

BINGE EATING DISORDER FACT SHEET

What is Binge Eating Disorder (BED)?

Individuals with binge eating disorder (BED) engage in binge eating, but in contrast to people with bulimia nervosa (BN) they do not regularly use inappropriate compensatory weight control behaviors such as fasting or purging to lose weight. Binge eating, by definition, is eating that is characterized by rapid consumption of a large amount of food by social comparison and experiencing a sense of the eating being out of control. Binge eating is often accompanied by uncomfortable fullness after eating, and eating large amounts of food when not hungry, and distress about the binge eating. There is no specific caloric amount that qualifies an eating episode as a binge. A binge may be ended by abdominal discomfort, social interruption, or running out of food. Some who have placed strict restrictions on what and when it is OK to eat might feel like they have binged after only a small amount of food (like a cookie). Since this is not an objectively large amount of food by social comparison, it is called a subjective binge and is not part of binge eating disorder.

When the binge is over, the person often feels disgusted, guilty, and depressed about overeating. For some individuals, BED can occur together with other psychiatric disorders such as depression, substance abuse, anxiety disorders, or self-injurious behavior. The person suffering from BED often feels caught up in a vicious cycle of negative mood followed by binge eating, followed by more negative mood. Over time, individuals with BED tend to gain weight due to overeating; therefore, BED is often, but not always, associated with overweight and obesity. Previous terms used to describe these problems included compulsive overeating, emotional eating, or food addiction.

When identifying and diagnosing BED, doctors and mental health professionals refer to the criteria in the Diagnostic and Statistical Manual IV (DSM-IV) which says, a person must have had, on average, a minimum of two binge-eating episodes a week for at least six months. Although this is a somewhat arbitrary criterion and any amount of binge eating should be attended to.

How common is BED?

EDNOS is the most commonly diagnosed disorder among individuals seeking professional help for an eating disorder. Estimates vary about the prevalence of BED; however, recent statistics indicate that in the United States BED affects an estimated three and one-half percent of females and two percent of males at some point in their lifetime [compared to anorexia nervosa (AN), for example, which affects an estimated one-half to one percent of the population]. The prevalence of BED among obese individuals is even higher (approximately five percent to eight percent). The average age of onset for BED is in young adulthood (early 20's) and slightly later in life compared to BN and AN. However, recognition of binge eating in children is increasing.

What are the symptoms of BED?

Most people who suffer from BED tend to do so in secret. They tend to limit their binge episodes to when they are alone, thus it is not easy to identify someone with BED. Weight gain is a common sign, but not everyone who gains weight does so because they binge eat. Many people with BED struggle with depressed and/or anxious mood. Some individuals with BED can develop strict rules about what foods are "good" vs. "bad" to eat. In turn, they become preoccupied with enforcing these rules as a means for distracting from their painful feelings, tension, and anxiety. In the end, this preoccupation only serves to perpetuate the need for these rigid rule-based behaviors.

What are the causes of BED?

BED has been shown to aggregate in families and it is believed to be influenced by both genetic and environmental factors. Although no specific genetic variants have yet been identified, several studies are underway to identify genes that influence risk for binge eating.

BED is influenced by a combination of background factors that increase vulnerability to binge eating and by current triggers that are thought to play key roles in the initiation of binge episodes. For example, overweight individuals, particularly those with a high degree of body dissatisfaction, will often restrict food intake in an attempt to lose weight. Unfortunately, caloric deprivation only can increase the likelihood of subsequent binge eating. In addition, many individuals who suffer from binge eating experience marked increases in depressed and/or anxious mood prior to bingeing. Another key trigger seems to be cravings for sweets and simple carbohydrates, which are frequently found in patients with eating- and mood-related disorders. Some people with BED are highly reactive to food cues in the environment and have difficulty refraining from eating when confronted with high risk cues such as the sights and smells of potential binge foods.

How is BED treated?

Treatment for binge eating disorder targets both the elimination of binge eating and the development and maintenance of a healthy weight. Most people with BED can benefit from psychotherapy based on cognitive-behavioral principles and/or medication. Usually hospitalization is not required but admission to an eating disorders treatment program could be helpful in interrupting severe binge eating cycles.

Group therapy is especially effective for college-aged and young adult women because of the understanding of the group members. In group therapy they can talk with peers who have similar experiences. Additionally, support groups can be helpful as they can be attended for as long as necessary, have flexible schedules, and generally have no charge. Support groups, however, do not take the place of treatment. Sometimes a person with an eating disorder is unable to benefit from group therapy or support groups without the encouragement of a personal therapist.

Cognitive-behavioral therapy (CBT), either in a group setting or individual therapy session, has been shown to benefit many persons with BED. It focuses on self-monitoring of eating behaviors, identifying binge triggers, and changing distorted thinking patterns about food and negative thinking patterns about oneself. CBT can help reduce binge frequency and promote binge abstinence. Certain medications, particularly antidepressants, have been shown to help some individuals reduce binge behaviors, improve mood, and lose small amounts of weight. A comprehensive treatment strategy that combines CBT with medication and nutritional counseling may be recommended. Abstinence rates from binge eating across studies have ranged from 20-60%. When seeking this type of treatment it is important to remember to review the possible risks and benefits with your doctor and to never stop your medication without a doctor's consultation.

Treatment plans should be adjusted to meet the needs of the individual concerned, but usually a comprehensive treatment plan involving a variety of experts and approaches is best. It is important to take an approach that involves developing support for the person with an eating disorder from the family environment or within the patient's community environment (support groups or other socially supportive environments). Consultation with a dietician is a valuable component of treatment to help establish a healthy eating plan and appreciation of appropriate portion sizes.