

Supplementary Table 1

Author/Year/ Country	Focus of the Study	Sample	Methodology/Method	Main Findings
Larson et al. (6) 1989 United States	To examine ethical considerations to enrolling students who have identified as having an ED and the preventative role of an educator		<ul style="list-style-type: none"> Opinion 	<ul style="list-style-type: none"> Two scenarios are presented where students reveal to instructors that they have had EDs prior to their entry into a nutrition program. The next steps are explored whereby the educator openly discusses the implications this may have on the student's future as a dietetic student and professional. The article also discusses the benefits to having courses on nutrition education and counseling using methods such as journaling and reflection that can enhance their own relationship with food and their ability to teach positive relationships to clients in the future.
Reinstein et al. (26) 1992 United States	Whether female dietetics students have a higher risk of EDs than students from other majors	Female students in dietetics (survey 1 n=79, survey 2 n=86) home economics (n=86, n=45), food science (n=35, n=18), and biological science (n=27, n=27)	<ul style="list-style-type: none"> Quantitative, correlational Eating Pattern Questionnaire (EPQ) given out to all participants to complete at home or school. Demographics were collected and students were to judge their own weight using a five-point scale. Two rounds of surveys were conducted; round two included business and graphic communications to determine if non-science related students answered differently. 	<ul style="list-style-type: none"> No difference between science and non-science students' responses. Dietetic Majors responded on survey 1 and 2, respectively, that 10% and 18% reported they were currently dieting. Home economics reported 30% and 22%, food science 23% and 24%, and biological science 22% and 15%. Weight status did not differ amongst the groups. 28% of dietetic freshmen students reported being on diets, compared to 15% of juniors and 6% of seniors. No difference of frequency observed in other majors with the exception of food science as the sample was too small. Dietetic students and food science students had significantly higher scores in statements related to "controlled by food," "thinking about food," "sneaking food," "overeating slightly," "bingeing," "compulsive eater, self-label," and "eating patterns in opposition to beliefs."
Worobey et al. (28) 1992 United States	To determine whether or not certain study majors were at higher risk for DE	University students, 146 women, 46 men from different majors: Dietetics (n=57), Exercise science (n=20), Psychology (n=36), Dance (n=31), Biology/nursing (n=21)	<ul style="list-style-type: none"> Quantitative, correlational Self-reported questionnaire developed by the National Eating Disorders Screening Program was administered during class. Eating attitudes were compared across different majors. 	<ul style="list-style-type: none"> BMI was the same across all groups at a mean of 21 with the exception of biology/nursing with a mean of 23.6. Cognitive Concerns: Dietetics students scored the highest, biology/nursing scored the lowest. Binge/Purge Behavior: Dietetic students scored the highest, biology/nursing scored the lowest. Excessive exercise: Dance students scored the highest, biology/nursing scored the lowest. Life Interference: Dietetics and dance had an equally high score, exercise science had the lowest.
Howat et al. (5) 1993 United States	Comparison of the risk of bulimic behavior between dietitians, nurses, and high school teachers to determine if dietitians are at higher risk	410 of 805 dietitians, 272 of 800 nurses, 290 of 800 high school teachers in Louisiana found through their respective regulatory bodies	<ul style="list-style-type: none"> Quantitative, cross sectional Mail-in Bulit Eating Disorder Questionnaire that assesses bulimic behavior. 	<ul style="list-style-type: none"> No significant difference in mean BMI between the groups. No significant difference between professions for reported bulimic behavior (6 dietitians, 9 nurses, 7 teachers). Mean age for reporting bulimic behavior was 22 years; dietitians reported a wider age range from 8-56 years (20-33 years for nurses, 17-30 years for teachers). 31% of dietitians reported bulimic behavior, sought treatment and had few relapses. 12% of nurses and 15% teachers had the similar response.
Morgan et al. (32) 1993 United Kingdom	The occurrence of common GI diseases amongst members of the BDA	760 of 1500 members of the BDA completed a questionnaire about common GI diseases	<ul style="list-style-type: none"> Quantitative, descriptive Mail-in questionnaire detailing the presence of various GI related health conditions. 	<ul style="list-style-type: none"> 1.7% of all dietitians reported AN, 4.7% in those aged 30-34 years.
Kinzl et al. (8) 1999 Austria	Eating behavior and ED amongst dietitians	320 of 500 randomly selected Austrian Dietitians	<ul style="list-style-type: none"> Quantitative, descriptive Mail-in questionnaires using the Eating Disorder Inventory. DSM-IV diagnostic criteria used for EDs. Questions also asked 	<ul style="list-style-type: none"> 6.6% were underweight, 39% normal weight, 12.3% overweight according to BMI. 2.5% met criteria for AN, 3.4% for BN, 5% for binge eating syndrome. 7.5% were at risk for developing an ED.

			<p>about eating attitudes and behavior and personal experiences with diets as well as sociodemographics.</p>	<ul style="list-style-type: none"> No significant difference of risk or ED rates amongst age groups. 14% entered dietetics due to their personal eating-disordered motives. 6% had increased risk of ED due to daily food dealings.
<p>Hughes et al. (27) 2005 Australia</p>	<p>To explore career expectations of dietetic students</p>	<p>63 applicants from Griffith University Master of Nutrition and Dietetics Program</p>	<ul style="list-style-type: none"> Qualitative, descriptive Semi-structured interviews, face to face using open ended questions. 	<ul style="list-style-type: none"> Motivations for pursuing a career in dietetics: An interest in long-term nutrition and health, desire to work in a helping profession, undergraduate experience in nutrition. Most students were not willing to choose another career if they did not get into the program their first attempt. Factors influencing dietetics as a career: 30% motivated by previous personal experiences (self experience, or experience with a family member or friend) with obesity, and ED, or both. Dietitians, mothers, and schoolteachers were seen as other influences to choosing dietetics.
<p>Kinzl et al. (33) 2006 Austria</p>	<p>1) To determine the prevalence of orthorexia amongst Austrian dietitians, and 1) to examine underlying psychological factors</p>	<p>283 female dietitians</p>	<ul style="list-style-type: none"> Quantitative, descriptive Mail-in questionnaires using the German version of the "Three-Factor Eating Questionnaire." 	<ul style="list-style-type: none"> 9.3% of subjects were underweight, 72.6% normal weight, 17.1% overweight, 1% obese. 102 respondents had changed eating behavior in recent years, 60% to a healthier eating pattern, 10% to healthy foods only. 4.6% had AN, 3.5% had BN, and 1.1% had a binge eating disorder in the past. 52.3% had no orthorexia, 34 had some orthorectic behavior, 12% had orthorexia. 8.8% had a greater sense of self-control from eating healthy food, 4.6% felt guilt or self-loathing when straying from their diet, 2.5% avoided eating with others, 1.1% took their own food when eating away from home. Orthorectic dietitians showed a statistically significant higher degree of restraint and disinhibition of eating than their colleagues without orthorexia.
<p>Houston et al. (40) 2008 United States</p>	<p>To examine the ethical issues that arise when allowing dietetic students to enter into a nutrition program who have identified as having an ED</p>		<ul style="list-style-type: none"> Opinion 	<ul style="list-style-type: none"> Nutrition Educators may be the key link to addressing students in a nutrition program who have an ED or acting in a prevention role. Suggested strategies that may be integrated into the curriculum may include positive health beliefs, body image, and healthy weight loss methods, normalized eating habits, and navigating the influence of social media. The authors encourage other university programs to recognize that EDs are an issue and begin developing programs, policies, and support to address this issue at the student level.
<p>Kiziltan et al. (17) 2008 Turkey</p>	<p>1) To investigate the prevalence of abnormal eating attitudes amongst dietetic students, and 2) to determine if nutrition education had an effect on eating attitudes</p>	<p>248 female nutrition and dietetic university students and 320 non-dietetic students</p>	<ul style="list-style-type: none"> Quantitative, correlational Questionnaire interview to collect demographic information and nutrition habits. Self reported height and weight. Other questionnaires administered: EAT, the Bulimic Investigatory Test, Edinburgh (BITE), the Rosenberg Self-Esteem Scale (RSE), and the State-Trait Anxiety Inventory (STAI). 	<ul style="list-style-type: none"> BMI's were similar in both groups, 78.6% and 76.2% of dietetic and non-dietetic students, respectively, were of normal weight. EAT scores: 18.6% dietetic students at risk for an ED. Mean scores were similar in both groups for the EAT, the BITE, and RSE. STAI scores were significantly higher amongst dietetic students. Dietetics students skipped breakfast significantly more than non-dietetic. Dietetic students favored dieting as a weight loss method while non-dietetic students favored unhealthy weight loss methods (eg. Laxatives) although the differences were not

				<p>statistically significant.</p> <ul style="list-style-type: none"> Self esteem was found to be lower in dietetic than non-dietetic students. No significant relationship between BMI, eating attitudes, and nutrition education.
Atkins et al. (22) 2009 Canada	Exploration of the experiences of first and last year nutrition students and the influence of the education received	Students in the first ("coming" n=8) and last ("going" n=6) year of an undergraduate nutrition program	<ul style="list-style-type: none"> Qualitative, guided by a phenomenological approach Semi-structured interviews using a 10-item guide. 	<ul style="list-style-type: none"> Coming students: Food: Healthy food choices seemed to come 'naturally' to participants and most always had an interest in food or nutrition. Some students reported struggling with food and body size which they previously reported coming 'naturally.' Participants valued obtaining a thin body naturally versus trying to be thin. Some dealt with food surveillance at home, EDs, and frequent food thoughts. Going students: Food: Relationships with food shifted, some students were making healthier choices and strengthened relationships with food. Other students found it difficult to adhere to information learned and experienced guilt and pressure to lose weight before becoming a professional to gain credibility. Students felt isolated in the program due to its competitive nature to enter into an internship program that was discouraging to even apply. Self-alienation and disembodiment became necessary to become a dietetic professional.
Gonidakis et al. (20) 2009 Greece	1) To determine if first year nutrition students have more DE than health visitor students, and 2) To identify contributing factors related to DE amongst the nutrition students	53 nutrition and dietetic students and 54 Health Visitor students	<ul style="list-style-type: none"> Quantitative, correlational Students were recruited from two universities and asked for voluntary participation. Each student administered the EAT Questionnaire. Other data collected included anthropometric data and parent's socioeconomic status. Participants were given 12 pictures of men and 12 of women and had to choose an ideal figure for both as well as choose the figure that represented themselves. 	<ul style="list-style-type: none"> Groups were similar in age, parent's socioeconomic status, or BMI. Nutrition students scored higher on the EAT scale and were at greater risk for an ED than the other group. Nutrition students who scored highest on the EAT scale reported more often that they were living away from home, dieting in the past 6 months, and believed they were overweight. Higher scores were also associated with greater body dissatisfaction and leaner ideal women figures as well as avoidance of the evening meal.
Korinth et al (25) 2009 Germany	To examine 1) if nutrition students had a greater presence of DE than other students, 2) if the DE patterns changed during the course of the program, and 3) if nutrition knowledge improved food choices	Nutrition students in German universities plus a control group that were in their first two semesters (freshmen) of their studies or the seventh semester or higher (seniors)	<ul style="list-style-type: none"> Quantitative, cross-sectional comparison Students were recruited from several universities in Germany who were in their first two semesters of study or ≥ seventh semester. Students were recruited on campus and asked for voluntary participation. Questionnaire administered used the Eating Behavior Questionnaire, a German adaptation of the Three-factor Eating Questionnaire and a short food frequency questionnaire. 	<ul style="list-style-type: none"> No statistical significance between age or BMI of the nutrition students or control group. The term DE includes dietary restraint, rigid control, flexible control, disinhibition, and orthorexia). Nutrition students had significantly higher dietary restraint than the control groups. Dietary restraint decreased in both groups from freshmen to seniors, which may be an implication of the knowledge gained. Nutrition students had higher scores of both rigid and flexible control. Disinhibition scores were equal in the freshmen, seniors, control, and nutrition students. No significant difference in the presence of orthorexia between the control group and nutrition group. Orthorexia tendencies decreased in seniors compared to freshmen. Food frequency score was the same between nutrition students and control group.
Arroyo et al. (18) 2010 Spain	To assess body weight and BID amongst dietetics students	62 female students in the last year of the Human Nutrition and Dietetic program with a	<ul style="list-style-type: none"> Quantitative, descriptive An anthropometrist obtained 14 anthropometric measurements, 	<ul style="list-style-type: none"> %Body fat: 19.4% had lower than normal, 71% normal, 8.1% borderline values, 1.6% obese. Fat free mass index (FFMI) 12.9% classified as low, 58.1%

		normal BMI (18.5-25.0kg/m ²)	somatomorphic matrix test (participant's chose image that represented their own body and the body they would like to have). A subsample of 39 participants completed the EDI.	normal, 29% high musculature. <ul style="list-style-type: none"> Body weight dissatisfaction: 100% actual weight ≠ ideal weight, 67.7% actual weight > ideal weight, 32.3% actual weight < ideal weight.
Drummond et al. (31) 2012 Canada	To determine if EDs were a concern amongst nutrition students at universities around the world and if policies existed to address them	101 dietitians from 14 countries who were members of the International Confederation of Dietetic Association	<ul style="list-style-type: none"> Quantitative, descriptive Mail in questionnaires using questions developed from interviews with nutrition students. 	<ul style="list-style-type: none"> 91% of respondents had direct contact with university students. 77% thought EDs were a concern with their students. 15% of programs had formal policies/procedures to assist students with EDs. 48% thought there should be screening for EDs upon entrance to a nutrition program although 77% reported ethical issues with doing so. 37% thought students with an ED could put the public at harm, 39% thought professionals with an ED could as well. 57% did not think having an ED should affect a dietitian's ability to have a license.
Kolka et al. (21) 2012 United Kingdom	To determine if there is a higher prevalence of BID/DE among students in a food related degree	30 students in nutrition or home economics	<ul style="list-style-type: none"> Quantitative, descriptive Anthropometrics and pictures of participants individually obtained to test for body image perception (BIP). Anamorphic Micro, a computerized BI assessment tool distorted participant's pictures to be 1) 25% wider, and 2) 25% narrower. Test was self-administered; students distorted their pictures to show how they wanted to look and how they thought they looked. Differences between true and estimated images are calculated for BIP, true image and desired image estimated BID. BITE questionnaire also used. 	<ul style="list-style-type: none"> 40% underestimated their body size, 60% overestimated their body size. 83% had a desire to be thinner. No significant association between BID, BIP, and BMI. Those who desired to be thinner and overestimated their size were in all BMI categories. 30% of students had scored indicating the presence of disordered eating, 10% had clinical pathology of binge eating. No association between BITE and BIP scores. Overestimation of body size was seen in all of those who scored for BN. Students with the highest BITE scores had the strongest desire to be thinner. Positive association between BID and BIP scores.
Mealha et al. (19) 2013 Portugal	To evaluate nutrition student's risk of developing and ED compared to other health and non-health degrees	189 students from two Portuguese public universities from Dietetics and Nutrition (n=63), other health degrees (n=66), and non-health degrees (n=60)	<ul style="list-style-type: none"> Quantitative, cross sectional comparison Data collected from participants using food frequency, anthropometric measurements, Eating Attitudes Test (EAT) and Eating Disorders Inventory (EDI). 	<ul style="list-style-type: none"> No significant difference in EAT scores between the 3 groups. The risk of developing an ED was 6.3% for nutrition students versus 3.2% for other degrees although not statistically significant. No significant differences between the three groups on the EDI scores. Food frequency only varied slightly between groups.

GI= gastrointestinal; BDA= British Dietetic Association; AN= Anorexia Nervosa; BMI= Body Mass Index; ED= Eating Disorder; BN= Bulimia Nervosa; BIP= Body Image Perception; BID= Body Image Dissatisfaction; EDI= Eating Disorder Inventory; EAT= Eating Attitudes Test