

Binge eating disorder

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Identifying and treating binge eating disorder.

The prevalence of binge eating disorder in the general population is greater than any other eating disorder, with around 3.5% of women and 2% of men experiencing it in their life.¹ It is usually a mid-life disorder with a relatively even gender frequency.¹

Binge eating disorder is defined as regular (two per week) and sustained (\geq six months) binge eating episodes,² in which the individual will consume abnormally large amounts and lose the ability to control food intake.³

Unwanted weight gain or obesity can reinforce further compulsive binge eating behaviours.³ Unfortunately, binge eating disorder is easily masked as basic overeating or indulging and therefore often goes undiagnosed and untreated.³ It is common for adults to present for treatment years after the onset, some having childhood memories of engaging in secret binge eating.¹

Identification

Identifying binge eating disorder can be difficult, as the embarrassment and shame patients often feel when disclosing eating habits can reinforce hiding of symptoms.³ However, screening in general practice is imperative given 30–40% of people seeking weight loss treatment would meet the criteria for binge eating disorder.³

It is helpful to ask questions in a non-judgemental way to start a conversation about emotional and behavioural symptoms of binge eating disorder. For example:

- Do you continue to eat even when you feel full?
- Do you experience a loss of control when eating?
- Do you ever eat in secret and stockpile foods?
- Do you often manage feelings of stress or anxiety through eating?

- Do you find it difficult to feel satisfied despite eating a large meal?
- Do you feel a sensation of 'numbness' when you binge eat?
- How would you describe your feelings about your weight and body image?

Treatment priorities

It is important to refer patients to a multidisciplinary team with specialist knowledge, skill and experience in this area.

A multidisciplinary team could include healthcare professionals who can provide dietetic and psychological interventions that deliver a united approach and will help to maximise the chances of a full recovery.¹ Recommendations include maintaining realistic hopes and expectations for improvement and to take a harm-minimisation approach to nutrition, medical complications and weight control behaviours.¹

Cognitive behavioural therapy (CBT) is the first-line treatment for binge eating disorder in adults;¹ however, mindfulness techniques can also be effective.

Mindfulness teaches the practice or state of conscious awareness of oneself, thoughts, feelings and body in the present moment.³ Integrating mindfulness techniques has been shown to reduce binge eating, improve nutritional outcomes and weight management, and enhance diabetes management (when applicable).³

Dietitian interventions

A focus on weight control using traditional weight-loss advice (including dietary restrictions) has not been a successful long-term plan for overweight or obesity as a result of the binge eating behaviours.⁴ An alternative dietetic approach, used in conjunction with psychological therapies, is the intuitive eating and non-dieting approach to food and health.⁴

Studies on the intuitive eating approach have seen binge episodes decreased significantly, with 80% of people no longer meeting the diagnostic criteria for binge eating disorder after eight weekly sessions.⁴

This approach teaches responding to physical hunger and regulating feelings associated with food and eating.³ It does not focus on weight loss, and learning how to

work on internal hunger cues versus external hunger cues and body dissatisfaction is key.⁴

An accredited practising dietitian (APD) who specialises in eating disorder treatment and intuitive eating can help educate and support someone experiencing binge eating disorder to begin:

- eating regularly – ie three meals and two or three snacks – in order to get in touch with gentle hunger and satiety, rather than the extremes that often occur with chaotic eating⁵
- taking the morality and judgement out of eating by challenging with 'fear' or 'trigger' foods⁵
- regularly including satisfying foods and eating experiences to decrease the impetus to binge
- experiencing and coping with feelings without turning to food⁵
- removing rigidity around food choices and eating behaviours, and recognising that the body needs food variety, including essential fats, proteins and carbohydrates⁵
- respecting the 'here and now' body – bodies of all shapes and sizes deserve care and respect.

An APD can educate and support an individual experiencing binge eating disorder to become an intuitive eater, which is shown to significantly reduce bingeing episodes.⁵ 

References

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