



SPEED PROJECT

Sport & Prevention of Emerging Eating Disorders

Binge eating disorder and obesity

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Definition

Binge eating disorder, known in the American literature as binge-eating, or according to the American definition binge eating disorder (BED), was first described in 1959 by the American psychiatrist and researcher Albert Stunkard to illustrate the characteristics of a **subgroup of patients with obesity who reported recurrent episodes of excessive and uncontrollable eating.**



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BINGE EATING DISORDER / UNCONTROLLED EATING DISORDER DSM-5 CRITERIA

A - **Recurrent binge eating episodes.** A binge eating episode is characterized by both of the following.

- 1) Eating, within a discrete period of time (for example, within two hours), an **amount of food that is definitely larger than what most people would eat** in a similar period under similar circumstances.
- 2) **A sense of lack of control over eating** during the episode (e.g., feeling that one cannot stop eating or control what or how much one is eating).



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B – Binge eating episodes are accompanied by **at least three** of the following:

- 1) Eating **much more rapidly** than normal.
- 2) Eating **until uncomfortably full**.
- 3) Eating large amounts of food **when not physically hungry**.
- 4) Eating alone because of **embarrassment about how much one is eating**.
- 5) **Feeling disgusted** with oneself, **depressed**, or very **guilty** afterward.



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- C – **Marked distress regarding binge eating episodes is present.** regarding binge eating episodes.
- D – Binge eating occurs, on average, **at least once a week for three months.**
- E – Binge eating **is not associated with the recurrent use of inappropriate compensatory behaviors** as in bulimia nervosa, and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.



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In 2013, the disorder was recognized for the first time as a distinct diagnostic category in the **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**.

It is a clinical condition characterized by **overnutrition**.

The essential feature of binge-eating is the presence of recurrent binge eating episodes not followed by the regular use of compensatory behaviors (e.g., self-induced vomit, misuse of laxatives or diuretics, fasting, and excessive exercise).



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- It is an eating disorder present in **nearly equal numbers in males and females**.
- It typically manifests in individuals in the **30–40-year age range**, unlike anorexia and bulimia, which most commonly affect the 16–20 age group.
- BED manifests as periods of **uncontrolled, impulsive eating** and continuous overeating extended to the point of extreme physical fullness.
- It differs from bulimic disorders, as **it does not involve the use of physical purging methods**, though it may be followed by fasting or dieting attempts.
- Episodes are often preceded by **feelings of loneliness and sadness**, while shame and self-deprecation are common after binge eating.



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Salient characteristics:

- Recurrent episodes of compulsive **binge eating, hoarding, hiding, and stealing food, rapid food consumption**, and/or feelings of extreme fullness, consuming large quantities of food without appetite.
- Fluctuations in body weight.
- Experiences of **depression, anxiety, and loneliness**, low self-esteem, people-pleasing behavior, perfectionism, and difficulty expressing emotions



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- Feelings of **shame and guilt** during and/or after compulsive binge eating.
- Use of binge eating to soothe feelings, **to relieve tension**, and to control anger, sadness, or other emotional states.
- Physical fatigue, cardiovascular risk, increased blood pressure and/or hyperglycemia.



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Personality profile

- Low self-esteem.
- Deficient sense of identity.
- Psychological fragility.
- Difficulty distinguishing emotions.
- Difficulty using symbolic language.



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Prevalence

In the community: 2 - 5%

Overweight among BED patients: 50%

BED among overweight individuals: 5%

BED among obese individuals: 25%

Gender distribution: 65:35 (f:m)



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Obese BED vs Non-BED Obese

- Have an earlier onset of obesity.
- Begin dieting attempts earlier.
- Become concerned about their weight at an earlier age.
- Report greater weight fluctuation.
- Spend more time as adults trying to lose weight.

De Zwaan, 1995 + Mussel, 1995



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	BED	Obesity
Nature	Mental disorder (DSM-5)	Medical condition
Central criterion	Loss of control	Excess adipose tissue
Weight	Variable	Central
Emotions	Shame, guilt, distress	Not necessarily
Binge eating	Yes (criterion)	Not required
Treatment	Psychotherapy (CBT/IPT)	Multidisciplinary
Weight loss	Not always	Often a goal



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- No evidence that BED patients are more prone to medical consequences than other obese individuals if weight is controlled.
- No differences are found in blood pressure, body composition, blood glucose, insulinemia, lipid profile, or thyroid function.
- No correlation appears to exist between BED severity and type 2 diabetes.
- However, some studies have observed that binge-eating appears to confer a greater risk for the development of metabolic syndrome components compared to that attributable to obesity.



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Therapeutic goals

The international literature recognizes as **primary treatment goals** for binge-eating:

- 1) Abstinence from binge eating.
- 2) Weight loss (when obesity is present).

Additional goal to pursue include:

- 3) Treatment of associated psychopathology (excessive concern with body weight and shape, control over eating, mood disorders, anxiety disorders, etc.).



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Therapeutic options

- Psychotherapy.
- Weight loss programs based on lifestyle modification (outpatient and residential).
- Pharmacological treatment.



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