

# BINGE-EATING DISORDER

"Binge eating disorder consists of (1) Consuming a larger amount of food than other people would be able to consume in similar circumstances and similar period (usually within a two hour period). (2) Lack of control of eating and feeling guilty after eating" [6]

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## REFERENCES

Click [here](#) for a full list of references

## INTRODUCTION

Binge-Eating Disorder (BED) is the most common eating disorder in the US. It is characterized by frequent bouts of eating to the point of discomfort or feeling a lack of ability to stop eating. BED also disproportionately affects women. There are many successful treatments for BED and there is a higher remission rate for BED than other eating disorders. [12,3,6,17]

## COMMON IDENTIFIERS

- Weight Gain
- Shame/Anxiety about eating or about physical appearance
- Eating until point of discomfort
- Eating alone
- Hoards food

[12]

## ASSESSMENT TOOLS

Functions of Binge Eating Scale (FBES) [13]  
Children's Binge Eating Disorder Scale (C-BEDS) [16]  
Interview for the Diagnosis of Eating Disorders-IV (IDED-IV) [8]  
Disordered Eating Symptoms Scale [15]

## STATISTICS

The following statistics are from a representative sample courtesy of the 2012–2013 National Epidemiologic Survey Alcohol and Related Conditions.

**Binge-Eating Disorder is the most common eating disorder in the United States, with 0.85% prevalence.**

### Lifetime Prevalence by Gender

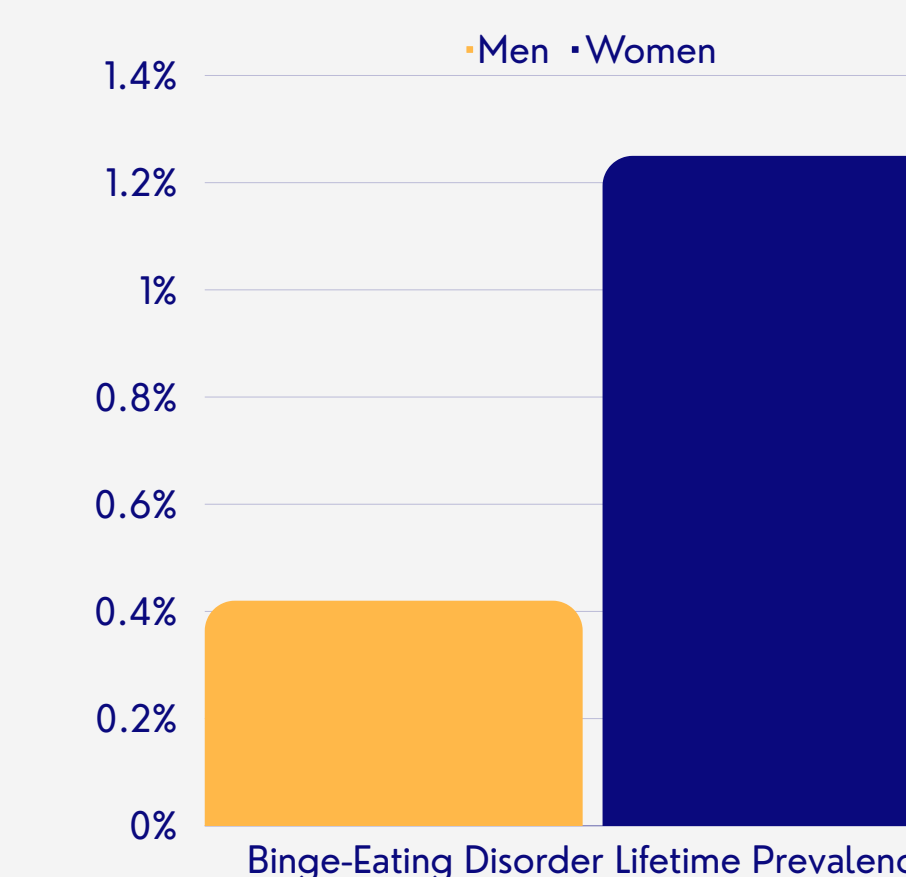
Female: 1.25%  
Male: 0.42%

### Lifetime Prevalence by Race:

Non-Hispanic White: 0.94%  
Non-Hispanic Black: 0.62%  
Hispanic: 0.75%  
Other: 0.59%

### Lifetime Prevalence by Income Level:

<\$25k: 0.98%  
\$25k-\$39k: 0.78%  
\$40k-\$69k: 0.80%  
>\$70k: 0.85%  
[17]



## CHALLENGES

- Shame in weight gain or eating habits; could lead to:
  - Avoidance of school, work, friends
  - Reluctance to ask for help [12]
- Experiential Avoidance
  - Many afflicted with BED use binge eating as a way to avoid distressing feelings
  - When attempting to cope with stressful situations in recovery, it may be difficult to resist binge eating when it was a previous coping mechanism [14]
- Comorbidity with Obesity
  - Higher likelihood of Type II Diabetes, Heart Disease, cancer
- Comorbidity with Mental Illnesses
  - Treating mental illness in conjunction with disordered eating
  - Focus on weight-loss may take center stage when root cause mental illness remains [6]
- Identification by medical professionals
  - Obese individuals with BED have experienced struggles getting medical professionals to identify ED presence as opposed to simply unhealthy diet [12,14]

## DIAGNOSTIC CRITERIA

1. Recurring episodes of binge eating, which is characterized by:
  - a. Eating within 2 hours an unusually large amount of food
  - b. Feeling lack of control over eating during that time
2. Episodes are associated with 3+ of the following:
  - a. Eating faster than normal
  - b. Eating until uncomfortable full
  - c. Eating large amounts when not hungry
  - d. Eating alone due to embarrassment
  - e. Feeling disgusted of oneself or guilty following the binge
3. Experiences distress/anxiety about the binge eating
4. Happens on average once a week for 3+ months
5. The binge eating is not in conjunction with purging or purging-like behavior

Severity:

Mild: 1-3 binge eating episodes/week

Moderate: 4-7 binge-eating episodes/week

Severe: 8/13 binge-eating episodes/week

Extreme: 14+ binge eating episodes/week

[3]

## TREATMENT & PROGNOSIS

### Individual Therapy

- Self-Compassion Training: aiding in self-acceptance and minimizing shame [7]
- Cognitive Behavioral Therapy: identifying unhealthy behaviors and their triggers while working on healthy habits and reducing strength of triggers [4,1]

### Group Therapy

- Build social supports, improve self-esteem, receive constructive feedback, reduce shame/stigma [6,12]

### Pharmacotherapy

- SSRIs to treat underlying anxiety/depression [6,1]

### Patient Education

- Monitor meal habits, identify triggers, implement a schedule for eating, identify and avoid binge eating triggers [6]

**Prognosis: Long term studies indicate BED has a higher remission rate than the other eating disorders**

### NOTE

Opting for virtual programs may offer a way for an individual to seek help and minimize body-image shame of in-person treatment [14]

## RESOURCES

**Video:** Mayo Clinic's "Understanding Binge-eating Disorder: Symptoms, Causes and Treatments" [9]

**Video:** Clevenger's "The new DSM-5<sup>®</sup> diagnosis: understanding & treating binge eating disorders" [2]

**Website:** BED Info from the National Eating Disorder Association [12]

**Website:** Eating Recovery Center - Programs in Illinois [5]

**Book:** Nagata's "Eating Disorders in Boys and Men" [11]

**Book:** Matz & Frankel's "Beyond a shadow of a diet: the comprehensive guide to treating binge eating disorder, compulsive eating, and emotional overeating" - focuses on approach called 'attuned eating' [10]