"Binge Eating Disorder (BED) has joined the ranks with Anorexia Nervosa (AN) and Bulimia Nervosa (BN) as an "official" eating disorder. Binge Eating Disorder is in fact a distinct entity. No one knows for sure what causes BED. Similar to Anorexia Nervosa or Bulimia Nervosa, the treatment approach is always bio-psycho-social."
-www.anad.org

Sports, Cardiovascular, and Wellness Nutrition
a dietetic practice group of the Academy of Nutrition and Dietetics

BINGE EATING DISORDER

Identifying someone who has a Binge Eating Disorder:[1]

Binge eating disorder is characterized by:

- Recurrent episodes of binge eating occurring **AT LEAST ONCE A WEEK**for 3 months.
- Eating a larger amount of food than most people would eat in a short period of time (**WITHIN 2 HOURS**).
- Subjective experience of **LOSS OF CONTROL** (LOC) related to eating.

And 3 or more of the following behaviors

- Eating until feeling uncomfortably full
- Eating large amounts of food when not physically hungry
- Eating much more rapidly than normal
- Eating alone out of embarrassment over quantity eaten
- Feeling disgusted, depressed, ashamed, or guilty after overeating

Weight Discrimination is Associated with the Development of BED for Many People.

- People engage in restrained eating (dieting) to combat weight **DISCRIMINATION YET RESTRAINED EATING IS CONSIDERED A KEY FACTOR IN THE DEVELOPMENT OF ALL EATING DISORDERS**, including BED.
- Most obese people with BED report multiple failed dieting attempts.[3]

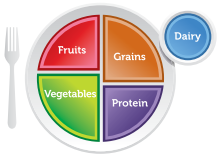
Binge eating disorder is not associated with the recurrent use of compensatory behavior as in bulimia nervosa, and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

30-40% of those seeking weight loss treatments can be clinically diagnosed with BED.[2]

Treatment Considerations:

1. A team approach, including a psychotherapist and **NUTRITION THERAPIST IN PARTICULAR, IS SUGGESTED**. Medically, patients with BED may need to rule out and treat underlying metabolic concerns.
   - Assess for level of care needed. Some individuals may do well in outpatient therapy while others may need more intensive eating disorder treatment.
   - Psychiatric consequences need to be addressed including co morbid disorders, psychosocial functioning and quality of life.
2. Compassion for those diagnosed with BED is fundamental to an effective client-treatment provider relationship.
   - Neutral and **ACCEPTING ATTITUDES ABOUT BODY SIZE ARE KEY**.
   - Effective **TREATMENT** may not change body size but **CAN REDUCE INCIDENCE OF BINGE EATING** and associated physiological and psychological distress.
3. Utilize a health-focused versus weight-focused approach.
   - **A HEALTH-FOCUSED APPROACH** emphasizes improvements in beliefs, attitudes and behaviors instead of changes in body size or shape.
4. **NUTRITIONAL COUNSELING BY A REGISTERED DIETITIAN NUTRITIONIST CAN BE ONE ESSENTIAL PART OF TREATMENT**
   - RDN should pursue advanced training and learn about effective counseling strategies like cognitive behavioral therapy (CBT) and acceptance and commitment therapy (ACT).

Nutrition Considerations:



1. Evaluate meal patterns with focus on encouraging regular, balanced eating of adequate amounts of food to produce satiety.
   - While the goal may be to eat according to internal cues, many people with BED do not recognize these cues.

> Structured eating that encourages eating regularly (every 3-5 hours or so) as well as balanced eating using the Plate Model can provide a bridge to reconnecting with internal cues.

2. Pay particular attention to skipping meals, eating too lightly at meals or going too long between meals, all of which are physiological triggers that can lead to overeating at subsequent meals.

3. Explore psychological triggers such as attitudes about "good" or "bad" foods that can lead to overeating "forbidden" foods.

4. Ensure adequate protein intake to minimize blood glucose fluctuations that may trigger overeating.

Summary

Assess clients for BED. Coordinate care with professionals who treat BED. Educate team members and clients on weight stigma and become familiar with the Health at Every Size® (HAES). BED is a new diagnosis that will require ongoing research.

For More Information:

1. Binge Eating Disorder Association: **BEDAonline.com**
2. National Eating disorders association: **nationaleatingdisorders.org**
3. Health At Every Size: **sizediversityandhealth.org**

About BED

1. **WHO SUFFERS?**
   The prevalence of BED is estimated to be approximately 1-5% of the general population.
2. **QUALITY OF LIFE**
   People with binge eating disorder report a lower quality of life than non-binge eating disorder.
3. **DISTRESS & SHAME**
   People struggling with binge eating disorder often express distress, shame, and guilt over their eating behaviors.
4. **DEPRESSION**
   BED is often associated with symptoms of depression.

www.nationaleatingdisorders.org

References

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3. Roehrig M, Masheb RM, White, MA, Grilo CM. Dieting frequency in obese patients with binge eating disorder: behavioral and metabolic correlates. Obesity, 2009;17:689-697.

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Written by SCAN registered dietitians (RDs) to provide nutrition guidance. The key to optimal meal planning is individualization. Contact a SCAN RD for personalized nutrition plans. Access "Find a SCAN RD" at **www.scandpg.org** or by phone at **800.249.2875**.

Contact SCAN
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