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## Binge eating disorder: Causes, consequences and management

**Tabasum Fatima, Mushtaq Beigh and Syed Zameer Hussain**

### Abstract

Binge eating disorder (BED) is a relatively new eating disorder which was first described in 1992, and became a distinct nosological entity that describes the eating disturbance of a large number of individuals, particularly teens and adults who suffer from recurrent binge eating and generally become obese, even though BED is not limited to obese individuals only. The factors which lead to BED include biological abnormalities, physiological, social and cultural factors. BED is associated with increased psychopathology including depression and personality disorders. Eating disorder treatments such as cognitive behavior therapy (CBT) or interpersonal psychotherapy (IPT) improve binge eating with abstinence rates of about 50%. Antidepressants are also effective in reducing binge eating, though less than psychotherapy

**Keywords:** Binge eating disorder, causes, consequences, management

### Introduction

Eating Disorders are characterized by irregular eating habits and severe distress or concern about body weight or shape. Eating disturbances may include inadequate or excessive food intake which can ultimately damage an individual's well-being. The most common forms of eating disorders include Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder which affect both males and females. Eating disturbances may include inadequate or excessive food intake which can ultimately damage an individual's well-being.

**Anorexia Nervosa:** The person suffering from anorexia nervosa will typically have an obsessive fear of gaining weight, refusal to maintain a healthy body weight and an unrealistic perception of body image. Many people with anorexia nervosa will fiercely limit the quantity of food they consume and view themselves as overweight, even when they are clearly underweight. Anorexia Nervosa can have damaging health effects, such as brain damage, multi-organ failure, bone loss, heart diseases and infertility. The risk of death is highest in individuals with this disease.

**Bulimia Nervosa:** This eating disorder is characterized by repeated binge eating followed by behaviors that compensate for the overeating, such as forced vomiting, excessive exercise, or extreme use of laxatives or diuretics. Persons suffering from Bulimia may fear weight gain and feel severely unhappy with their body size and shape. The binge-eating and purging cycle is typically done in secret, creating feelings of shame, guilt, and lack of control. Bulimia can have injuring effects, such as gastrointestinal problems, severe dehydration, and heart problems resulting from an electrolyte imbalance.

**Binge Eating Disorder:** Binge eating disorder (BED) is a severe, life-threatening, eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems, but without subsequent vomiting. Wu. M *et al.* (2014) [1]. People with binge eating disorder may consume up to 20, 000 calories in a sitting, using food in this way to soothe or punish themselves multiple times a week. BED is a condition, which is similar to bulimia nervosa but without characteristic purging. Individuals who are diagnosed with bulimia nervosa and binge eating disorder exhibit similar patterns of compulsive overeating, neurobiological features of dysfunctional cognitive control and food addiction, and biological and environmental risk factors. BED is caused by a complex interplay of genetic, biological, socio-cultural, environmental and psychological factors. It is characterized by extreme emotions, thoughts and behaviours around food and weight.

Genetic and biological factors are beyond anyone's control, and psychological factors require professional therapy to address. But socio-cultural and environmental factors are areas where families can be mindful of how their own and societal ideas and actions may compound the other risk factors.

### Occurrence of BED

Binge eating disorder may occur at any age but is most prevalent among teens and adults, Hay *et al.* (2009) [2]. In the United States, BED affects more people than any other eating disorder, including 3.5 percent of women, 2 percent of men, and 1.6 percent of adolescents. The prevalence of BED in the general population is approximately 1-3%. Perkins *et al.* 2006 [7] reported that Binge eating disorder is the most common eating disorder in adults. The limited research that has been done on BED shows that rates of binge eating disorder are fairly comparable among men and women. The lifetime prevalence of binge eating disorder has been observed in studies to be 2.0 percent for men and 3.5 percent for women, higher than that of the commonly recognized eating disorders anorexia nervosa and bulimia nervosa. Rates of binge eating disorder have also been found to be similar among black women, white women, and white men, while some studies have shown that binge eating disorder is more common among black women than among white women. Though the research on binge eating disorders tends to be concentrated in North America, the disorder occurs across cultures. In the USA, BED is prevalent in 0.8% of male adults and 1.6% of female adults. Additionally, 30 to 40 percent of individuals seeking treatment for weight-loss can be diagnosed with binge eating disorder

A person is prone to develop Binge eating disorder due to:

- i) Low self-esteem and a lack of confidence.
- ii) Depression or anxiety.
- iii) Feelings of stress, anger, boredom or loneliness.
- iv) Dissatisfaction with your body and feeling under pressure to be thin.
- v) Stressful or traumatic events in your past.
- vi) A family history of eating disorders.
- vii) Troubled relationship
- viii) Hormonal Imbalance

Complications that may be caused by, or linked with, binge-eating disorder include:

- Depression
- Suicidal thoughts
- Insomnia.
- Obesity
- High blood pressure
- Type 2 diabetes
- High cholesterol
- Gallbladder disease and other digestive problems
- Heart disease
- Joint pain
- Muscle pain
- Headache
- Menstrual problems

### Signs and symptoms of BED

Binge eating is the core symptom of BED; however, not everyone who binge eats has BED. Michalska *et al.* (2016)

[9] reported that an individual may occasionally binge eat without experiencing many of the negative physical, psychological, or social effects of BED. This example may be considered an eating problem (or not), rather than a disorder. Precisely defining binge eating can be problematic, however binge eating episodes in BED are generally described as having the following potential features:

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. 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.
2. 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).

B. The binge-eating episodes are associated with three (or more) of the following:

1. Eating much faster than normal perhaps in a short space of time
2. Eating a large amount when not hungry
3. Subjective loss of control over how much or what is eaten
4. Binges may be planned in advance, involving the purchase of special binge foods, and the allocation of specific time for bingeing, sometimes at night
5. Eating alone or secretly due to embarrassment over the amount of food consumed
6. There may be a dazed mental state during the binge
7. Not being able to remember what was eaten after the binge
8. Feelings of guilt, shame or disgust following a food binge

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa

In contrast to bulimia nervosa, binge eating episodes are not regularly followed by activities intended to prevent weight gain, such as self-induced vomiting, laxative or enema misuse, or strenuous exercise (Wu. M *et al.* 2014) [1]. BED is characterized more by overeating than dietary restriction and over concern about body shape. Obesity is common in persons with BED, as are depressive features, low self-esteem, stress and boredom.

### Treatment

Treatment for BED is available and recovery is possible. Binge eating disorders can become debilitating and, in some instances, life-threatening. The most effective treatments typically involve a combination of psychotherapy. Treatment may be done in a group setting, individually, or with a combination of the two. Particular attention should be paid to medical and nutritional needs. Patient may be prescribed medication for depression in combination with cognitive behavioral therapy. Patient should work with a team of healthcare professionals. This team may include:

- psychotherapist
- psychiatrist
- nutritionist
- primary care doctor

Treatment will aim to:

- help you cease the binge eating
- discuss the physical and emotional factors of your binge eating
- discuss steps toward long term recovery

For some people, treatment can be done on a completely outpatient basis. For others, more intensive inpatient therapy at an eating disorders treatment facility might be recommended. Family-based treatment, which involves a person's entire family in the treatment process, has proven good for children with binge eating disorder. Counselling and certain medication, such as lisdexamfetamine and selective serotonin reuptake inhibitor (SSRIs), may help. Some recommend a multidisciplinary approach in the treatment of the disorder.

### Counselling

Cognitive behavioral therapy (CBT) treatment has been demonstrated as a more effective form of treatment for BED than behavioral weight loss programs. 50 percent of BED individuals achieve complete remission from binge eating. CBT has also shown to be an effective method to address self-image issues and psychiatric comorbidities (e. g. depression) associated with the disorder. Recent reviews have concluded that psychological interventions such as psychotherapy and behavioral interventions are more effective than pharmacological interventions for the treatment of binge eating disorder.

### Medication

Three other classes of medications are also used in the treatment of binge eating disorder: antidepressants, anticonvulsants, and anti-obesity medications (Wilson 2002)<sup>[3]</sup>. Antidepressant medications of the selective serotonin reuptake inhibitor (SSRI) class such as fluoxetine, fluvoxamine, or sertraline have been found to effectively reduce episodes of binge eating and reduce weight (Wilson 2002)<sup>[3]</sup>. Similarly, anticonvulsant medications such as topiramate and zonisamide may be able to effectively suppress appetite. The long-term effectiveness of medication for binge eating disorder is currently unknown. Trials of antidepressants, anticonvulsants, and anti-obesity medications suggest that these medications are superior to placebo in reducing binge eating. Medications are not considered the treatment of choice because psychotherapeutic approaches, such as CBT, are more effective than medications for binge eating disorder. Medications also do not increase the effectiveness of psychotherapy, though some patients may benefit from anticonvulsant and anti-obesity medications, such as Phentermine/topiramate, for weight loss. As of January 2015, lisdexamfetamine was the only drug approved by the Food and Drug Administration in the United States specifically for the treatment of binge eating (Acovino 2012)<sup>[4]</sup>

### Surgery

Bariatric surgery has also been proposed as another approach to treat BED and a recent meta-analysis showed that approximately two-thirds of individuals who seek this type of surgery for weight loss purposes have BED. Bariatric surgery recipients who had BED prior to receiving the surgery tend to have poorer weight-loss outcomes and are more likely to continue to exhibit eating behaviors characteristic of BED (Lindsay 2011)<sup>[5]</sup>.

### Prognosis

Individuals suffering from BED often have a lower overall quality of life and commonly experience social difficulties. Early behavior change is an accurate prediction of remission of symptoms later. Individuals who have BED commonly have other comorbidities such as major depressive disorder, personality disorder, bipolar disorder, substance abuse, body dysmorphic disorder, kleptomania, irritable bowel syndrome, fibromyalgia, or an anxiety disorder. (Lindsay 2011)<sup>[5]</sup>. There may also be panic attacks and a history of attempted suicide. While people of a healthy weight may overeat occasionally, an ongoing habit of consuming large amounts of food in a short period of time may ultimately lead to weight gain and obesity. Binging episodes usually include foods that are high in fat, sugar, and/or salt, but low in vitamins and minerals, as these types of foods tend to trigger greatest emotional reward. The main physical health consequences of this type of eating disorder are brought on by the weight gain resulting from the binging episodes. Up to 70% of individuals with BED may also be obese, and therefore obesity-associated morbidities such as high blood pressure and coronary artery disease, type 2 diabetes, mellitus gastrointestinal issues (e. g. gallbladder stones), high cholesterol levels, musculoskeletal problems and obstructive sleep apnea may also be present (Nazar *et al.* 2016)<sup>[6]</sup>

### Conclusion

Good nutrition combined with physical activity, helps us to reach and maintain a healthy weight, reduce risk of chronic diseases (like heart disease and cancer), and promote overall health. Every individual's aim should be to develop healthy eating habits, exercise daily, stress-coping skills, emotional regulation and general health behaviors at early ages, and particularly during youth who might be considered high-risk, for the development of a broad range of addictive disorders including eating disorders and obesity. It is likely that only through multiple interdisciplinary approaches will we be able to effectively target the public health concerns regarding BED, obesity and drug addictions.

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