

Binge Eating Disorder

Binge eating disorder (BED) is a severe, life-threatening, and treatable eating disorder characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort); a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and not regularly using unhealthy compensatory measures (e.g., purging) to counter the binge eating. It is the most common eating disorder in the United States.

BED is one of the newest eating disorders formally recognized in the DSM-5. Before the most recent revision in 2013, BED was listed as a subtype of EDNOS (now referred to as OSFED). The change is important because some insurance companies will not cover eating disorder treatment without a DSM diagnosis.

DIAGNOSTIC CRITERIA

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
 - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three (or more) of the following:
 - Eating much more rapidly than normal.
 - Eating until feeling uncomfortably full.
 - Eating large amounts of food when not feeling physically hungry.
 - Eating alone because of feeling embarrassed by how much one is eating.
 - Feeling disgusted with oneself, depressed, or very guilty afterward.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors (e.g., purging) as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

WARNING SIGNS & SYMPTOMS OF BINGE EATING DISORDER

Emotional and behavioral

- Evidence of binge eating, including disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food.
- Appears uncomfortable eating around others

- Any new practice with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Fear of eating in public or with others
- Steals or hoards food in strange places
- Creates lifestyle schedules or rituals to make time for binge sessions
- Withdraws from usual friends and activities
- Frequently diets
- Shows extreme concern with body weight and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Has secret recurring episodes of binge eating (eating in a discrete period of time an amount of food that is much larger than most individuals would eat under similar circumstances); feels lack of control over ability to stop eating
- Disruption in normal eating behaviors, including eating throughout the day with no planned mealtimes; skipping meals or taking small portions of food at regular meals; engaging in sporadic fasting or repetitive dieting
- Developing food rituals (e.g., eating only a particular food or food group [e.g., condiments], excessive chewing, and not allowing foods to touch).
- Eating alone out of embarrassment at the quantity of food being eaten
- Feelings of disgust, depression, or guilt after overeating
- Fluctuations in weight
- Feelings of low self-esteem

Physical

- Noticeable fluctuations in weight, both up and down
- Stomach cramps, other non-specific gastrointestinal complaints (constipation, acid reflux, etc.)
- Difficulties concentrating

HEALTH CONSEQUENCES OF BINGE EATING DISORDER

The health risks of BED are most commonly those associated with clinical obesity, weight stigma, and weight cycling (aka, yo-yo dieting). Most people who are labeled clinically obese do not have binge eating disorder. However, of individuals with BED, up to two-thirds are labelled clinically obese; people who struggle with binge eating disorder tend to be of normal or higher-than-average weight, though BED can be diagnosed at any weight.

**These statistics have been taken from www.nationaleatingdisorder.org

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