

# Stonebriar Psychiatric Services

## News & Views

### Binge Eating Disorder

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## Binge-Eating Disorder

With the holiday season coming up, I thought it appropriate to deal with another common form of eating disorder called binge-eating disorder (BED). As you will recall, in our July newsletter we discussed bulimia nervosa, and in August we dealt with anorexia nervosa. All forms of eating disorders tend to be especially difficult and stressful during the holidays from Thanksgiving through New Year's, as food often has such a strong presence during this time of year.

Although we previously have dealt with the eating disorders in which the pursuit of thinness and fear of obesity, coupled with distortion of body image, can lead to extremely debilitating and even fatal consequences, we must also not forget the fact that obesity has truly become a significant problem in America. It is estimated that the prevalence of obesity in American adults is approximately 31%, roughly double what it was 20 years ago. Some have estimated as high as 365,000 deaths a year are due to excess weight. It seems ironic that in a culture obsessed with thinness, obesity has taken on what many consider epidemic proportions. Obesity can contribute to the development of many medical illnesses, including type 2 diabetes mellitus, heart disease, and hypertension. Many individuals struggling with obesity are also struggling with BED. A variant of this is the night-eating syndrome in which individuals frequently experience little appetite in the morning but may consume much of their daily intake as snacks following the evening meal and tend to awaken at least once a night for three nights out of the week for snacks. These usually consist of high calorie snacks, and by definition the behavior has gone on for at least three months. Night eating syndrome is generally considered a disorder of sleep, mood, as well as eating, and is often made worse by stress.

## What Is Binge-Eating Disorder?

The prevalence of BED is estimated at 2-5% of the general population, 19% of patients seeking treatment for obesity, 25-50% of individuals undergoing bariatric surgery for weight loss, and a 70% of those attending Overeaters Anonymous. Binge-eating disorder consists of episodes of binge eating but without the use of compensatory behaviors that we have discussed in previous newsletters, such as purging, food restricting, compulsive exercise, or the excessive use of diet pills or laxatives. Although it is difficult to come up with a specific definition of a binge-eating episode, one reasonable definition would be that of eating an amount of food that is distinctly larger than what most individuals would eat in a similar period of time and having a *sense of a lack of control during the episode*. That feeling out of control is especially important when one describes a binge. Binge-eating disorder is more common in women than men by almost 2:1 and seems to occur more frequently in minority women than does anorexia nervosa or bulimia nervosa.

The diagnostic criteria for BED require recurrent episodes of binge eating occurring at least two days a week over a six-month period. It also requires at least three of the following during most of the bingeing episodes: eating more rapidly than usual, eating until uncomfortably full, eating large amounts of food when not hungry, eating alone because of embarrassment about how much one is eating, or feeling disgusted, guilty, or depressed after over eating. As noted, it also cannot meet the previously discussed criteria for anorexia nervosa or bulimia nervosa.

When compared with obese individuals without BED, there tends to be a higher rate of depression, anxiety disorders, and certain personality disorders in those with BED. The exact etiology of BED is still unclear. Although it is clear that obesity results from too many calories going in relative to those being used in one's daily activities, the exact metabolic pathways which regulate and govern this balance is both complicated and interrelated in functioning. Certain hormones such as leptin and insulin help regulate intake and energy expenditure, but there are also some studies that indicate a possible genetic role affecting the complex interaction of these and many other hormones involved. A detailed review of these interactions is beyond the scope of this newsletter.

## Treatment for Binge-Eating Disorder

It has been noted by many that the treatment of BED is somewhat complicated because of the relatively high rates of spontaneous remission as well as relapse. Cognitive behavioral therapy and interpersonal psychotherapy have proven effective in some studies and certainly have been helpful with some of the other co-morbid issues associated with BED, although consistent decrease in the mean body mass index (BMI) has not been as consistent, and particularly with longer-term follow-up. There are a number of antidepressants, as well as some anti-obesity agents and anticonvulsants which have shown to be of some benefit with BED. However, these have generally not yet been approved for the treatment of BED by the FDA. These would include Meridia (sibutramine) and Xenical (orlistat) as anti-obesity agents, along with Topamax as one of the anticonvulsants that has at times been helpful. Fluoxetine (Prozac) in its higher dose ranges of 60-80 mg per day has frequently been helpful in reducing the frequency of binges and often with accompanying weight loss. Other medications in the SSRI group, such as the Zoloft, Celexa, and Luvox have shown similar trends.

More than 100,000 bariatric surgeries, primarily gastric bypass or laparoscopic adjustable gastric banding, are performed annually in the United States for morbid obesity. In a recent survey of the American Society for Bariatric Surgery, 88% stated that they screen for binge eating in patients presenting for surgery. Management of this condition varied, although 20% of surgeons stated that they proceeded with surgery, 2.7% recommended against surgery, and the remainder tended to either postpone the surgery or had variable approaches in dealing with it. In summary, there is no clear consensus on how to help patients with BED who present for bariatric surgery, in part because there are no studies that clearly indicate how patients with BED will respond to bariatric surgery. Some studies have indicated that preoperative psychotherapy may improve the results obtained with bariatric surgery.

## Tips To Help Prevent Binge Eating

- Cook only enough food to fill plates once with appropriate portions.
- Schedule meals and snacks and try to stick to routine in scheduling.
- Do not delay your meals. *Eating on a regular schedule will help prevent hunger which can trigger a binge.*
- Snack between meals to avoid becoming too hungry, which may trigger a binge.
- Eat balanced meals with adequate, but not excessive, calories.
- Carry snacks with you, preferably those with protein to help maintain stable blood sugars.
- Eat breakfast... yes, your mother was right that this is one of the most important meals of the day... along with lunch, dinner, and preferably morning and afternoon snacks.
- Use utensils whenever you eat, even during binges. This will help to slow you down and also reduce that feeling of being "out of control."
- Remember that you do not have to clean your plate, particularly when eating out and the portions tend to be large.
- Try to serve one portion at a time and remove serving dishes from the table.
- Slow down when you eat by putting down utensils when chewing your food, chewing your food well, and pausing to take a few deep breaths during the meal.
- Put away leftovers as soon as possible after you finish eating.
- Leave the table after eating and continue your conversations elsewhere.
- Store food in opaque containers in the refrigerator to provide less temptation.
- Put only one food in your mouth at a time, even if it is during a binge.
- Try to substitute foods with more beneficial fats, e.g. olive oil rather than butter and vegetable rather than animal fat, rather than trying to cut out all fats from your diet.
- Try freezing orange juice, grapes, or other fruit juices for when you crave something sweet.
- Put something sour in your mouth, such as a pickle or slice of lime or lemon, when tempted to binge, as it often helps reduce one's craving for sweets.

Although many feel both shame and guilt with regard to their binge eating and obesity, remember that it does not represent a character flaw but rather a real struggle for many that we do not yet fully understand. I would encourage you to consult a professional and to seek help, as it affects not only one's quality of life but also one's overall health.



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