What is binge eating disorder?

Individuals with binge eating disorder (BED) experience episodes of rapid food consumption: periods in which they “lose control” of the ability to stop eating. They may eat until after they are already full or at times when they were not hungry to begin with. People with BED will often eat alone or in secret because they are embarrassed by their behaviors. For some people, binging can cause a sense of relief or fulfillment initially. This feeling fades as the episode progresses and leads to feelings of disgust, guilt, worthlessness or depression after the episode is over.

Binge eating disorder is not a mental illness that is formally characterized in the DSM-IV-TR (the system used by many mental health professionals in America). However, it is a recognized clinical syndrome that has been diagnosed and treated for over 50 years. During this time, BED has been called by other names—compulsive overeating, emotional eating or food addiction—but the core symptom of dysfunctional binge eating episodes is the same.

There is no specific test (e.g., blood test or x-ray) that can diagnose a person with binge eating disorder. Instead, a diagnosis of BED is made by a mental health professional based on a clinical assessment that includes a formal history and collateral information. Any person newly diagnosed with BED should have a physical exam performed by their primary care physician, or pediatrician, in order to screen for complications of this illness that can include obesity, high cholesterol and heart disease.

Who develops binge eating disorder?

Binge eating disorder is the most prevalent eating disorder in America. Approximately 3.5 percent of females and 2 percent of males will experience this illness at some point in their life. In obese individuals, the prevalence of BED is even higher and may be up to 20 percent. The average age of onset for BED is in young adulthood, although binge eating in children is likely increasing. People with BED are more likely to be diagnosed with anxiety disorders, mood disorders and substance abuse disorders.

BED has been shown to run in families and it is believed to be influenced by both genetic and environmental factors. Although no specific genes have been identified, scientists are actively researching a number of genes that affect both the brain and the digestive system. People who have developed unhealthy patterns of eating may be at increased risk of developing BED. Individuals who have experienced stressful life events (e.g., bullying or trauma) may also be at increased risk of developing this condition.

What are the medical complications of binge eating disorder?
People with BED are at increased risk of experiencing weight gain and obesity which place them at risk for a wide variety of medical complications. These can include high cholesterol, Type II Diabetes (e.g., non-insulin-dependent diabetes mellitus), high blood pressure and heart disease. In some cases of severe weight gain, people may be at risk of developing arthritis, obstructive sleep apnea or other weight-related illnesses.

**What is the treatment of binge eating disorder?**

Treatment of binge eating disorder targets both the elimination of binge eating and the development and maintenance of a healthy weight. Most people with BED will benefit from psychotherapy and some may benefit from medications. Usually an inpatient psychiatric hospitalization is not required; however an inpatient eating disorders treatment program may be helpful in stopping severe binge eating behaviors.

Cognitive behavioral therapy (CBT), either in a group setting or individual therapy session, is one of the most studied forms of treatment for BED. CBT is often referred to as the first-line treatment for this condition. This treatment focuses on self-monitoring of eating behaviors, identifying binge eating triggers, and changing distorted thinking patterns about food and self-image. CBT can help reduce binge frequency and promote binge abstinence. Most people who try CBT can expect a 50 percent or greater decrease in their symptoms.

In some cases, certain people may find that medications are useful in helping to control their symptoms. Some antidepressants from the selective-serotonin reuptake inhibitor class (SSRIs)—including citalopram (Celexa), fluoxetine (Prozac), and sertraline (Zoloft)—have been shown to be helpful in decreasing the symptoms of BED. The use of other medications—including topiramate (Topamax)—is beyond the scope of this review. It is important to note that no medications are currently indicated by the FDA for the treatment of binge eating disorder. Furthermore, all treatment decisions should be discussed with one’s physicians as the risks and benefits for each individual may vary.

Comprehensive treatments usually involve a variety of treatment providers that can include mental health professionals, primary care physicians and nutritionists or dieticians. As the importance of family support cannot be understated, many individuals and their loved ones will find family therapy to be quite helpful in the treatment process.

With thorough treatment and the support of their loved ones, most people with binge eating disorder can expect to see a significant decrease in their symptoms and to live healthy lives in absence of serious medical complications. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to seek treatment for this serious condition.

*Reviewed by Ken Duckworth, M.D., and Jacob L. Freedman, M.D., January 2013*