Binge Eating Disorder: An overview for individuals, families, and providers.

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Learning Objectives

- Define and understand binge eating disorder symptoms and prevalence
- Become familiar with strategies on how to support loved ones who might be struggling with binge eating disorder
- Understand treatment options and goals for recovery

How is binge eating defined?

- Recurrent binge episodes:
  - Eating an amount of food that is larger than what most people would eat in a short amount of time
  - Feeling as though one cannot stop or control how much/what one is eating
- BED episodes are associated with:
  - Eating rapidly
  - Eating when not hungry
  - Eating until feeling uncomfortably full
  - Eating alone or in secrecy due to embarrassment
  - Eating when emotionally upset
  - Guilt, depression, embarrassment, shame, or disgust

How is binge eating defined?

- Noted emotional distress regarding binge eating
- Binge eating episodes occurring, on average, at least one time per week for three months
- Episodes are not associated with any reoccurring behaviors intended for weight loss (i.e. intentional vomiting after eating)

How common is BED?

- Binge eating disorder (BED) was first recognized by American Psychological Association in 2013 – just six short years ago!
- Despite the relatively recent recognition, BED is considered by some to be the most common eating disorder
- Approximately 3x more common than anorexia and bulimia
- Affects between 2-4% of US population
  - Underdiagnosed and undertreated

Complications of BED

- Oftentimes, those with BED have co-occurring conditions, some of which are medical:
  - Anxiety
  - Depression
  - Night eating syndrome
  - Trauma
  - High cholesterol
  - Cardiovascular disease
  - Diabetes
  - Hypertension
  - Metabolic syndrome
  - Increased risk
- The presence of co-occurring issues can lead to complications if not addressed by a multidisciplinary team
- Additional complications are associated with those who have had bariatric surgery or lap bands

(Kessler et al., 2013;, deZwaan, 2013; Spitzer et al, 1993; Bulik et al, 2003; Agras, 2001; Mitchell, 2017; Grucza et al, 2007; Javaras et al, 2008; Hudson et.al.,2007; Villarejo et al.,, 2012 Ling et al., (2017))

Providing Psychoeducation & Treatment Interventions

- Teaching Patients WHY Loss of Control Eating Exists and How It Developed
- Modifying Treatment Interventions to Accommodate “The Binge Eating Brain” & Accompanying Physiology
- Addressing Weight Stigma, Overconcern with Weight & Shape, Body Image Disturbance, & Chronic Stress/Stress Management
- Teaching Effective Regulation of Negative Affect Without Use of ED Behaviors
- Striving for Health – Sleep, Nutrition, & Medical Care for the BED Patient
- CBT-E is the most studied and a well established, effective psychological treatment for BED – emerging evidence for IPT, ACT, DBT, & ERP

(Iacovino, Gredysa, Altman, & Wilfley, 2012; Hilbert et. al., 2015)

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How can I help my loved one in BED recovery?

- Human condition naturally leads to solution giving which, at times, can backfire despite being well intentioned:
  - Ex: friend suggesting short-term diet
    - Note: Diets tend to lead to increased or worsened binge eating behaviors
  - Ex: family member providing encouragement to help the individual try harder and exercise willpower
    - Note: One cannot just use willpower to adjust their eating habits when it comes to eating disorders

How can I help my loved one in BED recovery?

- Learn as much as possible about the basics of binge eating and recovery
- Avoid talking about diets, body image, and food
  - Even well intentioned comments such as "you're losing weight – you look great!" can trigger your loved one
    - Find new hobbies, interests, or other commonalities unrelated to body image, food, and appearance.
- Identify helpful, supportive words to encourage your loved one related to their personality, accomplishments, successes, etc
- Avoid creating timetables or threats, using a "scared straight" approach and telling the person how they feel
- Validate, validate, validate!
- Consider doing family therapy or joining a local support group
- Practice self-care! Supporting someone in recovery can be difficult

Lange, L. 2018, December 27. 10 Ways to Help a Loved One with Binge Eating Disorder. Retrieved from https://www.eatingrecoverycenter.com/blog/december-2018/10-ways-to-help-a-loved-one-with-binge-eating-disorder-–-laura-lange

When to Consider a Higher Level of Care

- A higher level of care indicates a need for more intensive treatment. This includes intensive outpatient programs, partial hospitalization programs, residential treatment and inpatient.
- “Failure” of outpatient treatment
- ADL’s (inconsistent), functional, social or occupational impairments
- Frequency of eating disorder behavior use
- Comorbid mood, anxiety, and substance use symptoms
- Need for containment and assisted exposure
- Medical or nutritional instability
- Suicidality – even passive SI
- Psychiatric comorbidities

Patient Obstacles to Eating Disorder Treatment

- "I can't relate. I am their worst nightmare."
- "I have diabetes, am post bariatric surgery, have NAFLD – I can't eat like this."
- "I was taught not to restrict/diet. Nobody taught me how to stop bingeing. Everyone else will be struggling to eat."
- "Nobody treats what I have. I tried OA and weight loss."

Many individuals diagnosed with binge eating disorder have, at one point or another, experienced shame from providers, friends, or family members as it relates to their eating disorder, thus impacting willingness to engage in and trust treatment providers.

(Yiu et al, 2017; Wang, Lydecker, & Grilo, 2017.)

Barriers to Receiving Treatment

- Some insurance companies do not provide coverage for binge eating disorder
- Treatment centers specialized in binge eating are few and far between
- Availability of outpatient providers specializing in binge eating
- Lack of awareness of BED symptomology
- “Deserving” of treatment
- Other programs or interventions didn’t work (Weight watchers, OA, dieting)

Call to Action for Providers

- Make ED treatment comfortable and accessible for people of all shapes and sizes.
- Emphasize loss of control (bingeing, night eating, grazing, emotional eating) eating as much as we emphasize restriction and undereating.
- Address medical comorbidities of loss of control eating and the combination of loss of control eating and medical comorbidities with multidisciplinary care.
- BED patients have 2 times the rates of treatment dropout than bulimia patients.
    - Providing an option for specialty care increases patient satisfaction, decreased dropouts, and increased efficiency and efficacy of treatment

(Aguera et. al., (2013) BMC Psychiatry 13:285.)

Questions?

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