

BINGE EATING DISORDER (BED)



What is Binge Eating Disorder?

Despite the fact that it affects millions of Americans, Binge Eating Disorder (BED) is a widely misunderstood eating disorder. Binge Eating Disorder, which involves frequent overeating marked by feelings of distress, guilt, and shame coupled with feeling out of control, has long been underdiagnosed or misdiagnosed when it is, in fact, two times as common as Anorexia and Bulimia Nervosa.

It is important to note that bingeing is a behavior that is not problematic in and of itself; rather, bingeing is an issue when it becomes more frequent, more chronic, and/or impairs one's functioning and causes psychological and/or physical symptoms.

Binge Eating Disorder treatment

Binge Eating Disorder was acknowledged as a separate and distinct disorder when it was added as an Axis I diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This classification has helped raise awareness of the seriousness and legitimacy of BED among the general public and healthcare professionals alike and has contributed to an increased likelihood of third party payment for not only BED treatment but treatment at higher levels of care for BED.

However, misconceptions still exist with regards to this disorder. BED is commonly confused with Bulimia because it involves bingeing; however, unlike Bulimia, sufferers do not compensate (or compensate on an infrequent basis) for the binge by vomiting, abusing laxatives or diuretics, or over-exercising.

Symptoms

Binge Eating Disorder is characterized by frequent overeating (bingeing) - at least once a week for three months - combined with a lack of control, intense feelings of distress and three or more of the following behaviors:

- Eating more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food even when not feeling physically hungry
- Eating alone due to feeling embarrassed by how much one is eating
- Feeling disgusted with oneself, depressed or guilty after eating

Binge Eating Disorder Health Risks

There are serious health risks associated with Binge Eating Disorder, including:

- High blood pressure
- High cholesterol
- Heart disease
- Type II diabetes mellitus
- Gastrointestinal problems (i.e., involuntary vomiting, reflux, constipation/diarrhea, and acute gastric dilation)

It is important to note that Binge Eating Disorder is a highly genetic disorder with a significant neurobiological component; thus, it is impossible to just "try harder" to resolve symptoms. Many patients with BED describe feeling as if they "know they should stop" but feel unable to do so and feel compelled to keep engaging in behaviors even though they do not want to. Specialized, multidisciplinary eating disorder treatment is needed to address the nutrition, medical, and behavioral aspects of the disorder. Binge Eating Disorder is highly treatable with over 65% of BED patients able to achieve long term abstinence from bingeing with the proper treatment.

FACTS & STATISTICS

In addition to understanding the causes and symptoms of Binge Eating Disorder, it's also helpful to understand the statistics:

- 2.8% of American adults suffer from Binge Eating Disorder in their lifetime.¹
- Approximately half of the risk for BED is genetic.²
- Nearly half of BED patients have a comorbid mood disorder.²
- More than half of BED patients have comorbid anxiety disorders.²
- Nearly 1 in 10 BED patients have a comorbid substance use disorder, usually alcohol use.²
- Binge eating or loss-of-control eating may be as high as 25% in post-bariatric patients.³
- 30 percent of higher weight patients attempting to lose weight in clinical settings meet diagnostic criteria for binge eating disorder (BED) and/or Bulimia Nervosa (BN).⁴

1. Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348-358.
2. Ulfvebrand, S., Birgegard, A., Norring, C., Hogdahl, L., & von Hausswolff-Juhlin, Y. (2015). Psychiatric comorbidity in women and men with eating disorders results from a large clinical database. *Psychiatry Research*, 230(2), 294-299.
3. Berkman ND, Brownley KA, Peat CM, Lohr KN, Cullen KE, Morgan LC, Bann CM, Wallace IF, Bulik CM. Management and Outcomes of Binge-Eating Disorder. *Comparative Effectiveness Review No. 160*.
4. www.ncbi.nlm.nih.gov/pubmed/11466589

If you or someone you know is struggling with Binge Eating Disorder, it is important to seek proper help with an eating disorder specialist. Eating Recovery Center has a specific and separate program designed exclusively for the needs of the patient with a loss of control eating disorder.

Master's-level clinicians are available for care
consultation and same-day assessment.

Please contact us to schedule a free consultation.
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