysis of Social Behaviour (Benjamin, 2000). **ITI** = Internalization of the Thin Ideal, **AWA** = Awareness, **MP** = Media Pressure - on the **SATAQ-3** = Sociocultural Attitudes Towards Appearance Scale-3 (Thompson et al., 2004). **SATPABI** = Polish Sociocultural Attitudes Towards Physical Appearance and Body Image Inventory based on **SATAQ** (Izydorczyk & Sitnik-Warchulska, 2018). **SBFD** = Stunkard Body Figure Drawings (Stunkard et al., 1983). **P** = Perfectionism, **GD** = General Dissatisfaction - on the **SCANS** = Setting Conditions for Anorexia and Bulimia Scale (Slade et al., 1990). **SCID** = Structured Clinical Interview for DSM (First et al., 2002). **SCOFF** = The Sick, Control, One, Fat, Food (Morgan et al., 1999). **SDBPS** = Satisfaction and Dissatisfaction with Body Parts Scale (Berscheid et al., 1973). **SIAB-EX** = Semi-Structured Interview for Eating Disorder (Fichter & Quadflieg, 2001). **SIQYA** = Self-Image Questionnaire for Young Adolescents (Petersen et al., 1984), body image satisfaction subscale : **BDS**. **UE** = uncontrolled eating, **CR** = cognitive restraint, **EE** = emotional eating on the **TFEQ** = Three Factor Eating Questionnaire (Stunkard & Messick, 1985). **TREI** = Thinness and Restricting Expectancy Inventory (Hohlstein et al., 1998). **Comp** = Compulsion, **Obs** = Obsession on the **YBCEDS** = Italian Yale-Brown-Cornell Eating Disorder Scale (Conti, 2002).

Supplementary Table S4. Number of studies included in meta-analyses after data extraction.

	Global scores		Eating related symptoms																			
Perfectionism scores	EDs		EAC		WSC		BD		DT		IA		ITI		IN		AT		BE		RT	
	k	n	k	n	k	n	k	n	k	n	k	n	k	n	k	n	k	n	k	n	k	n
Unidimensional	23	14 197	0	NA	3	143 1	3	153 1	5	28 74	3	229 8	6	373 9	1	68	0	NA	7	3613	4	2061
PS	18	4961	4	151 0	7	372 3	6	174 6	3	77 2	0	NA	0	NA	0	NA	1	33	5	1954	4	1549
PC	18	4105	4	151 0	7	372 3	6	168 7	3	77 2	0	NA	0	NA	0	NA	1	33	6	2492	3	1165

Note. All data are related to cross-sectional associations in included studies. Studies were categorized as eligible if they contained any statistical information sufficient for extraction (i.e., a measure of association between perfectionism and any eating related symptoms). NA= Not Applicable; Number of studies included in each meta-analysis; PS = Perfectionistic strivings; PC == Perfectionistic concerns; EDs: eating related symptoms; EAC = eating concerns; WSC = weight and shape concerns; BD = body dissatisfaction; DT= drive for thinness; IA= interoceptive awareness; ITI= internalization for thin ideal; IN = ineffectiveness; BE = binge eating; RT = restraint.

Supplementary Table S5. Instruments reported in the literature and measuring perfectionism in childhood and adolescence.

Scale	Perfectionism	Perfectionistic strivings (PS)	Perfectionistic concerns (PC)
Children and Adolescent Perfectionism Scale (CAPS, (Flett et al., 1997)	Total score	Self-oriented perfectionism (SOP)	Socially Prescribed Perfectionism (SPP)
Frost Multidimensional Perfectionism Scale (FMPS, (Frost et al., 1990)	Total score	Personal Standards (PSD) Organization (O)	Concern Over Mistakes (COM) Doubts about Actions (DA) Evaluative Concerns (EC=CM+DA)/2]) Parental Expectations (PE) Parental Criticism (PAC)
Hewitt & Flett Multidimensional Perfectionism Scale (HFMPs, (Hewitt et al., 1991)		Self-oriented perfectionism (SOP) Other Oriented Perfectionism (OOP)	Socially Prescribed Perfectionism (SPP)
Perfectionism Inventory (PI, (Hill et al., 2004)		Conscientious Perfectionism (CP)	Self-Evaluative Perfectionism (SEP)
Perfectionistic Self-Presentation Scale (PSS, (Slade et al., 1990)		Self-criticism (SC)	Non-Display Non-Disclosure
Almost Perfect Scale- Revised (APS-R, (Slaney et al., 2001)			Discrepancy (D)
Structural Analysis of Social Behaviour (SASB, (Benjamin, 2000)		Self-criticism (SC)	
Appearance Perfectionism Scale (APS, (Srivastava, 2009)		Total score	

Échelle de Perfectionnisme Positif et Négatif (EPPN,(Turgeon et al., 2015))		Positive self-oriented (PPOS) Negative self-oriented (PNOS)	
Eating disorders total scores Inventory Perfectionism Scale (EDI-P, (Garner & Olmsted, 1986))	Total score		
Clinical Perfectionism Questionnaire (CPQ, (Fairburn et al., 2003))	Total score		
Child Perfectionism Questionnaire (CPI, (Oros, 2003))	Total score		
Setting Conditions for Anorexia and Bulimia Scale (SCABS, (Slade et al., 1990))	Total score		
The Clinical and Research Inventory for Eating Disorders - Perfectionism scale (Moessner et al., 2015)	Total score		

Note. Self-oriented perfectionism: SOP, demanding perfection of oneself; Personal standards: PS, the setting of unrealistically high standards for oneself; Other oriented perfectionism: OOP, expecting others to hold high standards of perfectionism for themselves; Need of organization :O, need for order and neatness; Socially prescribed perfectionism: SPP; evaluative concerns: EC, evaluative concerns about being evaluated by others; Doubt about their actions: DAA, uncertainty regarding performance abilities as regards that others uphold unrealistically high expectations of them; Concerns about their mistakes: COM, highly negative reactions to perceived failures; Parental expectations: PE, placed on performance; Parental criticism: PAC, parents being overly critical; Positive self-oriented: PPOS, seeking positive consequences, results, approval ; Negative self-oriented: PNOS, avoiding negative consequences, mistakes and judgment.

Supplementary Table S6. Summary of meta-analyses using random-effects models on the relationship between eating related symptoms total scores and perfectionism types.

EDs	Perfectionism	Number of studies (k)	Authors (Year)	Sample (N)	Mean effect size r	95% Confidence Interval [LL, UL]	p-value	pFDR-value	I ² (%)
Global score	PS	21	1. Castro et al, (2004) 2. Flamarique et al, (2019) 3. Kirsh et al, (2007) 4. Magson et al, (2019) 5. Wade et al. (2015) Baseline 6. Serpell et al, (2006) 7. McVey et al, (2002) 8. Nordin-Bates et al, (2011).1 9. Nordin-Bates et al, (2011).2 10. Teixeira et al, (2017) 11. Iannaccone et al, (2016). 1 12. Iannaccone et al, (2016).2 13. Flett & al., (2016) (Study 3) sample 4 .1 14. Flett & al., (2016) (Study 3) sample 4.2 15. Rosewall et al, (2018) 16. Petisco-Rodríguez et al., (2020) 17. Sepulveda et al., (2021) 18. Swierczynska, (2020) 19. Turgeon et al., (2015) 20. Gustafsson et al., (2008) 21. Castro-Fornieles et al., (2007)	4961 NC= 4278 CN= 683	0.21	[0.13, 0.29]	2.40E-07	7.50E-07	87.9
	PC	21	1. Campbell et al, (2018a) 2. Castro et al, (2004) 3. Flamarique et al, (2019) 4. Kirsh et al, (2007) 5. Magson et al, (2019) 6. Serpell et al, (2006)	4105 NC= 3612 CN= 493	0.13	[0.03, 0.23]	7.98E-03	1.25E-02	89.5

			7. McVey, Pepler, Davis, Flett & Abdodell (2002) 8. Nordin-Bates, Walker & Redding (2011). Sample 1 9. Nordin-Bates, Walker & Redding (2011). Sample 2 10. Dour & Theran (2011) 11. Teixeira et al., (2018) 12. Iannaccone et al, (2016). 1 13. Iannaccone et al, (2016).2 14. Flett & al., (2016) (Study 3) sample 4 .1 15. Flett & al., (2016) (Study 3) sample 4.2 16. Rosewall et al, (2018) 17. Petisco-Rodríguez et al., (2020) 18. Sepulveda et al., (2021) 19. Swierczynska, (2020) 20. Castro-Fornieles et al., (2007) 21. Pumariaga & LaBarbera, (1986)						
	UN	31	1. Dakanalis et al, (2018) 2. Drieberg et al, (2019) 3. Elizathe et al, (2018) 4. Rosenvinge et al, (1999) 5. Santonastaso et al, (1999) 6. Tiggeman & Dyer (1995) 7. Wiederman & Pryor (1998) 8. Fryer, Waller & Kroese (1997) 9. Francisco & al. (2015).1 10. Francisco & al. (2015).2 11. Gutiérrez & al., 2015 12. Flett & al., (2016) (Study 3) sample 4 .1	14197 NC= 13359 CN= 838	0.19	[0.11, 0.27]	3.58E-06	8.95E-06	96.2

			13. Flett & al., (2016) (Study 3) sample 4.2 14. Shaw et al, (2003) 15. Bühren & al., 2012 16. Plumed et al., (2017) Study 1 17. Plumed et al., (2017) Study 2 18. Cresswell et al., (2022) 19. Sepulveda et al., (2021) 20. Gonzalez et al., (2018) Study 1 21. Gonzalez et al., (2018) Study 2 22. Gonzalez et al., (2018) Study 3 23. Gonzalez et al., (2018) Study 4 24. Warschburger & Zitzmann, (2018) 25. Maiano et al., 2016 Study 2 26. Maiano et al., 2016 Study 4 27. Maiano et al., 2016 Study 5 28. Mockdece Neves et al., (2016) 29. Fortes et al., (2014) 30. Turgeon et al., (2011) 31. Castro-Fornieles et al., (2007)						
BE	PS	7	1. Curzio et al., (2018), Sample 1 2. Curzio et al., (2018), Sample 2 3. Curzio et al., (2018), Sample 3 4. Boone et al., (2012) 5. Arcelus et al., (2015) 6. Boone et al., (2014) 7. Boone et al., (2011)	1954 NC= 1570 CN= 384	0.19	[0.11, 0.27]	2.52E-06	7.00E-06	65.10
	PC	6	1. Arcelus et al, (2015) 2. Boone et al, (2012) 3. Boone, vansteen et al, (2014a) 4. Boone et al, (2011) 5. Boone, Soenens et al, (2014b) 6. Gan et al., 2018	2492 NC= 2492 CN=0	0.37	[0.30, 0.45]	1.76E-10	1.10E-09	72.31

	UN	10	<ol style="list-style-type: none"> Curzio et al, (2018a) Curzio et al, (2018b) Curzio et al, (2018c) Eddy et al, (2007) Sehm & Warschburger (2018a) Sehm & Warschburger (2018b) McCabe & Vincent (2003) Warschburger & Zitzmann, 2018 Maiano et al., 2016 – Sample 1 Fortes et al., 2014 	3613 NC=3107 CN=506	0.24	[0.009, 0.30]	1.87E-03	3.34E-03	95.5
RT	PS	6	<ol style="list-style-type: none"> Curzio et al., (2018), Sample 1 Curzio et al., (2018), Sample 2 Curzio et al., (2018), Sample 3 Boone et al., (2010) Boone et al., (2014) Serpell et al., (2006) 	1549 NC=1116 CN=433	0.19	[0.13, 0.25]	1.36E-09	6.80E-09	19.70
	PC	3	<ol style="list-style-type: none"> Boone et al., (2010) Boone et al., (2014) Serpell et al., (2006) 	1165 NC=1116 CN=49	0.32	[0.24, 0.40]	1.91E-15	1.59E-14	44.10
	UN	7	<ol style="list-style-type: none"> Curzio et al, (2018a) Curzio et al, (2018b) Curzio et al, (2018c) Sehm & Warschburger (2018) Sehm & Warschburger (2018) Jones et al., (2020) Fortes et al., (2014) 	2061 NC=1677 CN=384	0.27	[0.09, 0.45]	3.39E-03	5.65E-03	95.6
WSC	PS	7	<ol style="list-style-type: none"> Boone et al., (2014a) Boone et al., (2010) Boone et al., (2014b) Serpell et al., (2006) Stornaes et al., (2019) Wade et al., (2015) Swierczynska et al., (2020) 	3723 NC=3674 CN=49	0.16	[0.10, 0.22]	2.38E-07	7.50E-07	56.90

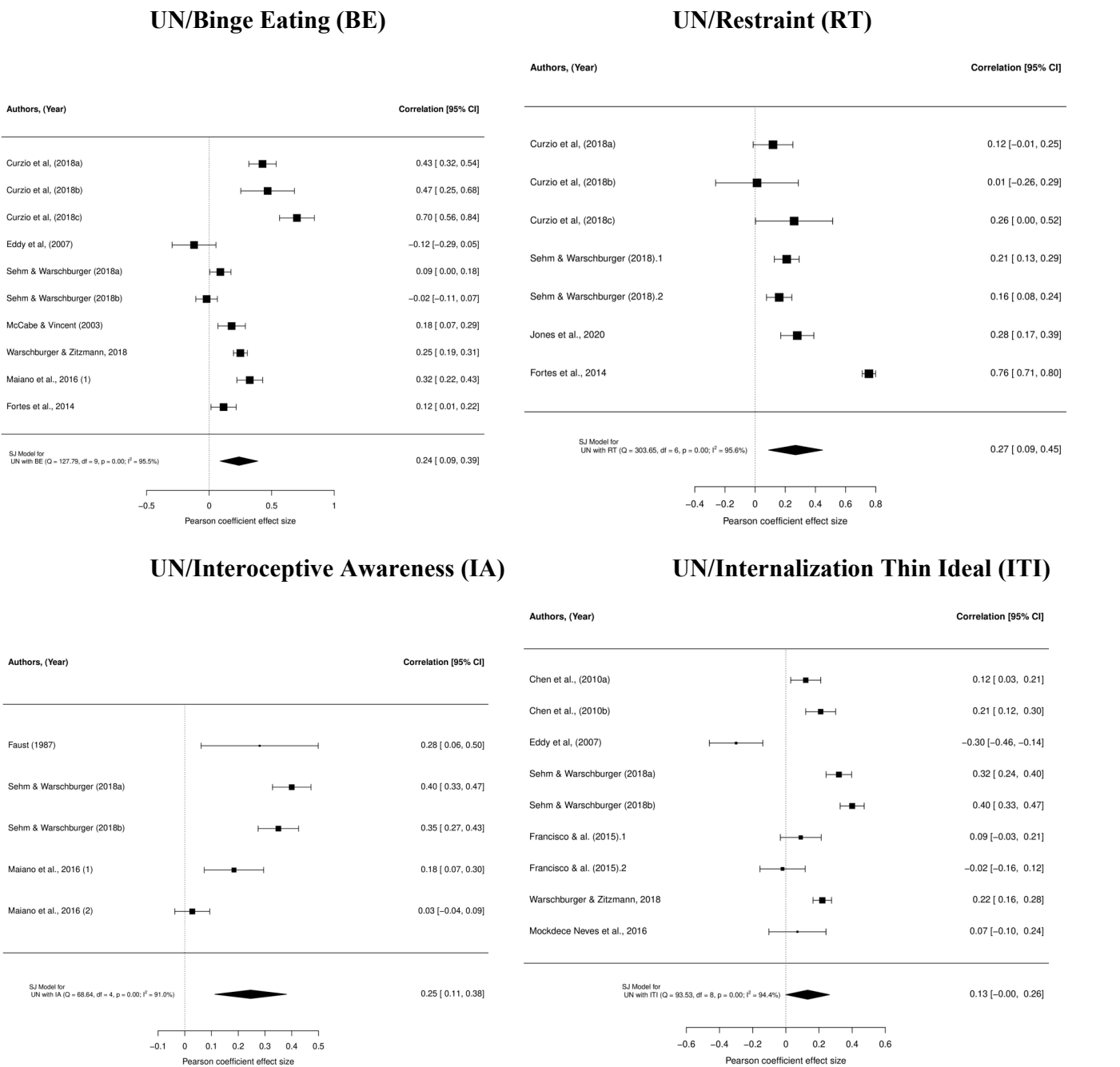
	PC	7	1. Boone et al., (2014a) 2. Boone et al., (2010) 3. Boone et al., (2014b) 4. Serpell et al., (2006) 5. Stornaes et al., (2019) 6. Wade et al., (2015) 7. Swierczynska et al., (2020)	3723 NC=3674 CN=49	0.33	[0.26, 0.41]	4.65E-19	1.16E-17	83.40
	UN	4	1. Eddy et al., (2007) 2. Sehm & Warschburger (2018), Sample 1 3. Sehm & Warschburger (2018), Sample 2 4. Jones et al., (2020)	1431 NC=1309 CN= 392	0.17	[-0.05, 0.40]	1.37E-01	1.56E-01	95.00
DT	PS	3	1. Boone et al., (2012) 2. Boone et al (2014) 3. Ruggiero et al., (2003)	772 NC=772 CN=0	0.11	[-0.0035, 0.22]	5.75E-02	7.29E-02	49.24
	PC	3	1. Boone et al., (2012) 2. Ruggiero et al., (2003) 3. Boone et al., (2014)	772 NC=675 CN=0	0.31	[0.20, 0.42]	3.12E-08	1.30E-07	53.49
	UN	6	1. Custers & Van den Bulck (2009) 2. Faust (1987) 3. Warschburger & Zitzmann, 2018 4. Maiano et al., 2016, Sample 1 5. Simmons et al., 2002, Sample 1 6. Simmons et al., 2002, Sample 2	2874 NC=2874 CN=0	0.22	[0.17, 0.27]	5.29E-17	6.61E-16	45.70
BD	PS	6	1. Arcelus et al., (2015) 2. Boone et al., (2014) 3. Boone et al., (2011) 4. Ruggiero et al., (2003) 5. Boone et al., (2012) 6. Rosewall et al., (2018)	1746 NC=1746 CN=0	0.11	[-0.02, 0.24]	1.16E-01	1.38E-01	85.00

	PC	7	1. Arcelus et al., (2015) 2. Boone et al., (2012) 3. Ruggiero et al., (2003) 4. Boone et al., (2011) 5. Lyman & Luthar (2014) 6. Ferrand et al., (2007) 7. Rosewall et al., (2018)	1687 NC= 1687 CN=0	0.30	[0.17, 0.42]	4.32E-06	9.82E-06	88.00
	UN	3	1. Warschburger & Zitzmann (2018) 2. Maiano et al., (2016).1 3. Mockdece Neves et al., (2016)	1531 NC= 1531 CN=0	0.06	[-0.11,0.24]	4.63E-01	4.82E-01	86.8
EAC	PS	4	1. Boone et al., (2010) 2. Boone et al., (2014) 3. Serpell et al., (2006) 4. Swierczynska, 2020	1510 NC= 1461 CN=49	0.18	[0.09, 0.27]	1.64E-04	3.42E-04	65.90
	PC	4	1. Serpell et al, (2006) 2. Boone et al, (2014) 3. Boone et al, (2010) 4. Swierczynska, 2020	1510 NC= 1461 CN=49	0.25	[-0.04, 0.46]	2.21E-02	3.25E-02	94.80
	UN	NA	NA	NA	NA	NA	NA	NA	NA
ITI	UN	9	1. Chen et al., (2010) Sample 1 2. Chen et al., (2010) Sample 2 3. Eddy et al, (2007) 4. Sehm & Warschburger (2018), Sample 1 5. Sehm & Warschburger (2018), Sample 2 6. Francisco & al. (2015) 7. Francisco & al. (2015) 8. Warschburger & Zitzmann, 2018	3739 NC= 3617 CN= 122	0.13	[-0.00,0.26]	5.04E-02	7.00E-02	94.4

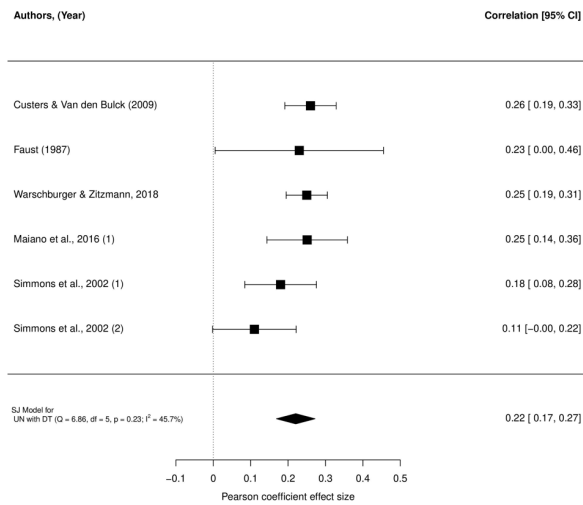
			9. Mockdece Neves et al., 2016						
	PS	NA	NA	NA	NA	NA	NA	NA	NA
	PC	NA	NA	NA	NA	NA	NA	NA	NA
IA	UN	5	1. Faust (1987) 2. Sehm & Warschburger (2018a) 3. Sehm & Warschburger (2018b) 4. Maiano et al., 2016, Sample 1 5. Maiano et al., 2016, Sample 2	2298 NC=2298 CN=0	0.25	[0.3018, 0.4336]	3.19E-04	6.13E-04	91.0
	PS	NA	NA	NA	NA	NA	NA	NA	NA
	PC	NA	NA	NA	NA	NA	NA	NA	NA

Note. Total: ED symptoms total scores on scales; PS: Perfectionistic Striving; PC: Perfectionistic Concern; UN: Unidimensional Perfectionism; NC=Community; CN=Clinical; BE: Binge eating; RT: Restraint; WSC: Weight/shape Concerns; DT = Drive for Thinness; BD = Body Dissatisfaction; EAC: Eating Concern; ITI: Internalization of the Thin Ideal (composite of IBSS-R and SATAQ); IA: Interoceptive Awareness; LL: Lower Limit; UL: Upper Limit; I^2 : total heterogeneity/total variability; Significant results after correction are in **bold**.

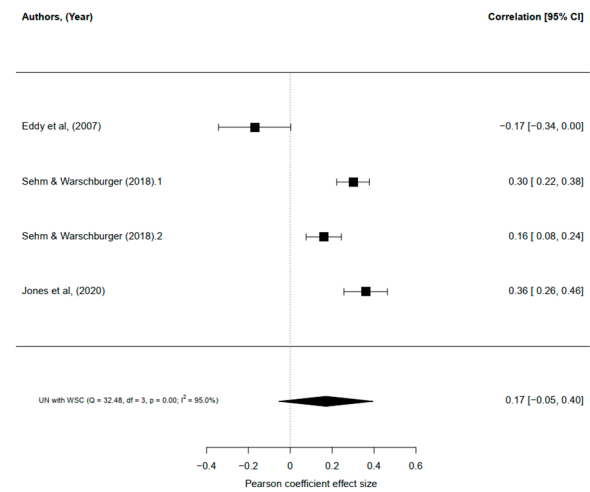
Supplementary Figure S1. Forest plot of the magnitude of the association between unidimensional perfectionism and eating related symptoms.



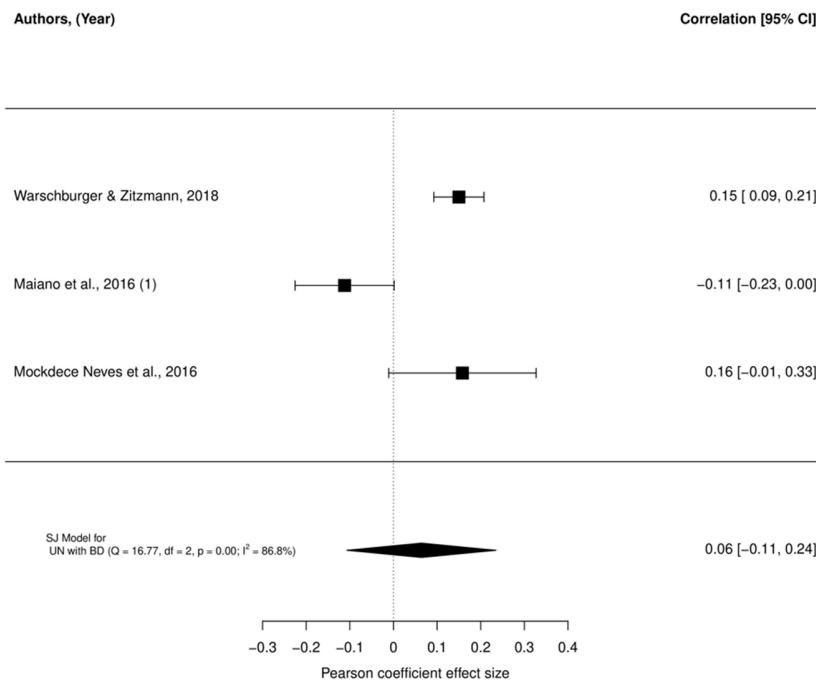
UN/Drive for Thinness (DT)



UN/Weight and Shape Concerns (WSC)

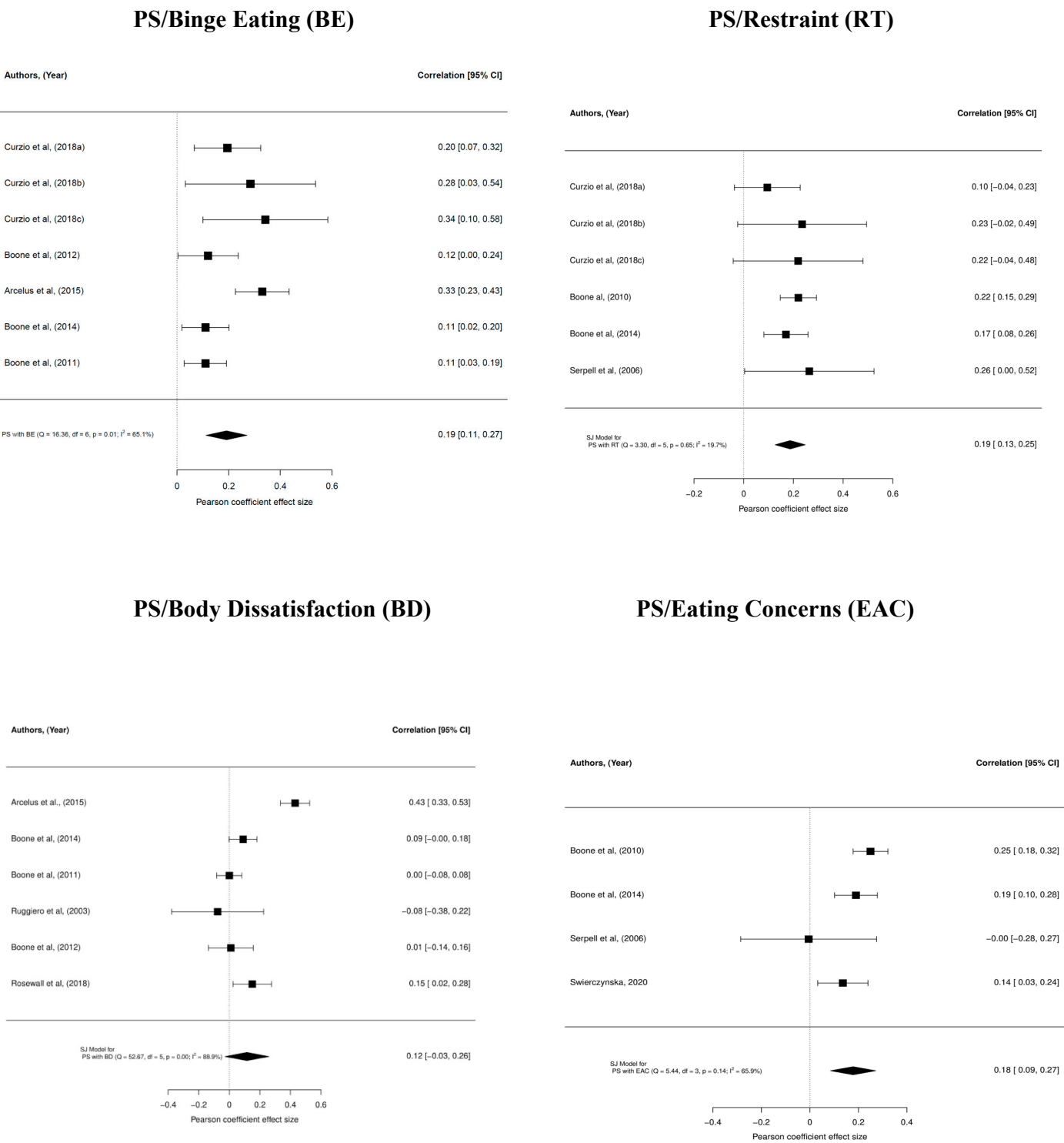


UN/Body Dissatisfaction (BD)

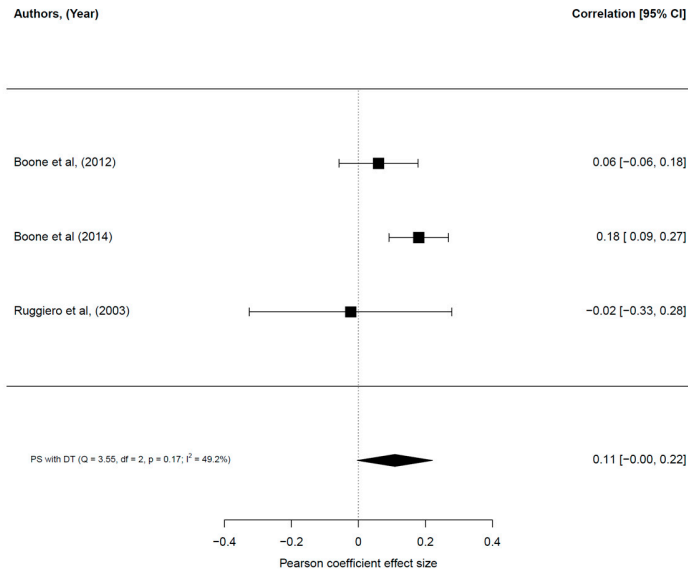


Note. UN: Unidimensional Perfectionism. Random-effect meta-analytic effect sizes of unidimensional perfectionism; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

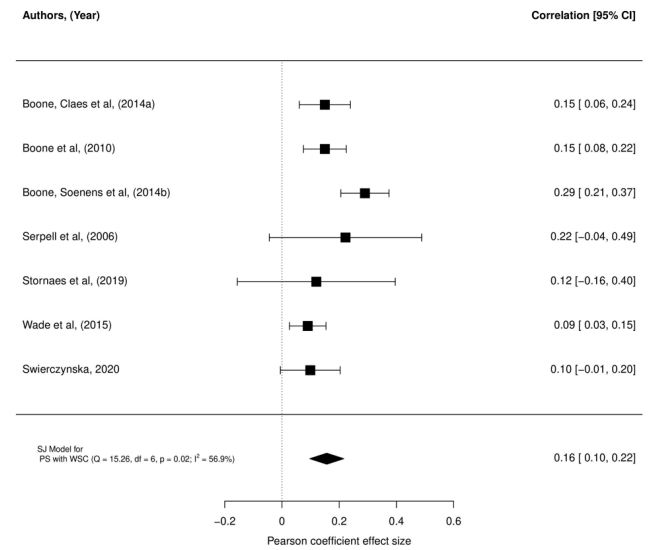
Supplementary Figure S2. Forest plot of the magnitude of the association between perfectionistic strivings and eating related symptoms.



PS/Drive for Thinness (DT)

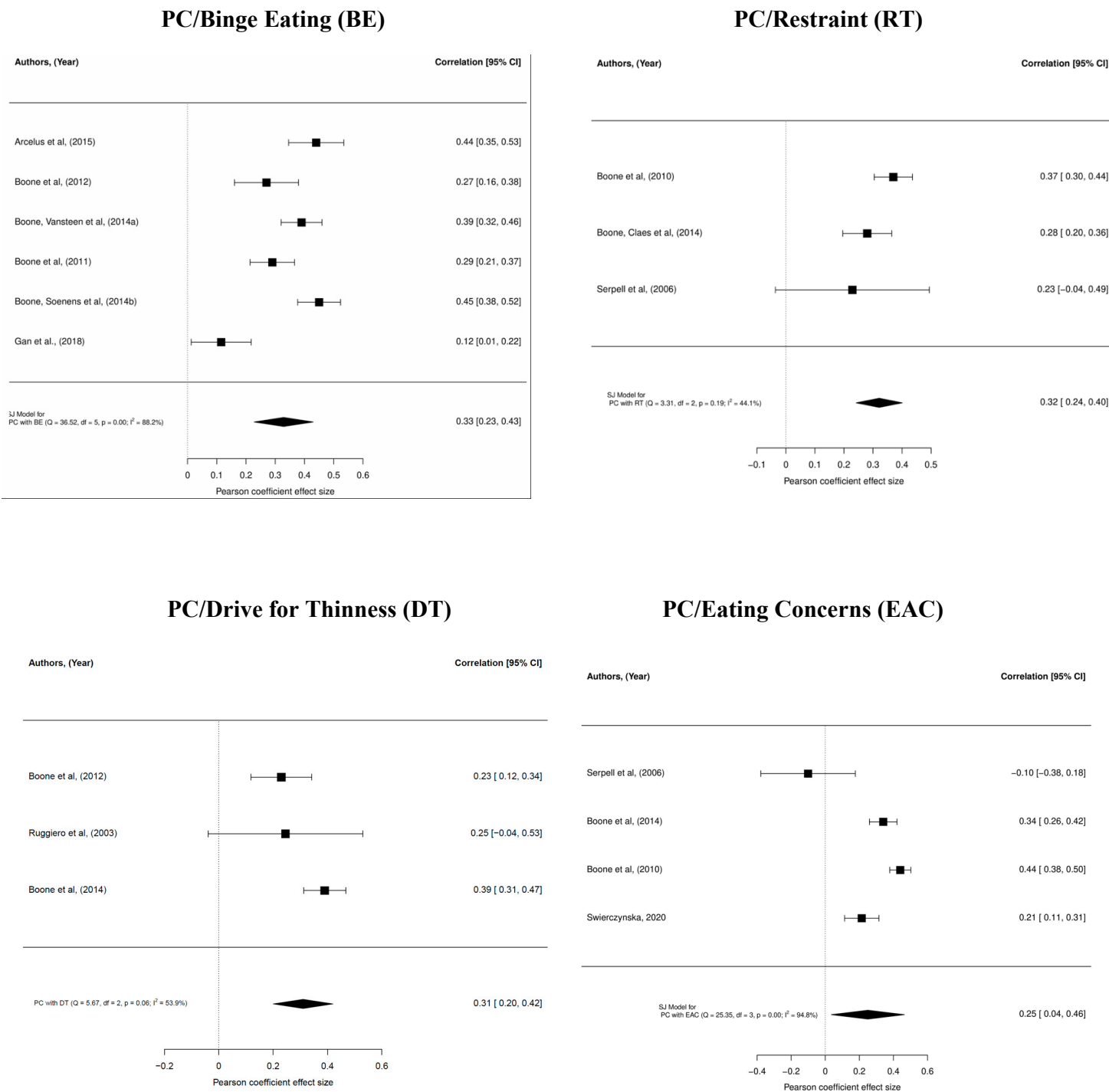


PS/Weight and Shape Concerns (WSC)



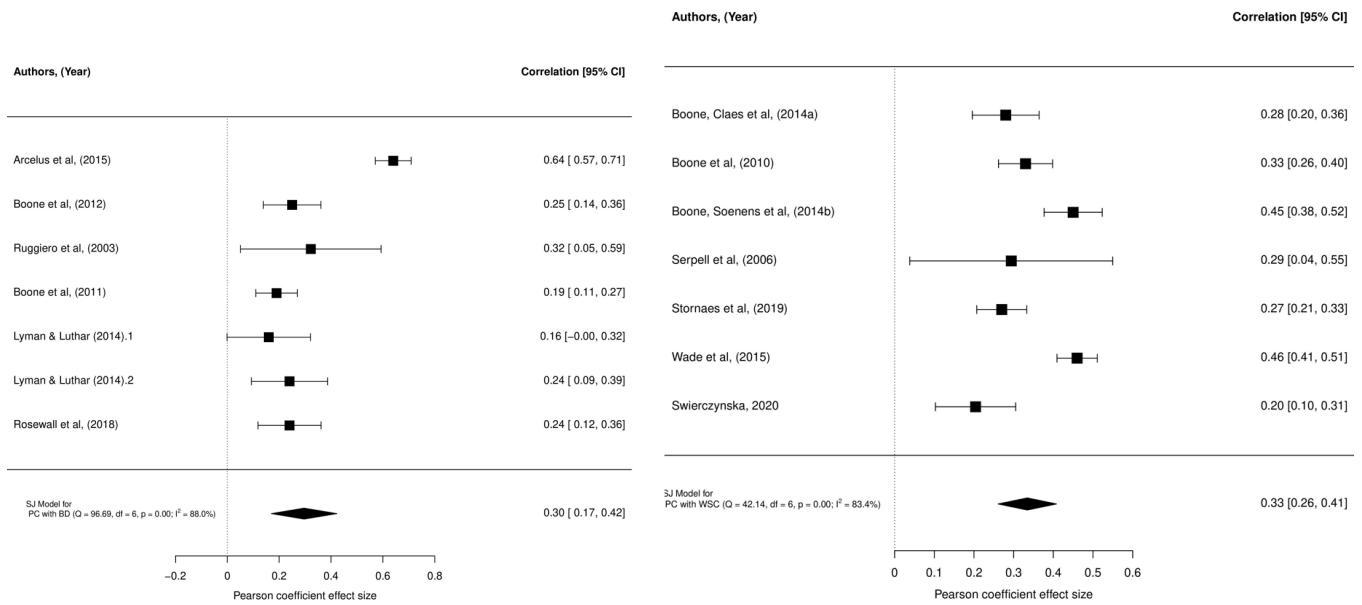
Note. PS: Perfectionistic Striving. Random-effect meta-analytic effect sizes of perfectionistic strivings; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

Supplementary Figure S3. Forest plot of the magnitude of the association between perfectionistic concerns and eating related symptoms.



PC/Body Dissatisfaction (BD)

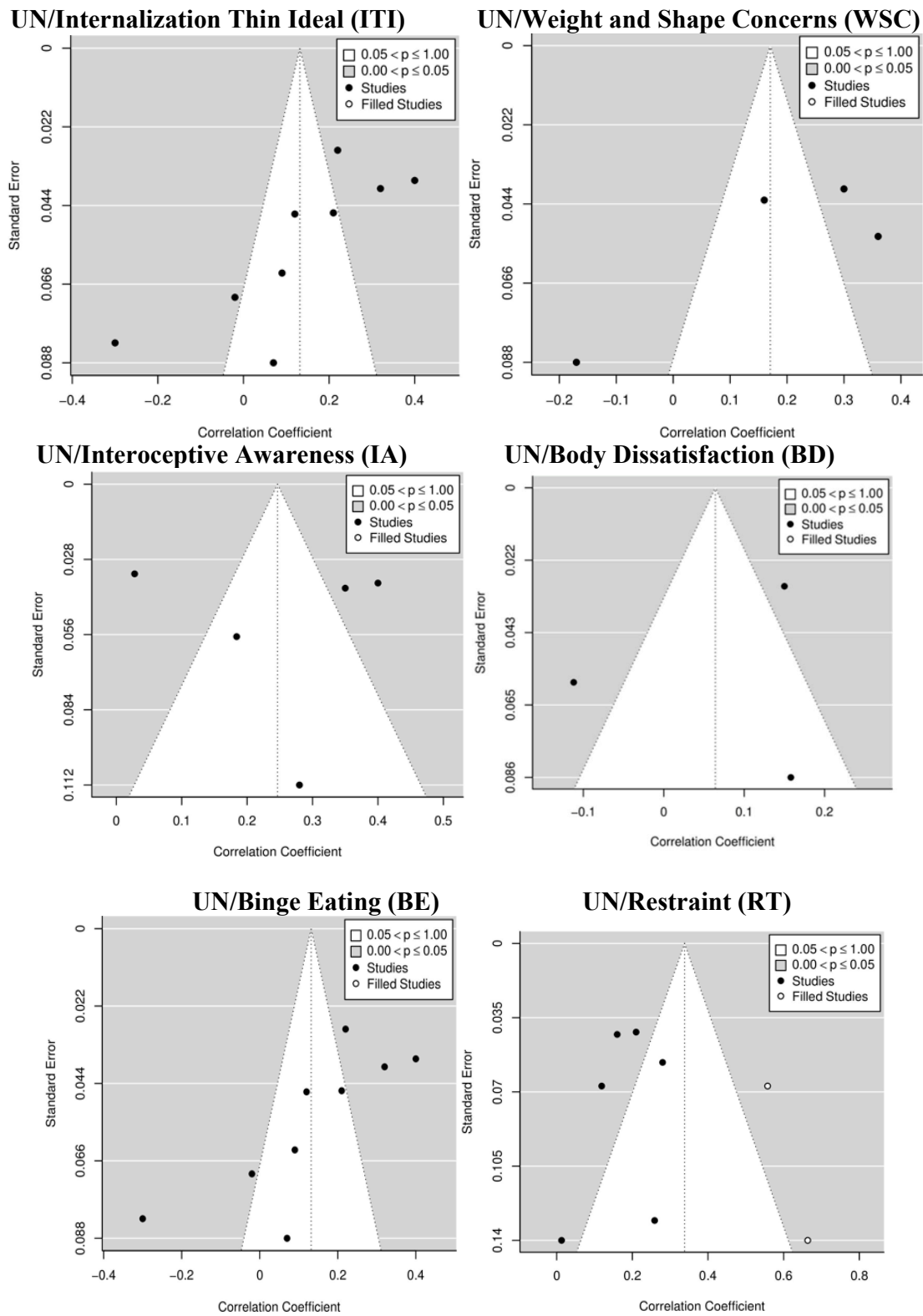
PC/Weight and Shape Concerns (WSC)



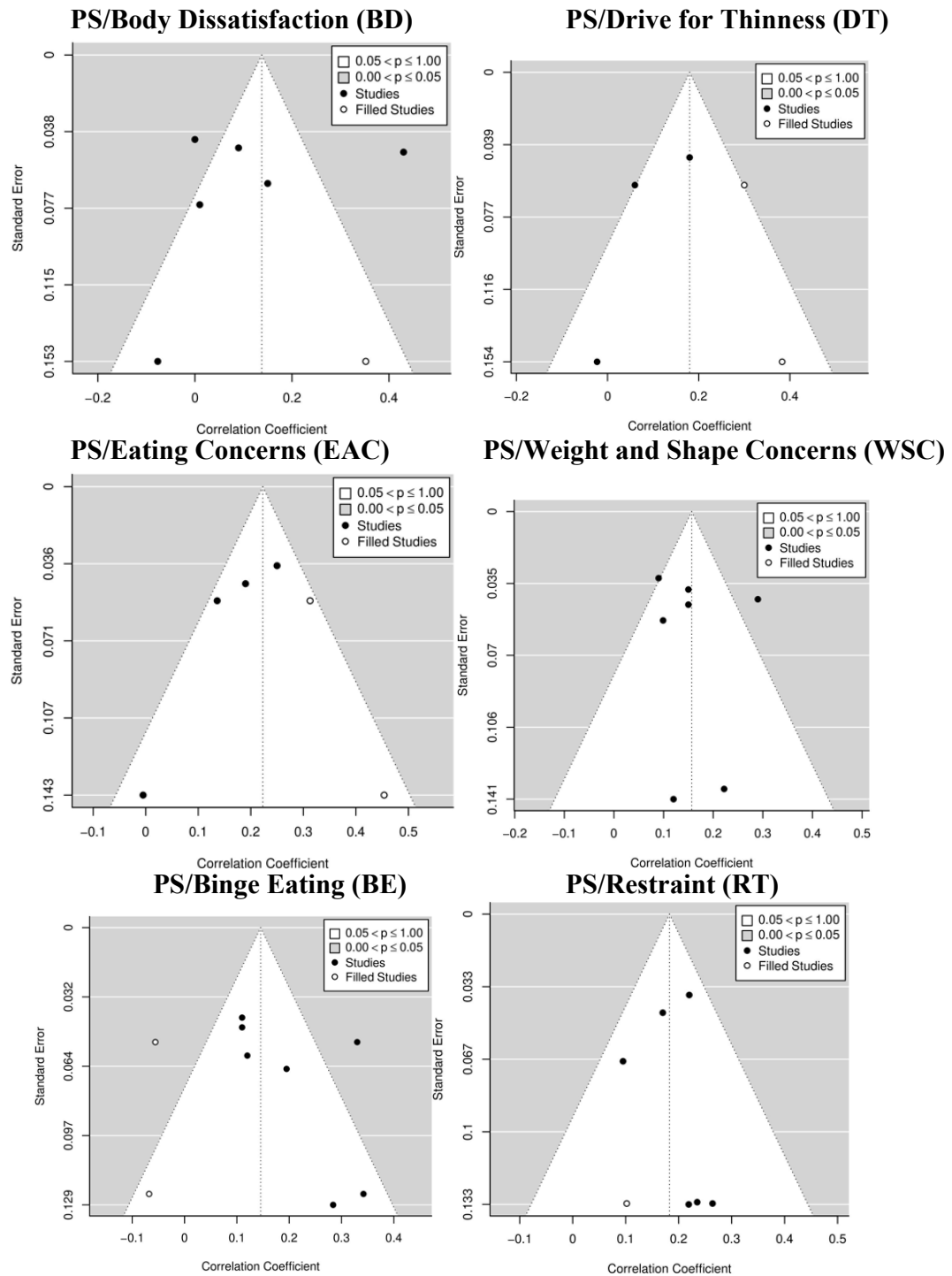
Note. PC: Perfectionistic Concerns. Random-effect meta-analytic effect sizes of perfectionistic concerns; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

Supplementary Figure S4. Funnel plots for the association between eating related symptoms, unidimensional perfectionism, perfectionistic strivings and concerns.

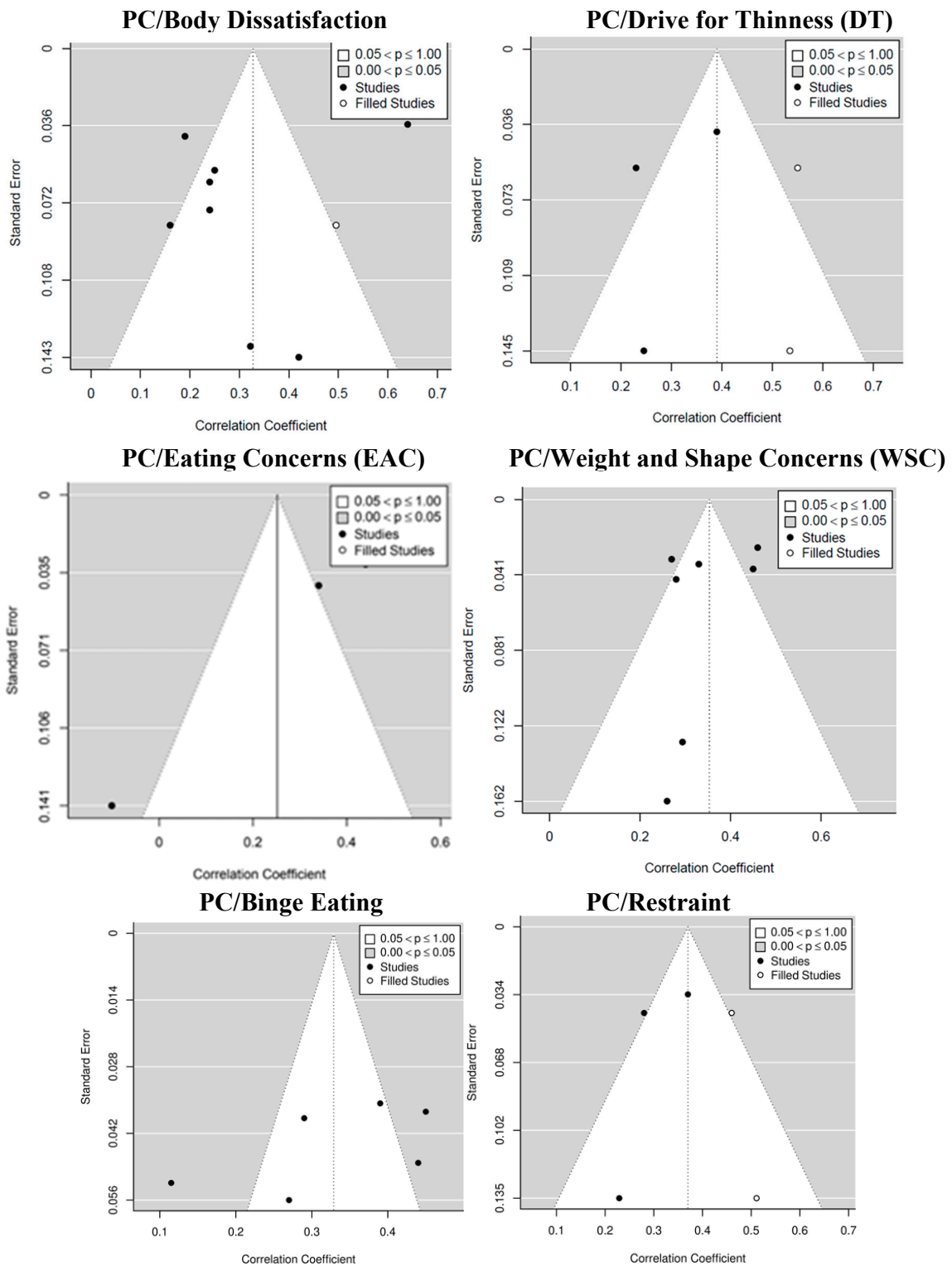
Unidimensional



Perfectionistic Strivings



Perfectionistic Concerns



Note. PS: Perfectionistic Striving; PC: Perfectionistic Concern; UN: Unidimensional Perfectionism. Funnel Plot with Trim and Fill for Cognitive eating related symptoms. Include studies are represented as black circles whereas filled studies are represented as white circles in the plot in order to estimate the number of missing studies with extreme results. However, the number of included studies is relatively small, therefore the publication bias was evaluated quantitatively with Egger's and Begg's tests.

Supplementary Table S7. Summary of meta-analyses using random-effects models on the relationship between eating related symptoms total scores and perfectionism (subdivided by their clinical status and their mean age).

EDs	Perfectionism	Group	Number of studies (k)	Authors (Year)	Sample (N)	Mean effect size r	95% Confidence Interval [LL, UL]	p-value (pFDR)	I ² (%)
Global score	UN	Community	20	<ol style="list-style-type: none"> 1. Tiggeman & Dyer (1995) 2. Fryer, Waller & Kroese (1997) 3. Francisco & al. (2015).1 4. Francisco & al. (2015).2 5. Gutiérrez & al., 2015 6. Flett & al., (2016) (Study 3) sample 4 .1 7. Flett & al., (2016) (Study 3) sample 4 .2 8. Shaw et al, (2003) 9. Plumed et al., (2017).1 10. Plumed et al., (2017).2 11. Gonzalez et al., (2018).1 12. Gonzalez et al., (2018).2 13. Gonzalez et al., (2018).3 14. Gonzalez et al., (2018).4 15. Warschburger & Zitzmann, (2018) 16. Maiano et al., 2016 (2) 17. Maiano et al., 2016 (4) 18. Mockdece Neves et al., (2016) 19. Fortes et al., (2014) 20. Turgeon et al., (2011) 	12223	0,16	[0.10, 0.22]	1.890E-07 (5.25E-07)	89,1

		Clinical	3	1. Drieberg et al, (2019) 2. Wiederman & Pryor (1998) 3. Cresswell et al., (2022)	490	0,25	[0.09, 0.42]	2.410E-03 (5.728E-03)	73.2
		Mean age < 14 years old	14	1. Elizathe et al, (2018) 2. Francisco & al. (2015).1 3. Francisco & al. (2015).2 4. Gutiérrez & al., 2015 5. Shaw et al, (2003) 6. Gonzalez et al., (2018).1 7. Gonzalez et al., (2018).2 8. Gonzalez et al., (2018).3 9. Gonzalez et al., (2018).4 10. Warschburger & Zitzmann, (2018) 11. Maiano et al., 2016 (2) 12. Mockdece Neves et al., (2016) 13. Fortes et al., (2014) 14. Turgeon et al., (2011)	5860	0.08	[-0.03, 0.19]	1.59E-01 (1.96E-01)	95,70
		Mean age > 14 years old	15	1. Dakanalis et al, (2018) 2. Drieberg et al, (2019) 3. Rosenvinge et al, (1999) 4. Santonastaso et al, (1999) 5. Tiggeman & Dyer (1995) 6. Wiederman & Pryor (1998) 7. Fryer, Waller & Kroese (1997) 8. Flett & al., (2016) (Study 3) sample 4.1 9. Flett & al., (2016) (Study 3) sample 4.2 10. Bühren & al., (2012)	2535	0,29	[0.18,0.41]	6.95E-07 (2.92E-06)	91,50

				11. Cresswell et al., (2022) 12. Sepulveda et al., (2021) 13. Maiano et al., 2016 (4) 14. Maiano et al., 2016 (5) 15. Castro-Fornieles et al., (2007)					
	PS	Community	14	1. Magson et al, (2019) 2. Wade et al. (2015) Baseline 3. McVey et al, (2002) 4. Nordin-Bates et al, (2011).1 5. Nordin-Bates et al, (2011).2 6. Teixeira et al, (2017) 7. Iannaccone et al, (2016) 8. Flett & al., (2016) (Study 3) sample 4 .1 9. Flett & al., (2016) (Study 3) sample 4 .2 10. Rosewall et al, (2018) 11. Petisco-Rodríguez et al., (2020) 12. Swierczynska, (2020) 13. Turgeon et al., (2015) 14. Gustafsson et al., (2008)	3248	0,17	[0.08, 0.26]	1.870E-04 (3.60E-04)	87,9
		Clinical	4	1. Castro et al, (2004) 2. Flamarique et al, (2019) 3. Serpell et al, (2006) 4. Iannaccone et al, (2016)	386	0,26	[0.01, 0.51]	4.060E-02 (4.640E-02)	83,70

		Mean age < 14 years old	5	5. Kirsh et al, (2007) 6. Magson et al, (2019) 7. Wade et al, (2015) Baseline 8. McVey et al, (2002) 9. Turgeon et al., (2015)	2231	0,24	[0.13, 0.34]	1.33E-05 (3.55E-05)	83,90
		Mean age > 14 years old	14	1. Castro et al, (2004) 2. Serpell et al, (2006) 3. Nordin-Bates et al, (2011).1 4. Nordin-Bates et al, (2011).2 5. Teixeira et al, (2017) 6. Iannaccone et al, (2016). 1 7. Iannaccone et al, (2016).2 8. Flett & al., (2016) (Study 3) sample 4 .1 9. Flett & al., (2016) (Study 3) sample 4 .2 10. Rosewall et al, (2018) 11. Petisco-Rodríguez et al., (2020) 12. Sepulveda et al., (2021) 13. Gustafsson et al., (2008) 14. Castro-Fornieles et al., (2007)	2306	0,17	[0.07, 0.28]	1.12E-03 (2.14E-03)	84,9
	PC	Community	14	1. Campbell et al, (2018a) 2. Magson et al, (2019) 3. McVey, Pepler, Davis, Flett & Abdodell (2002) 4. Nordin-Bates, Walker & Redding (2011).1 5. Nordin-Bates, Walker & Redding (2011).2 6. Dour & Theran (2011)	3242	0,13	[0.00, 0.27]	4.840E-0 (6.37E-02)	94,10

				7. Teixeira et al., (2018) 8. Iannaccone et al, (2016) 9. Flett & al., (2016) (Study 3) sample 4 .1 10. Flett & al., (2016) (Study 3) sample 4 .2 11. Rosewall et al, (2018) 12. Petisco-Rodríguez et al., (2020) 13. Swierczynska, (2020) 14. Pumariega & LaBarbera, (1986)					
	Clinical	4	1. Castro et al, (2004) 2. Flamarique et al, (2019) 3. Serpell et al, (2006) Iannaccone et al, (2016)	231	0,17	[0.07, 0.27]	9.840E-04 (3.936E-03)	8.9	
	Mean age < 14 years old	4	1. Kirsh et al, (2007) 2. Magson et al, (2019) 3. McVey, Pepler, Davis, Flett & Abdodell (2002) Dour & Theran (2011)	1036	0.14	[-0.02, 0.29]	8.09E-02 (1.14E-01)	82.00	
	Mean age > 14 years old	14	1. Campbell et al, (2018a) 2. Castro et al, (2004) 3. Serpell et al, (2006) 4. Nordin-Bates, Walker & Redding (2011).1 5. Nordin-Bates, Walker & Redding (2011).2 6. Teixeira et al., (2018) Iannaccone et al, (2016). 1 7. Iannaccone et al, (2016).2	2618	0.10	[-0.02, 0.22]	1.15E-01 (1.41E-01)	88.9	

				8. Flett & al., (2016) (Study 3) sample 4 .1 9. Flett & al., (2016) (Study 3) sample 4 .2 10. Rosewall et al, (2018) 11. Petisco-Rodríguez et al., (2020) 12. Sepulveda et al., (2021) 13. Castro-Fornieles et al., (2007) Pumariega & LaBarbera, (1986)					
BE	UN	Community	6	1. Sehm & Warschburger (2018a) 2. Sehm & Warschburger (2018b) 3. McCabe & Vincent (2003) 4. Warschburger & Zitzmann, 2018 5. Maiano et al., 2016 6. Fortes et al., 2014	3107	0,16	[0.06, 0.25]	0,00	87,10
		Clinical	4	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Curzio et al, (2018c) 4. Eddy et al, (2007)	506	0,37	[0.03, 0.71]	0,0316	94,95
		Mean age < 14 years old	5	1. Curzio et al, (2018c) 2. Eddy et al, (2007) 3. McCabe & Vincent (2003) 4. Warschburger & Zitzmann, 2018 5. Fortes et al., 2014	2017	0,23	[0.03-0.49]	8.57E-02 (1.14E-01)	96.80

		Mean age > 14 years old	5	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Sehm & Warschburger (2018a) 4. Sehm & Warschburger (2018b) 5. Maiano et al., 2016	2926	0,25	[0.06, 0.43]	8.76E-03 (1.23E-02)	93,40
PS	Community	Clinical	4	1. Boone et al, (2012) 2. Arcelus et al, (2015) 3. Boone et al, (2014) 4. Boone et al, (2011)	1570	0,1659	[0.0607, 0.2711]	2.000E-03 (2.94E-03)	78,66
			3	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Curzio et al, (2018c)	384	0,243	[0.1265, 0.3595]	4.340E-05 (3.472E-04)	13,01
			3	1. Curzio et al, (2018c) 2. Boone et al, (2014) 3. Boone et al, (2011)	1132	0,15	[0.02, 0.29]	2.40E-02 (4.27E-02)	74,10
			4	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Boone et al, (2012) 4. Arcelus et al, (2015)	822	0,23	[0.13, 0.33]	1.01E-05 (2.89E-05)	54,01
PC	Community		6	1. Arcelus et al, (2015) 2. Boone et al, (2012) 3. Boone, Vansteen et al, (2014a) 4. Boone et al, (2011) 5. Boone, Soenens et al, (2014b) 6. Gan et al., (2018)	2492	0,33	[0.23, 0.43]	1.760E-10 (1.10E-09)	88,20

		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	3	1. Boone et al, (2014a) 2. Boone et al, (2011) Boone et al, (2014b)	1580	0,38	[0.29, 0.47]	1.70E-16 (9.07E-16)	77.90
		Mean age > 14 years old	3	1. Arcelus et al., (2015) 2. Boone et al, (2012) Gan et al., (2018)	912	0,28	[0.09, 0.46]	2.95E-03 (5.16E-03)	89,50
RT	UN	Community	4	1. Sehm & Warschburger (2018) 2. Sehm & Warschburger (2018) 3. Jones et al., 2020 4. Fortes et al., 2014	1677	0.35	[0.08,0.62]	[1.010E-02 (1.40E-02)]	98.1
		Clinical	3	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Curzio et al, (2018c)	384	0.13	[0.006, 0.254]	7.820E-02 (8.937E-02)	31.1
		Mean age < 14 years old	2	1. Curzio et al, (2018c) 2. Boone et al, (2010)	486	0.525	[0.053, 0.997]	2.93E-02 (4.69E-02)	92.5
		Mean age > 14 years old	5	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Sehm & Warschburger (2018).1 4. Sehm & Warschburger (2018).2 5. Jones et al., (2020)	1575	0.18	[0.10, 0.26]	1.10E-05 (2.89E-05)	59.4

PS	Community	2	1. Boone et al, (2010) 2. Boone et al, (2014)	1116	0.20	[0.14, 0.26]	2.890E-10 (1.45E-09)	16.3
	Clinical	4	1. Curzio et al, (2018a) 2. Curzio et al, (2018b) 3. Curzio et al, (2018c) Serpell et al, (2006)	433	0.17	[0.06, 0.28]	3.370E-03 (5.728E-03)	13.1
	Mean age < 14 years old	2	1. Curzio et al, (2018c) Boone et al, (2010)	774	0,22	[0.15, 0.29]	8.00E-10 (3.20E-09)	0
	Mean age > 14 years old	4	1. Curzio et al, (2018a) Curzio et al, (2018b) 2. Boone et al, (2014) 2. Serpell et al., (2006)	775	0,16	[0.08, 0.25]	1.85E-04 (4.32E-04)	21,20
PC	Community	2	1. Boone et al, (2010) 2. Boone, Claes et al, (2014)	1116	0.33	[0.24, 0.41]	3.990E-14 (3.33E-13)	61.00
	Clinical	1	1. Serpell et al, (2006)	49	NA	NA	NA	NA
	Mean age < 14 years old	1	1. Boone et al, (2010)	156	NA	NA	NA	NA

		Mean age > 14 years old	2	1. Boone, Claes et al, (2014) 2. Serpell et al, (2006)	509	0.28	[0.19, 0.36]	4.36E-11 (3.05E-10)	0.80
WSC	UN	Community	2	1. Sehm & Warschburger (2018a) 2. Sehm & Warschburger (2018b)	1039	0,23	[0.10, 0.36]	5.630E-04 (9.38E-04)	80,93
		Clinical	2	1. Eddy et al, (2007) 2. Jones et al, (2020)	392	0,10	[-0.41, 0.61]	7.020E-01 (7.020E-01)	96,12
		Mean age < 14 years old	1	1. Eddy et al, (2007)	122	NA	NA	NA	NA
		Mean age > 14 years old	3	1. Sehm & Warschburger (2018a) 2. Sehm & Warschburger (2018b) 3. Jones et al., 2020	1309	0.27	[0.16, 0.38]	3.03E-06 (1.06E-05)	80.00
	PS	Community	6	1. Boone, Claes et al, (2014a) 2. Boone et al, (2010) 3. Boone, Soenens et al, (2014b) 4. Stornaes et al, (2019) 5. Wade et al, (2015) 6. Swierczynska et al., (2020)	3674	0.15	[0.09, 0.22]	2.040E-06 (5.10E-06)	63.90

	Clinical	1	1. Serpell et al, (2006)	NA	NA	NA	NA	NA
	Mean age < 14 years old	3	1. Boone et al, (2010) 2. Boone et al, (2014b) 3. Wade et al, (2015)	2037	0,17	[0.06, 0.29]	2.66E-03 (6.08E-03)	85,90
	Mean age > 14 years old	2	1. Boone et al, (2014a) 2. Serpell et al, (2006)	542	0.16	[0.07, 0.25]	5.65E-04 (1.19E-03)	2.8
PC	Community	6	1. Boone, Claes et al, (2014a) 2. Boone et al, (2010) 3. Boone, Soenens et al, (2014b) 4. Stornaes et al, (2019) 5. Wade et al, (2015) 6. Swierczynska et al., (2020)	3674	0.34	[0.25, 0.42]	9.920E-16 (1.24E-14)	87.80
	Clinical	1	1. Serpell et al, (2006)	49	NA	NA	NA	NA
	Mean age < 14 years old	3	1. Boone et al, (2010) 2. Boone et al, (2014b) 3. Wade et al, (2015)	2037	0,41	[0.33, 0.50]	4.74E-24 (3.79E-23)	79,08
	Mean age > 14 years old	2	1. Boone et al, (2014a) 2. Serpell et al, (2006)	509	0.28	[0.20, 0.36]	5.46E-12 (5.73E-11)	0.00

BD	UN	Community	3	1. Warschburger & Zitzmann, 2018 2. Maiano et al., 2016 3. Mockdece Neves et al., 2016	1531	0.06	[-0.11, 0.24]	4.630E-01 (4.82E-01)	86.8
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	2	1. Warschburger & Zitzmann, 2018 2. Mockdece Neves et al., 2016	1240	0,15	[0.10, 0.21]	5.49E-08 (1.76E-07)	0.00
		Mean age > 14 years old	1	1. Maiano et al., 2016	291	NA	NA	NA	NA
	PS	Community	6	1. Arcelus et al., (2015) 2. Boone et al, (2014) 3. Boone et al, (2011) 4. Ruggiero et al, (2003) 5. Boone et al, (2012) 6. Rosewall et al, (2018)	1746	0.12	[-0.03, 0.26]	1.160E-01 (1.32E-01)	88.90
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	2	1. Boone et al, (2014) 2. Boone et al, (2011)	1014	0.04	[-0.04, 0.13]	3.38E-01 (3.61E-01)	50.90

		Mean age > 14 years old	3	1. Arcelus et al, (2015) 2. Boone et al, (2012) 3. Rosewall et al, (2018)	690	0.20	[-0.04, 0.44]	9.89E-02 (1.30E-01)	91.50
	PC	Community	7	1. Arcelus et al, (2015) 2. Boone et al, (2012) 3. Ruggiero et al, (2003) 4. Boone et al, (2011) 5. Lyman & Luthar (2014).1 6. Lyman & Luthar (2014).2 7. Rosewall et al, (2018)	1687	0.30	[0.17, 0.42]	4.320E-0 (9.82E-06)	88.00
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	1	1. Boone et al, (2011)	559	NA	NA	NA	NA
		Mean age > 14 years old	3	1. Arcelus et al, (2015) 2. Boone et al, (2012) 3. Rosewall et al, (2018)	787	0.38	[0.12, 0.64]	3.82E-03 (6.17E-03)	95.10
ITI	UN	Community	8	1. Chen et al., (2010a) 2. Chen et al., (2010b) 3. Sehm & Warschburger (2018a) 4. Sehm & Warschburger (2018b) 5. Francisco & al. (2015).1 6. Francisco & al. (2015).2 7. Warschburger & Zitzmann, 2018	3617	0.19	[0.09, 0.28]	1.400E-04 (2.92E-04)	88.88

				8. Mockdece Neves et al., 2016					
		Clinical	1	1. Eddy et al, (2007)	122	NA	NA	NA	NA
		Mean age < 14 years old	5	1. Eddy et al, (2007) 2. Francisco & al. (2015) 3. Francisco & al. (2015) 4. Warschburger & Zitzmann, 2018 5. Mockdece Neves et al., 2016	1817	0.02	[-0.15, 0.19]	8.20E-01 (8.20E-01)	90.10
		Mean age > 14 years old	2	1. Sehm & Warschburger (2018a) 2. Sehm & Warschburger (2018b)	1039	0,36	[0.28, 0.44]	6.80E-20 (1.43E-18)	53,55
IA	UN	Community	5	3. Faust (1987) 4. Sehm & Warschburger (2018a) 5. Sehm & Warschburger (2018b) 6. Maiano et al., 2016 (1) 7. Maiano et al., 2016 (2)	2298	0.25	[0.11, 0.38]	3.190E-04 (5.70E-04)	91.00
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	2	1. Faust (1987) 2. Maiano et al., 2016 (2)	968	0.13	[-0.10, 0.36]	2.74E-01 (3.13E-01)	76.00

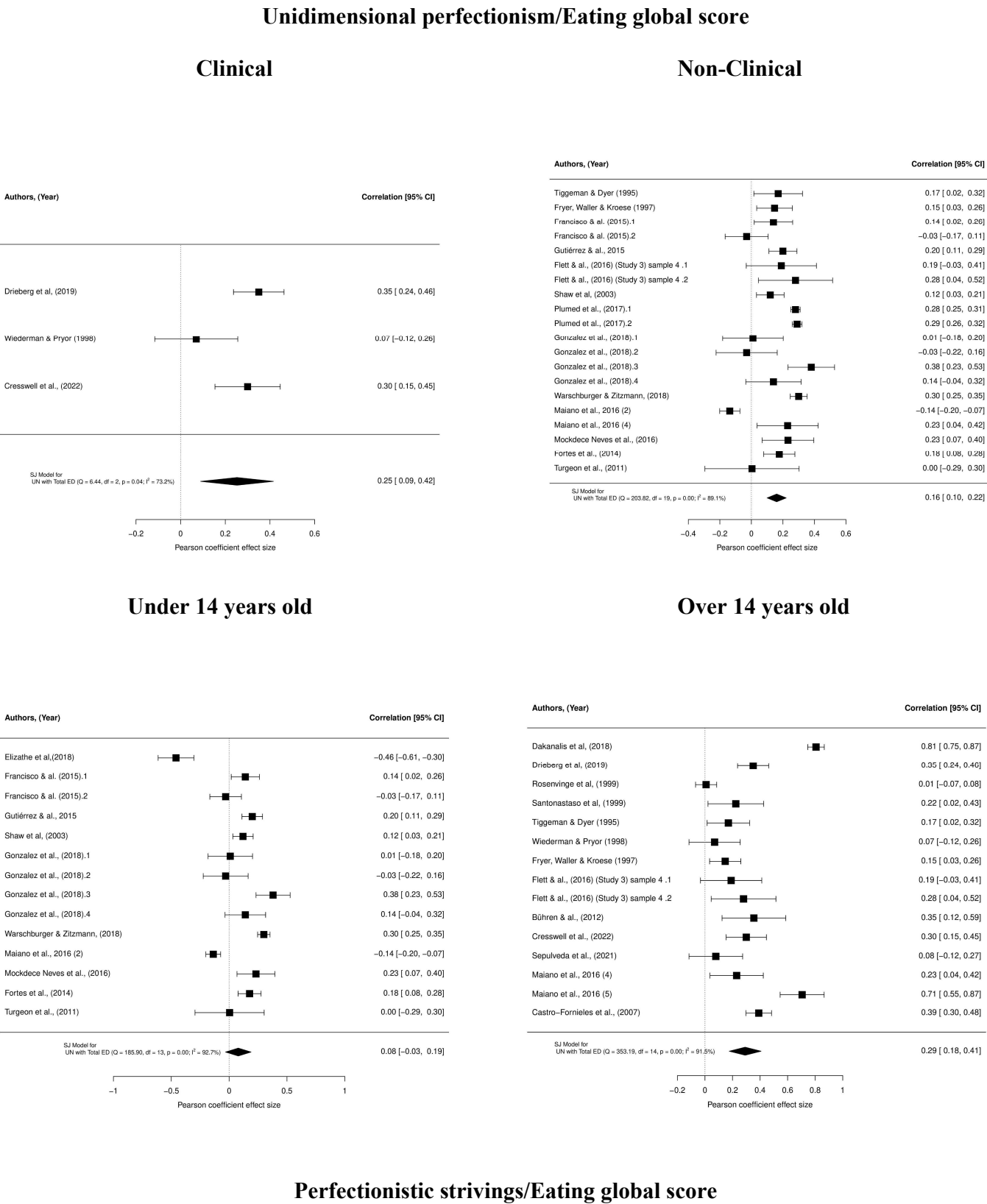
		Mean age > 14 years old	3	1. Sehm & Warschburger (2018a) 2. Sehm & Warschburger (2018b) 3. Maiano et al., 2016 (1)	1330	0.32	[0.19, 0.44]	4.23E-07 (2.22E-06)	84.30
DT	UN	Community	6	1. Custers & Van den Buck (2009) 2. Faust (1987) 3. Warschburger & Zitzmann, 2018 4. Maiano et al., 2016 (1) 5. Simmons et al., 2002 (1) 6. Simmons et al., 2002 (2)	2874	0.22	[0.17, 0.27]	5.290E-17 (1.32E-15)	45.70
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	4	1. Custers & Van den Bulk (2009) 2. Faust (1987) 3. Warschburger & Zitzmann, 2018 4. Simmons et al., 2002 (1)	2283	0.24	[0.19, 0.28]	4.91E-25 (7.86E-24)	18.40
		Mean age > 14 years old	2	1. Maiano et al., 2016 (1) 2. Simmons et al., 2002	591	0.18	[0.05, 0.31]	7.58E-03 (1.14E-02)	66.00
	PS	Community	3	1. Boone et al, (2012) 2. Boone et al (2014) 3. Ruggiero et al, (2003)	772	0.11	[-0.00, 0.22]	5.750E-02 (6.94E-02)	49.20
		Clinical	NA	NA	NA	NA	NA	NA	NA

		Mean age < 14 years old	1	1. Boone et al (2014)	455	NA	NA	NA	NA
		Mean age > 14 years old	1	1. Boone et al, (2012)	275	NA	NA	NA	NA
	PC	Community	3	1. Boone et al, (2012) 2. Ruggiero et al, (2003) 3. Boone et al, (2014)	772	0.31	[0.20, 0.42]	3.120E-08 (1.11E-07)	53.90
		Clinical	NA	NA	NA	NA	NA	NA	NA
		Mean age < 14 years old	1	1. Boone et al, (2014)	455	NA	NA	NA	NA
		Mean age > 14 years old	1	2. Boone et al, (2012)	317	NA	NA	NA	NA
EAC	PC	Community	3	1. Boone et al, (2014) 2. Boone et al, (2010) 3. Swierczynska, 2020	1461	0.34	[0.21, 0.46]	1.460E-07 (4.56E-07)	86.50
		Clinical	1	1. Serpell et al, (2006)	49	NA	NA	NA	NA
		Mean age < 14 years old	1	1. Boone et al, (2010)	656	NA	NA	NA	NA
		Mean age > 14 years old	2	1. Serpell et al, (2006) 2. Boone et al, (2014)	509	0.14	[-0.27, 0.56]	5.02E-01 (5.27E-01)	88.00

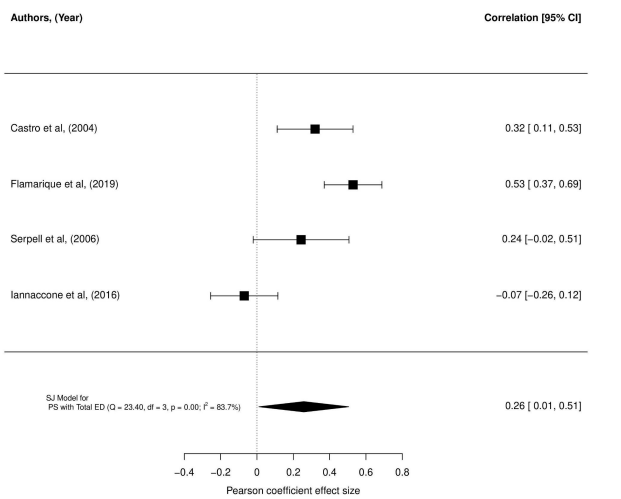
PS	Community	3	3. Boone et al, (2010) 4. Boone et al, (2014) 5. Swierczynska, 2020	1461	0.20	[0.13, 0.27]	1.070E-08 (4.46E-08)	46.3
	Clinical	1	1. Serpell et al, (2006)	49	NA	NA	NA	NA
	Mean age < 14 years old	1	1. Boone et al, (2010)	656	NA	NA	NA	NA
	Mean age > 14 years old	2	1. Boone et al, (2014) 2. Serpell et al, (2006)	705	0.14	[-0.04, 0.31]	1.21E-01 (1.41E-01)	43.80

Note. Total: ED symptoms total scores on scales; UN: unidimensional perfectionism, PS: Perfectionistic Striving; PC: Perfectionistic Concern; NC=Community; CN=Clinical; BE: Binge eating; RT: Restraint; WSC: Weight/shape Concerns; BD = Body Dissatisfaction; ITI: Internalization of the Thin Ideal (composite of IBSS-R and SATAQ); LL: Lower Limit; UL: Upper Limit; I^2 : total heterogeneity/total variability; Significant results after correction are in bold.

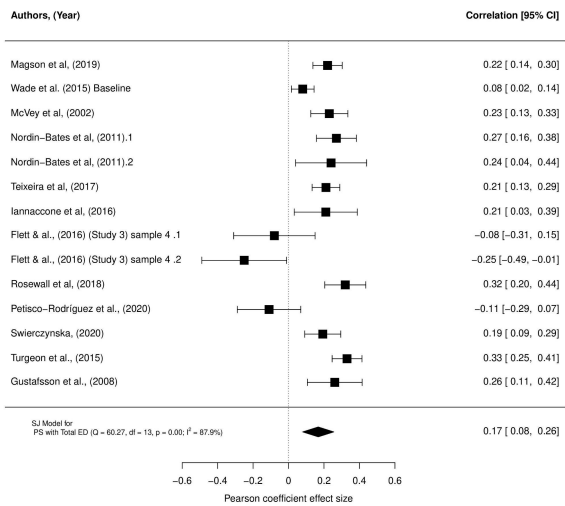
Supplementary Figure S5. Forest plot of the magnitude of the association between unidimensional perfectionism, perfectionistic strivings, perfectionistic concerns and eating global scores (subdivided by their clinical status and their mean age).



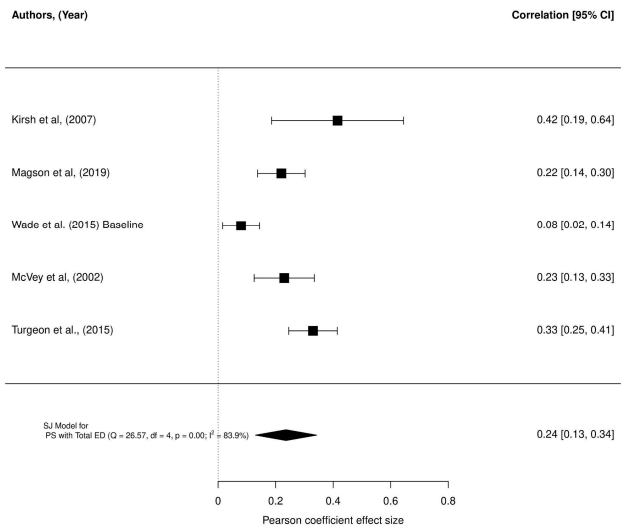
Clinical



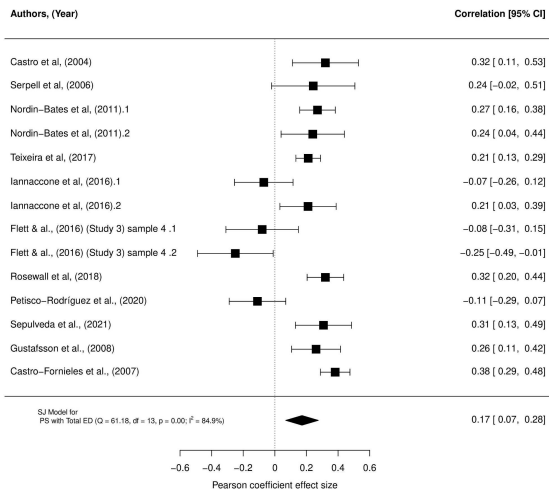
Non-Clinical



Under 14 years old

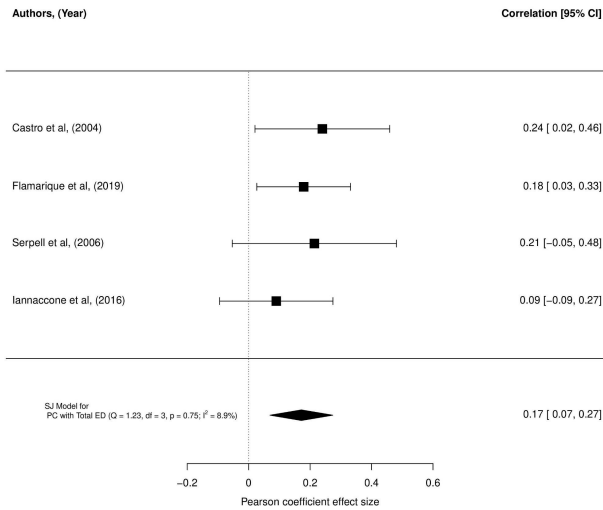


Over 14 years old

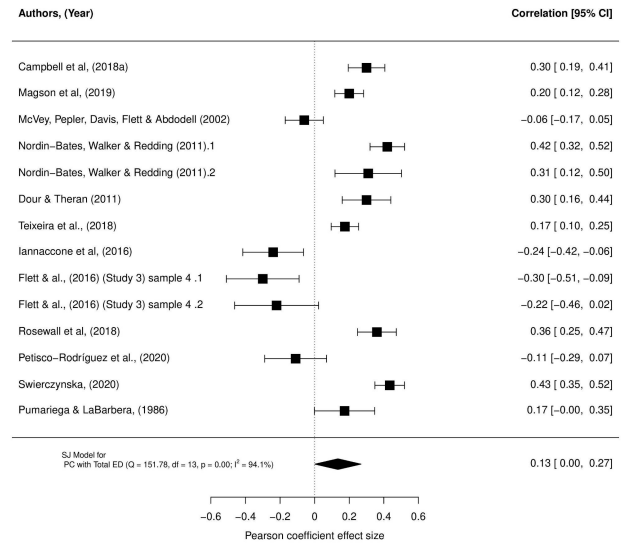


Perfectionistic concerns/Eating global score

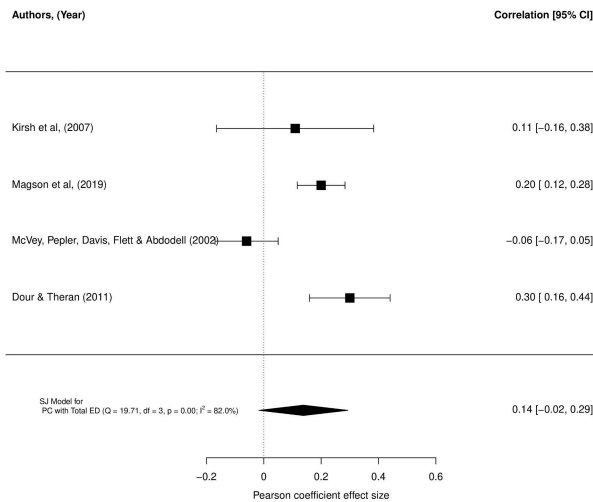
Clinical



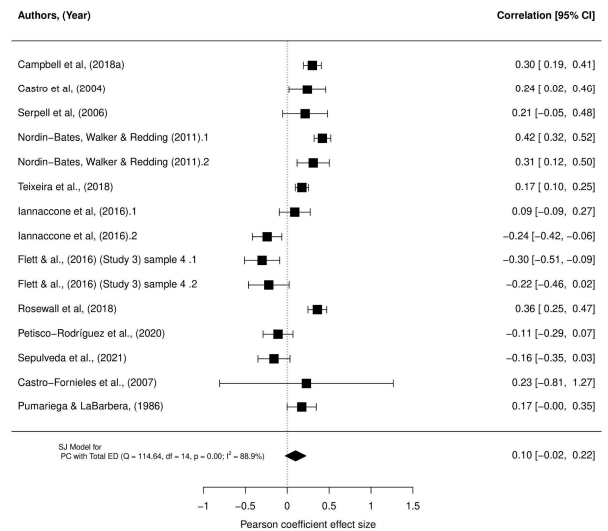
Non-Clinical



Under 14 years old



Over 14 years old



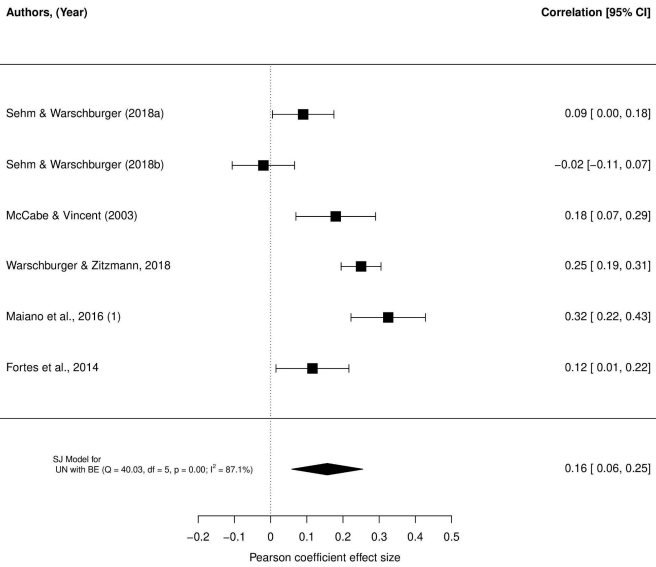
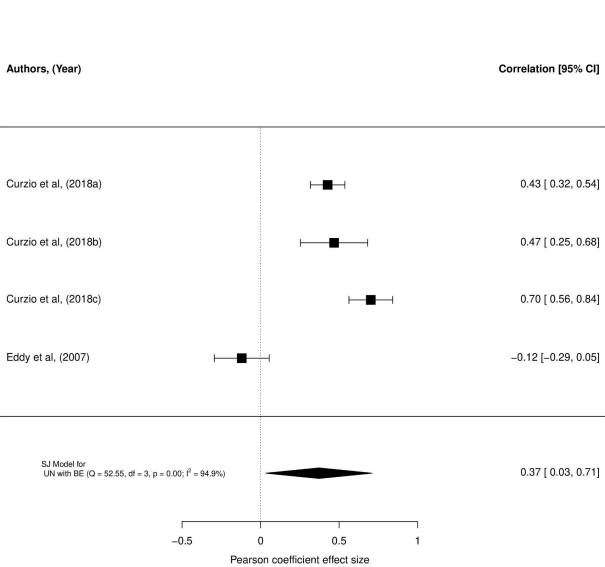
Note. Random-effect meta-analytic effect sizes of perfectionistic concerns; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

Supplementary Figure S6. Forest plot of the magnitude of the association between unidimensional perfectionism and eating related symptoms (subdivided by their clinical status and their mean age).

UN/Binge Eating (BE)

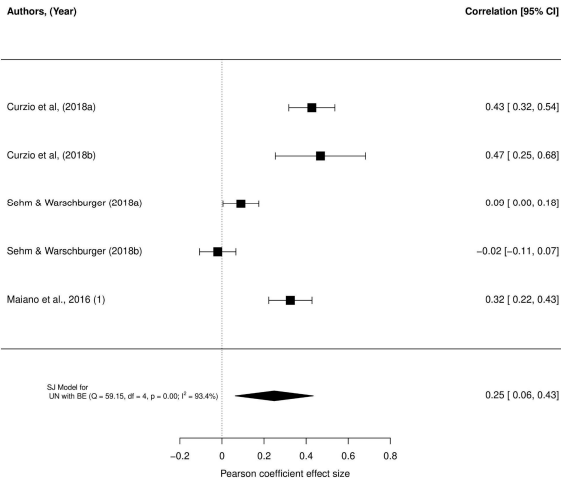
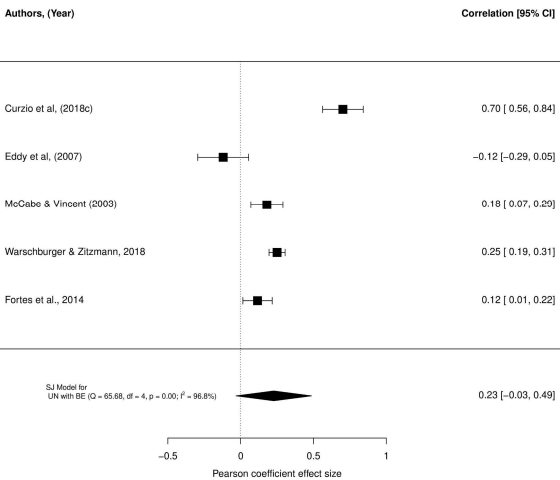
Clinical

Non-Clinical



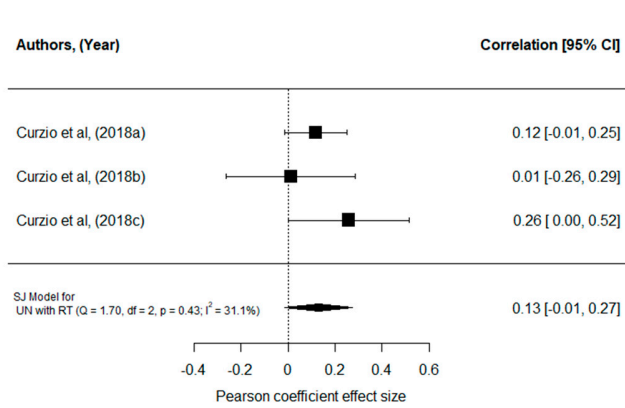
Under 14 years old

Over 14 years old

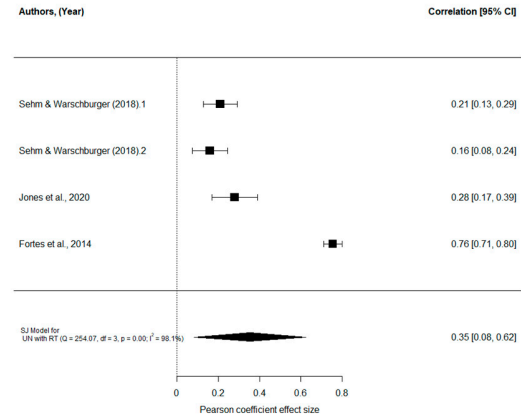


UN/Dietary Restraint (RT)

Clinical

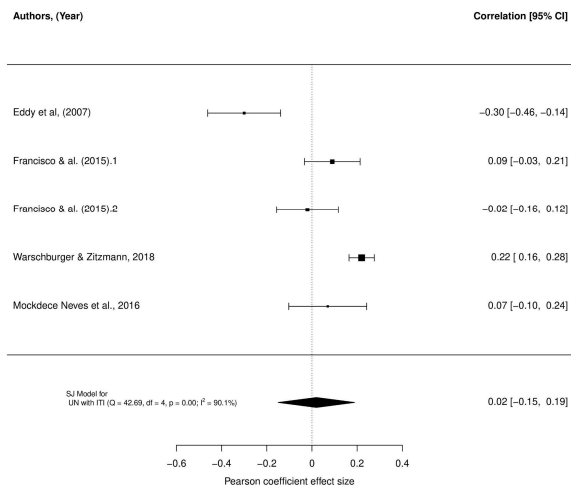


Non-Clinical

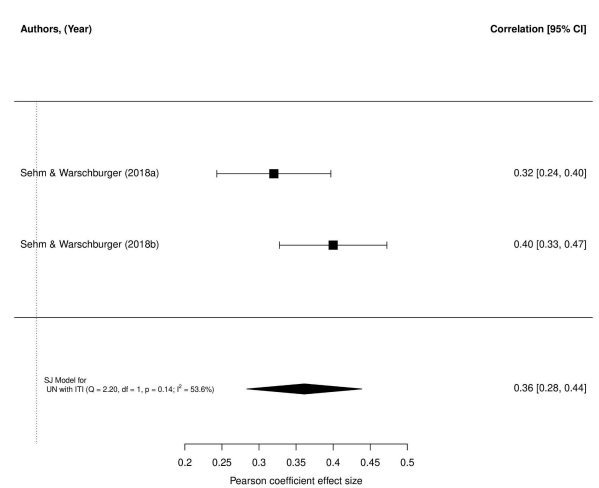


UN/Internalization Thin Ideal (ITI)

Under 14 years old



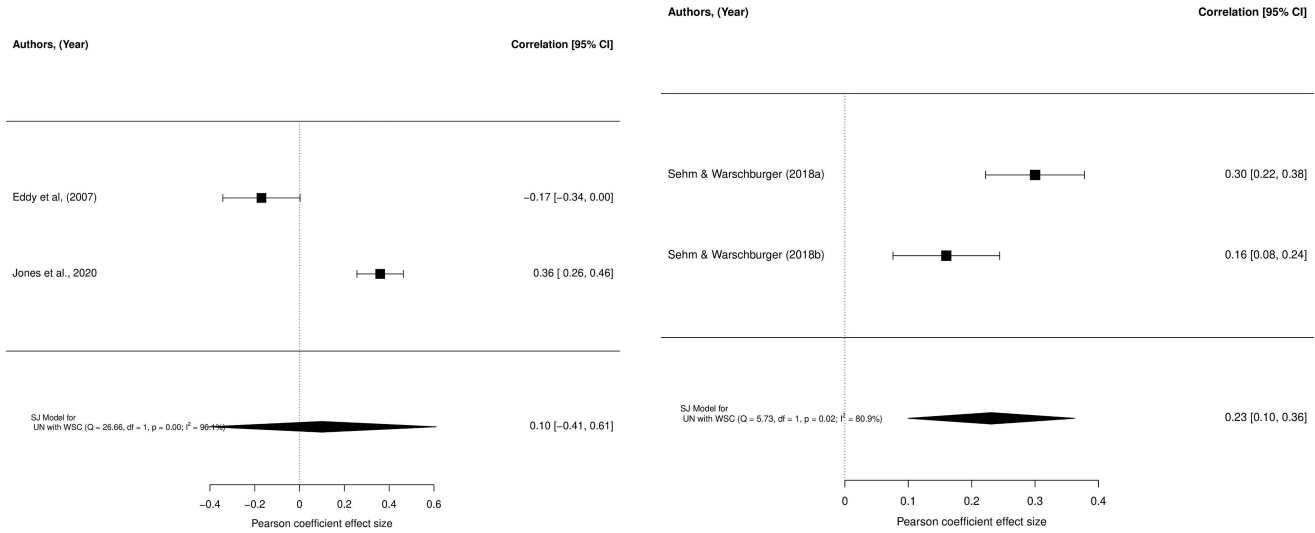
Over 14 years old



UN/Weight and Shape Concerns (WSC)

Clinical

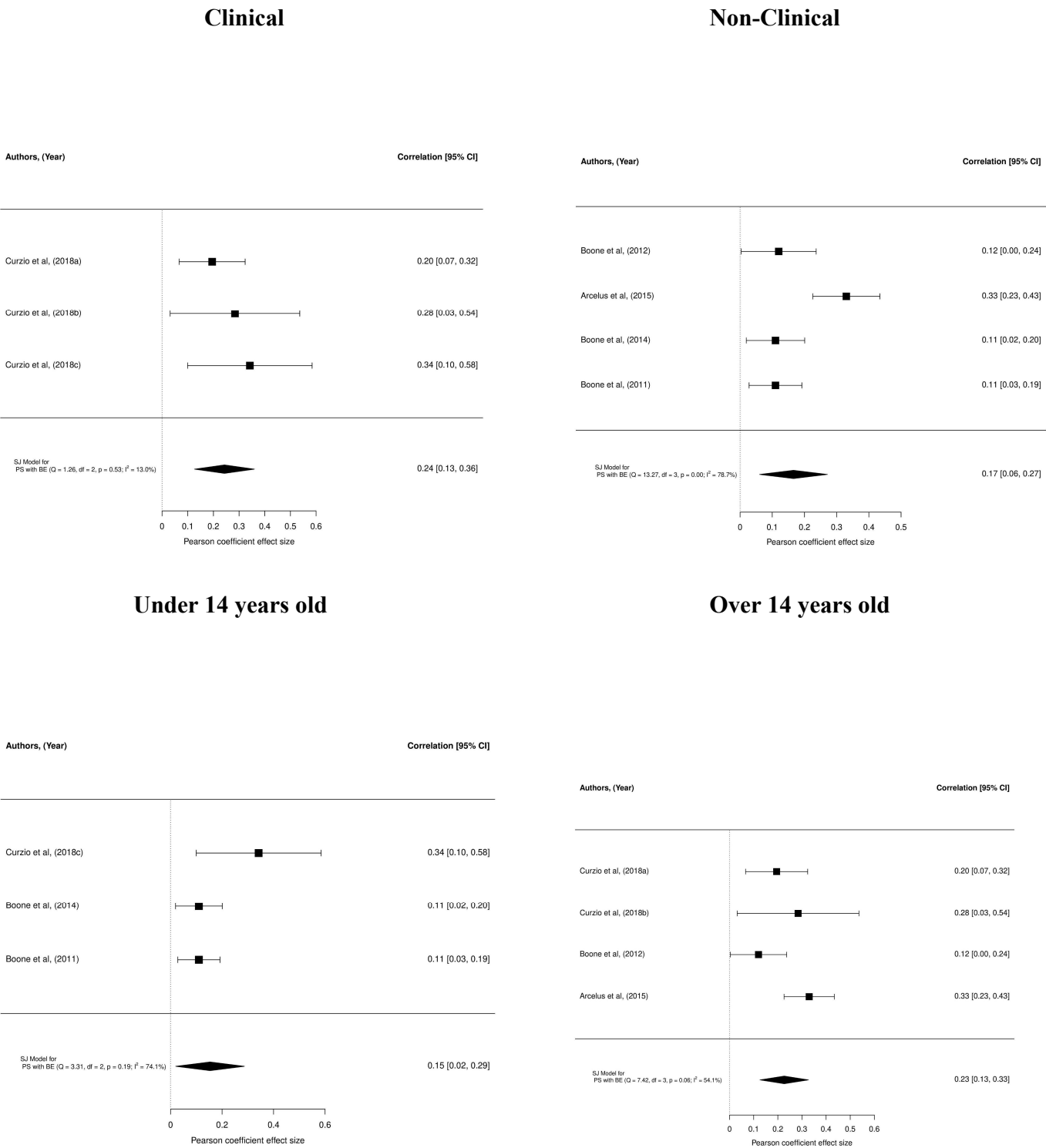
Non-Clinical



Note. UN: Unidimensional perfectionism. Random-effect meta-analytic effect sizes of perfectionistic concerns; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

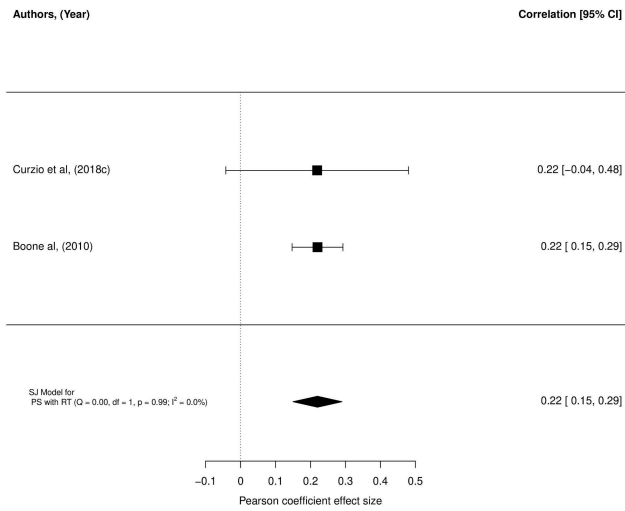
Supplementary Figure S7. Forest plot of the magnitude of the association between perfectionistic strivings and eating related symptoms (subdivided by their clinical status and their mean age).

PS/Binge Eating (BE)

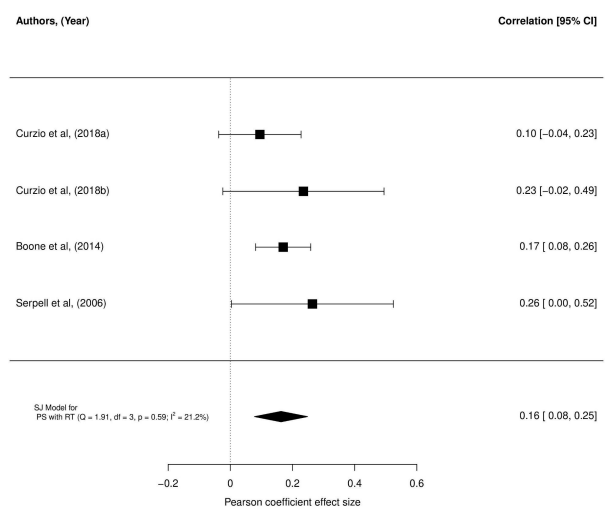


PS/Restraint (RT)

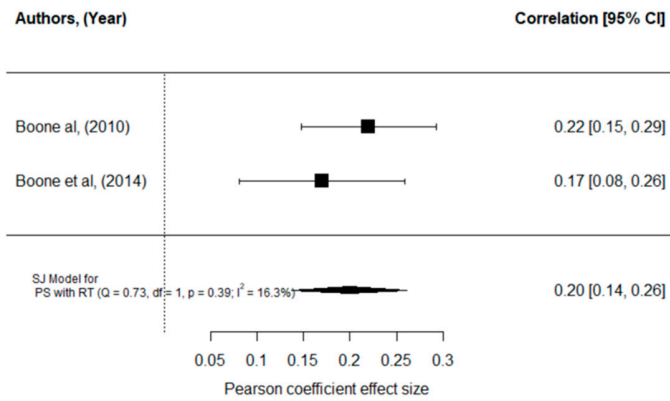
Under 14 years old



Over 14 years old



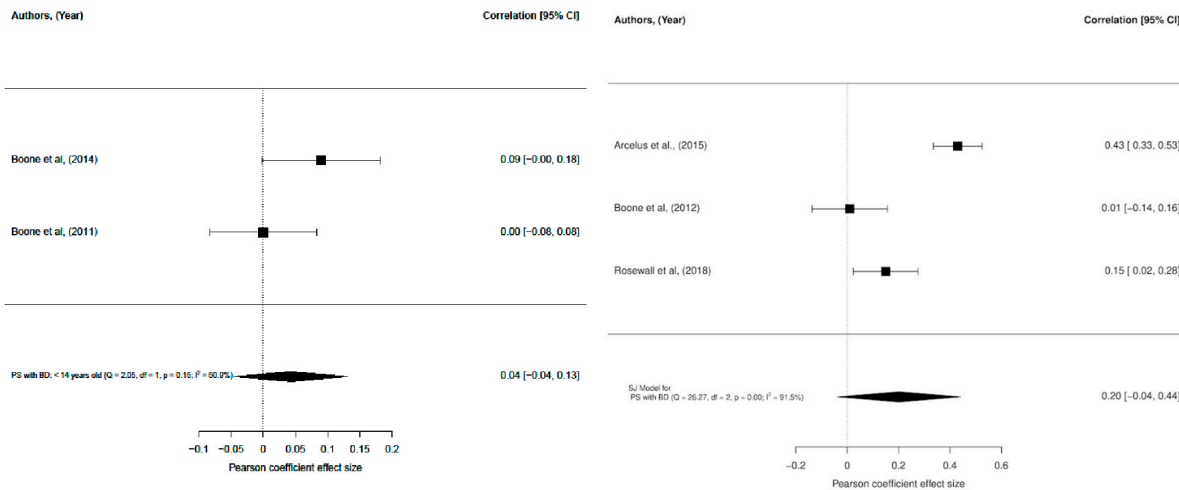
Non-Clinical



PS/Body Dissatisfaction (BD)

Under 14 years old

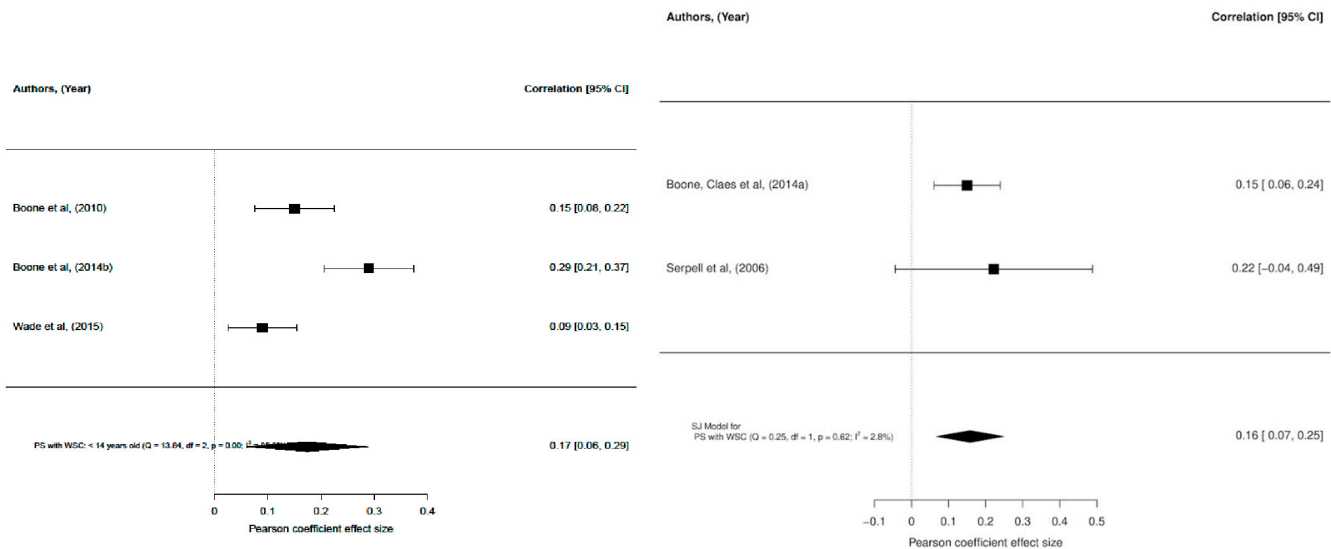
Over 14 years old



PS/Weight and Shape Concerns (WSC)

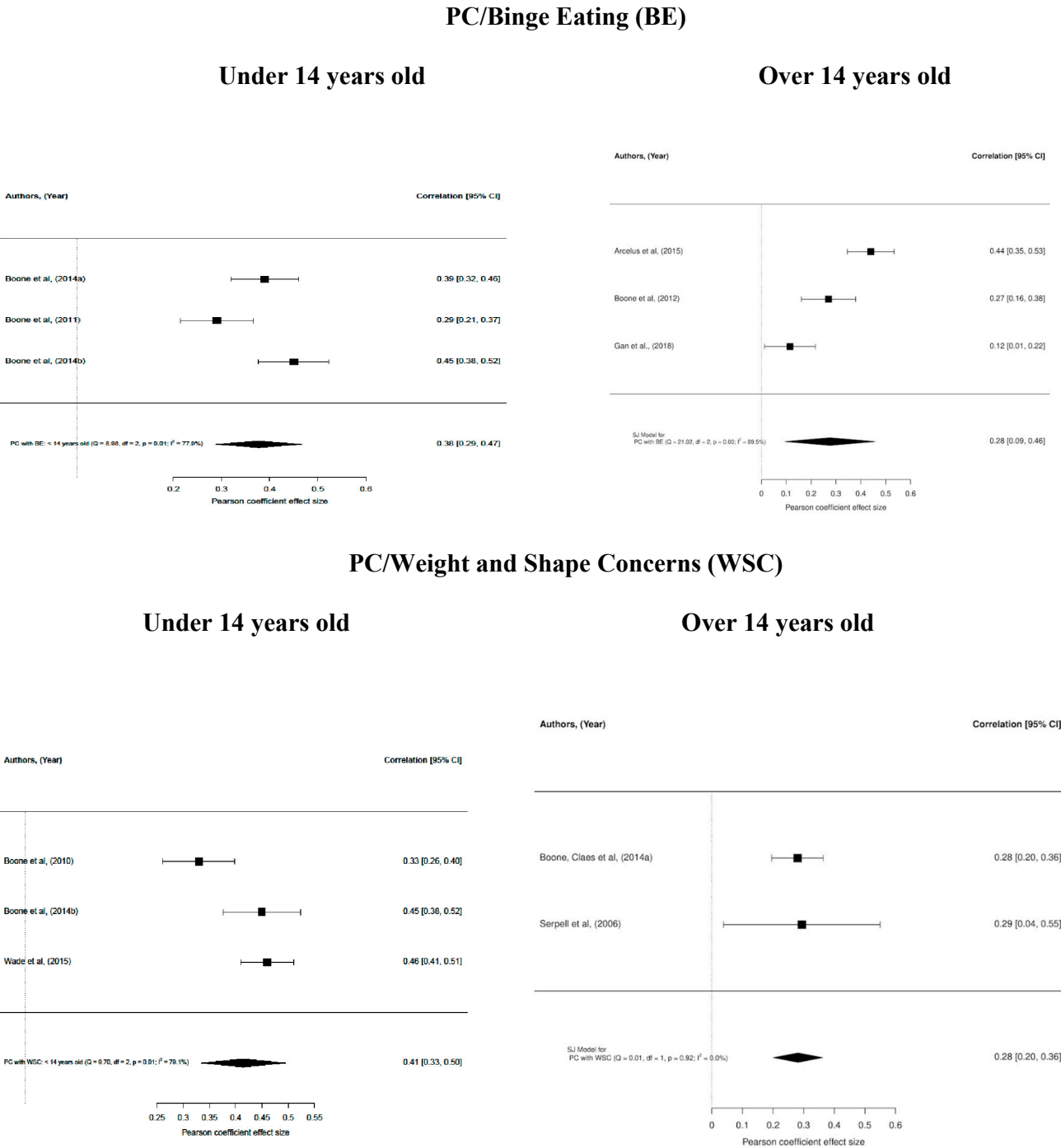
Under 14 years old

Over 14 years old



Note. PS: Perfectionistic strivings. Random-effect meta-analytic effect sizes of perfectionistic concerns; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson's correlation effect sizes on the right. Squares represent original studies' correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

Supplementary Figure S8. Forest plot of the magnitude of the association between perfectionistic concerns, eating related symptoms (subdivided by their clinical status and their mean age).



Note. PC: Perfectionistic Concerns. Random-effect meta-analytic effect sizes of perfectionistic concerns; Included samples are presented on the left of the forest plots, with 95% confidence intervals around the Pearson’s correlation effect sizes on the right. Squares represent original studies’ correlation effect size surrounded by the 95% confidence intervals. Diamonds represent the random-effect meta-analytic effect sizes. I^2 statistics quantify the heterogeneity in the random-effect meta-analyses.

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