



Eating Disorders

As we approach **Eating Disorders Awareness Week** (EDAW), which takes place every year at the end of February and first week of March, it is an opportunity to educate ourselves and raise awareness surrounding eating disorders.

Eating disorders are serious mental health conditions characterized by unhealthy behaviors surrounding food and body image.

This may include:

- extreme restriction of food intake (**anorexia nervosa**),
- binge eating followed by purging (**bulimia nervosa**),
- consuming large quantities of food without control (**binge eating disorder**)
- Avoidant restrictive food intake disorder (**ARFID**)
- Other specified feeding or eating disorder (**OSFED**). Since OSFED serves as a broad category, individuals diagnosed with it may exhibit diverse symptoms. Instances of OSFED encompass various specific examples, such as: *Atypical anorexia*, *Bulimia nervosa* (of low frequency and/or limited duration), *Binge eating disorder* (of low frequency and/or limited duration), *purging disorder* and *night eating syndrome*.

In this "Know The Facts" leaflet we are going to focus on *Binge Eating Disorder*.

Binge Eating Disorder

Binge eating disorder (BED) is a serious mental health condition characterized by recurrent episodes of consuming large quantities of food in a short period, often to the point of discomfort.

- ✓ Unlike other eating disorders, such as anorexia nervosa or bulimia nervosa, individuals with BED do not engage in compensatory behaviors like purging or excessive exercise.
- ✓ BED is the most common eating disorder in the United States, affecting people of all ages, genders, and backgrounds.





Symptoms and Impact

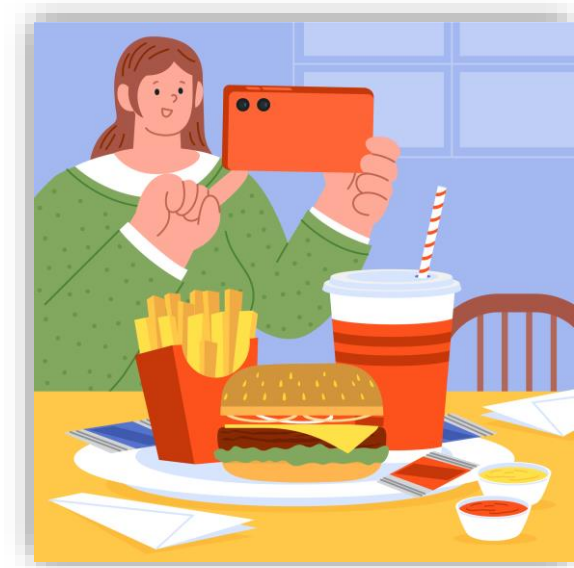
Recognizing Binge Eating Disorder

Recognizing Binge Eating Disorder involves understanding its symptoms and behaviors. Symptoms include eating unusually large amounts of food in a specific period, feeling out of control during episodes, eating rapidly, eating alone due to embarrassment, and feelings of guilt or shame afterward.

Binge Eating Disorder can have profound physical, emotional, and social consequences. It can lead to obesity, high blood pressure, heart disease, diabetes, and other health complications. Individuals with BED often experience shame, guilt, and distress, which can affect their self-esteem and quality of life.

It's crucial to understand that BED is not simply a lack of willpower or self-control but rather a complex interplay of genetic, psychological, environmental, and social factors.

Recurrent episodes of binge eating, characterized by	Emotional and behavioral signs	Physical signs
Eating large amounts of food in a short period	Eating when not physically hungry	Weight fluctuations
Feeling out of control during episodes	Eating alone due to embarrassment	Digestive issues
Lack of compensatory behaviors (e.g., purging)	Feelings of guilt or shame after binge episodes	Fatigue and lethargy





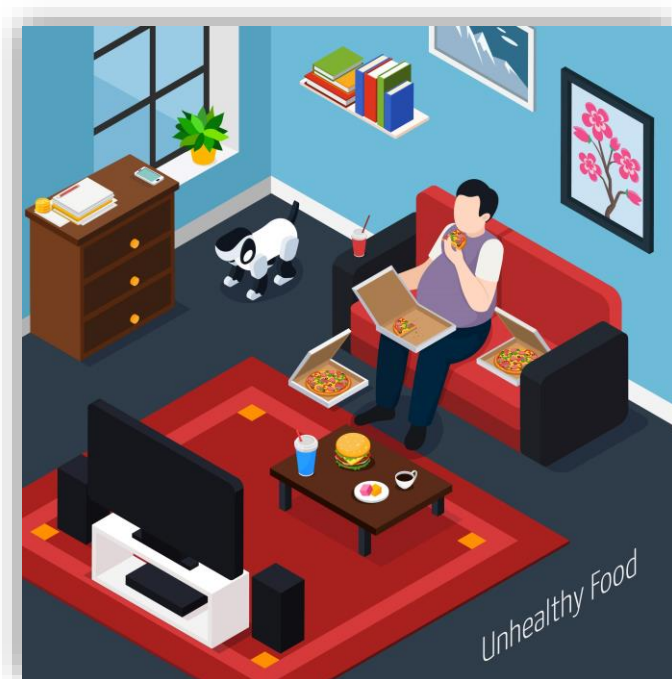
Causes of Binge Eating Disorder

Binge Eating Disorder (BED) arises from a complex interplay of psychological, biological, and environmental factors. Psychological causes often involve emotional distress, such as stress, trauma, or negative body image, leading individuals to turn to food as a coping mechanism. Low self-esteem, perfectionism, and difficulty managing emotions may also contribute to BED.

Biological factors, including genetic predisposition and neurochemical imbalances in the brain, play a significant role in BED development. Individuals with a family history of eating disorders or mood disorders are at higher risk.

Environmental influences such as societal pressure to attain a certain body size, diet culture, and exposure to highly palatable, calorie-dense foods contribute to the development of disordered eating behaviors, including binge eating.

Psychological factors	Biological factors	Environmental factors
Stress, trauma, and emotional distress	Genetic predisposition	Diet culture and societal pressure to attain a certain body size
Negative body image and low self-esteem	Neurochemical imbalances in the brain	Availability of highly palatable, calorie-dense foods





Treatment and Support

Seeking Help for Binge Eating Disorder

Treatment for BED typically involves a combination of psychotherapy, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and interpersonal therapy (IPT), along with nutritional counseling and medication when appropriate.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is a highly effective treatment for Binge Eating Disorder (BED). CBT targets distorted thoughts and behaviors related to food, body image, and emotions. Through structured sessions, individuals identify triggers and develop strategies to challenge negative beliefs about food and body image. CBT helps clients cultivate healthier coping mechanisms, such as problem-solving skills and stress management techniques, reducing the frequency and intensity of binge eating episodes. By addressing underlying psychological factors, CBT promotes long-term recovery and empowers individuals to develop a more balanced relationship with food and their bodies, ultimately enhancing their overall well-being and quality of life.

Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) offers a structured and evidence-based approach to treating Binge Eating Disorder (BED). In DBT, individuals learn skills to manage emotions, tolerate distress, and improve interpersonal relationships, addressing the underlying issues contributing to binge eating behaviors. DBT combines cognitive-behavioral techniques with mindfulness practices, helping individuals develop awareness of triggers and responses to urges to binge eat. Through skills training, such as emotion regulation and mindfulness, clients learn healthier coping strategies and alternative behaviors to manage distress without turning to food. With its focus on acceptance and change, DBT empowers individuals to break free from the cycle of binge eating and cultivate a balanced relationship with food and emotions.



Treatment and Support Seeking Help for Binge Eating Disorder

Interpersonal Therapy (IPT)

Interpersonal Therapy (IPT) is a valuable treatment option for Binge Eating Disorder (BED). Focused on improving interpersonal relationships and communication skills, IPT targets social and relationship issues contributing to binge eating behaviors. Through structured sessions, individuals explore how interpersonal conflicts, transitions, or losses may trigger binge eating episodes. IPT helps clients identify unhealthy patterns in relationships and develop healthier ways of interacting with others. By enhancing social support and addressing underlying emotional needs, IPT promotes resilience and empowers individuals to cope with stressors without resorting to binge eating. With its interpersonal focus, IPT fosters meaningful connections and supports long-term recovery from BED.

- ✓ **Nutritional Counseling:** Nutritional counseling provides education and support for establishing regular eating patterns, promoting balanced nutrition, and developing a healthy relationship with food. Registered dietitians work with individuals to create personalized meal plans and address any nutritional deficiencies or imbalances.
- ✓ **Medication:** While medication is not the primary treatment for BED, certain medications may be prescribed in conjunction with psychotherapy to help manage symptoms. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs), may be used to address co-occurring mood disorders and reduce the frequency of binge eating episodes.

With early intervention and comprehensive treatment, many people with BED can achieve significant improvements in their eating behaviors, emotional well-being, and overall quality of life. Treatment for BED is individualized and may involve a combination of these approaches tailored to the unique needs and preferences of each individual.

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Sources: <https://www.nimh.nih.gov/health/topics/eating-disorders>
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See more on our Website, Blackboard & Social Media
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