



Intermountain Project ECHO Eating Disorders

Managing Binge Eating Disorder In Adults

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Objectives

- Identify the diagnostic criteria for binge eating disorder
- Understand the impact of binge eating disorder on health and quality of life
- Identify different medical nutrition therapy interventions that can be used with individuals who have been diagnosed with binge eating disorder



Disclosures

No significant financial
conflicts of interest to disclose.



Case studies

A man in a weight loss program tracks his calories religiously. He regularly eats below recommended daily calories, and tries to only eat “healthy” foods. After a few months of rapid weight loss, he finds himself feeling out of control around food a few times a week, and overeats throughout the entire day.

A 30 year old female with a corporate job skips breakfast and lunch regularly during the work week. If she does eat breakfast or lunch, she eats very small portions of vegetables and lean proteins. When she gets home from work, she “zones out” and eats large portions of takeout food and sweets. She goes to bed feeling sick each night



Case Studies

A 40 year old male struggles with depression, anxiety, isolation, and food insecurity. He loves food, sees eating out as his only hobby, and plans his days around eating. He always tries to get the biggest portion for the price, always cleans his plate, and regularly eats until his stomach hurts.

A 62 year old woman has an overwhelming fear of Alzheimer's due to a positive family history. She is following a restrictive organic, gluten-free, dairy-free, plant-based, and no-added sugar diet because she read that this can prevent Alzheimer's. She believes that she needs to follow this eating pattern perfectly. However, she finds that she misses bread and sweets. She follows the Alzheimer's prevention diet for a few days, but eventually "gives in" and goes "all out." When she eats these "bad" foods, she feels very guilty and is scared for her health and vows to get back on her diet tomorrow.



Binge Eating Disorder

An eating disorder characterized by recurrent episodes of eating large quantities of food, often feeling a loss of control around foods, followed by shame, distress, and guilt



DSM-V Diagnostic Criteria (2013)

TABLE 4: Binge-eating disorder (307.51/F50.8)^{DSM}

Diagnostic criteria

- A. Recurrent episodes of binge eating (see Criterion A, Table 3 above).
- B. The binge-eating episodes are associated with 3 (or more) of the following:
 - 1. Eating much more rapidly than normal.
 - 2. Eating until uncomfortably full.
 - 3. Eating large amounts of food when not feeling physically hungry.
 - 4. Eating alone because of feeling embarrassed by how much one is eating.
 - 5. Feeling disgusted with oneself, depressed, or very guilty afterward.
- 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.

Diagnostic criteria

- 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 individuals would eat in a similar period of time under similar circumstances.



DSM-V: Binge Eating Disorder Severity

Current severity

For adults:

- **Mild:** 1–3 binge-eating episodes per week
- **Moderate:** 4–7 binge-eating per week
- **Severe:** 8–13 binge-eating episodes per week
- **Extreme:** 14 or more binge-eating episodes per week

Note: The level of severity may be increased to reflect other symptoms and the degree of functional disability.



DSM-V Criteria

TABLE 5: Other eating disorders^{DSM}

Other specified feeding or eating disorder (307.59/F50.8)

Examples of presentations that can be specified using the “other specified” designation include the following:

- **Atypical anorexia nervosa:** All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range.
- **Bulimia nervosa (of low frequency and/or limited duration):** All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than 3 months.
- **Avoidant/Restrictive Food Intake Disorder:** An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food, concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs. *(See DSM-5 criteria for full criteria.)*
- **Binge-eating disorder (of low frequency and/or limited duration):** All of the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.
- **Purging disorder:** Recurrent purging to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.



Screening Tools

EAT-26 Questionnaire

EDEQ-Eating Disorders Examination Questionnaires

BES- Binge Eating Scale

QEWPR- Questionnaire on Eating and Weight Patterns Revised

Binge Eating Disorder Screening (BEDS-7)



Probing Questions

What is your relationship with food?

How do you feel about food overall?

How do your eating patterns change when you're eating alone?

How do you react when things get hard?

Describe what a binge looks like for you

How do you feel after a binge?

How often are you embarrassed by your eating habits?



Prevalence

More prevalent than AN and BN combined

- Some data suggests it is 3x more prevalent

Lifetime Prevalence Estimates:

- Binge Eating Disorder: 2.8%
- Subthreshold Binge Eating Disorder: 1.2%
- Any Binge Eating: 4.5%

8% of obese population

- Up to 50% of adults seeking medical care for weight loss, such as diet pills or bariatric surgery



Demographics

Lifetime Prevalence was consistently 1.75-3x as high among women as men

- 1.5-3.5% of women
- 0.8-2.0% of men
- More balanced gender ratio than AN and BN

Later age of onset

- Mean: 25.4 yrs
- Median: 21 yrs (17-32)

BED more commonly diagnosed in people at higher weights

- 2/3 of people with BED have BMI >30

Occurs among diverse ethnic and/or racial backgrounds



Complications/Comorbidities

Obesity

Metabolic syndrome

Nonalcoholic fatty liver disease

GERD

Diarrhea/Constipation

Abdominal pain

Diabetes

Elevated cholesterol

Nutritional concerns (vit D def)

High blood pressure

Obstructive sleep apnea

Increased stress around food

Increased anxiety, shame,
depression

Isolation

Decreased quality of life

Binge Eating Disorder Etiology

Genetics

Mood disorders

Anxiety disorders

Substance abuse

Trauma

Physical and sexual abuse

Food insecurity

Dieting

Diet culture

Weight cycling

BED Is Undertreated

Only 3.2% of people who endorsed BED criteria on a survey were diagnosed with BED by a professional

Only 28.4% of people with BED are receiving treatment

Only 43.5% of people with BED will receive treatment at any point



Where do BED patients seek treatment?

Primary care physicians, endocrinologists, other specialists and physicians

Bariatric surgery centers

- 5-25% of bariatric surgery patients have BED

Weight loss programs

- 30% of people in weight loss programs have BED

Dietitians

Mental Health Professionals



Treatment

Psychotherapy

Pharmacotherapy

Medical management of conditions

Medical Nutrition Therapy (MNT)



The Role of the Dietitian

Help the patient:

- Understand what food can and can't do for them
- Recognize that food is one aspect of health/wellness
- Recognize dietary and health myths vs facts
- Understand moderation
- Understand the negative effects of dieting
- Learn to identify body signals (hunger/fullness)
- Practice mindful eating strategies
- Learn to honor and respect their bodies



Nutrition Assessment

- Reason for appointment
- Dietary recall, current eating patterns
- Thoughts, feelings, beliefs about food
- Body image
- Past dieting attempts
- Eating environments
- Medical history
- Laboratory values
- Medications and supplements
- Weight history/trends
- Anthropometrics (?)



Common Dieting Behaviors in Binge Eating Disorder

- Restrictive diets: Intermittent fasting, Keto, Atkins, Whole For 30, Paleo, Weight Watchers (WW), Jenny Craig, NutriSystem
- Eating “clean,” avoiding “junk” food, organic foods, mentally “restricting” food, small portion sizes
- Disordered behaviors: cutting out food groups, obsessively calorie counting, weighing/measuring food, skipping meals



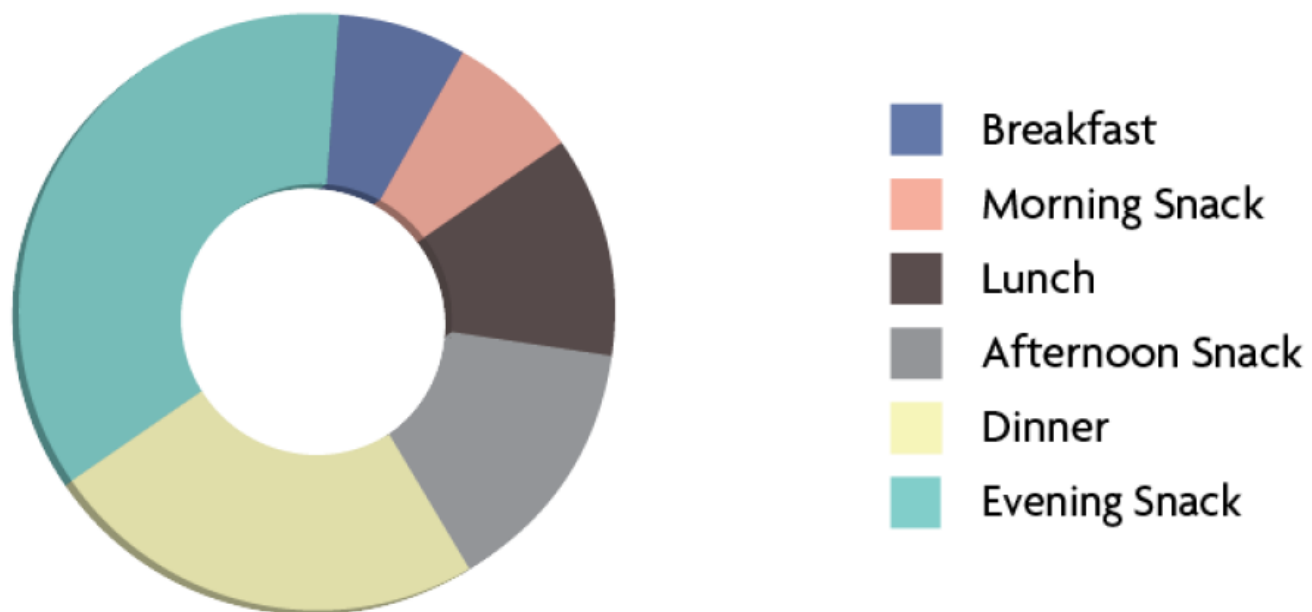
Reasons for Binge Eating

- Deprivation-driven: caused by actual or mental restriction of certain foods or food in general
- Affect-triggered: eating in response to strong emotions
- Compulsive or dissociative: eating used to “numb out,” avoid, or procrastinate
- Hormonal
- Habitual



Sample Nutrition Pattern in BED Client

Nutrition Consumed



By Jennifer McGurk, FNCE 2019 Philadelphia, PA



Medical Nutrition Therapy

- Adequate food/fuel throughout the day
- Timing of meals and snacks
- Variety of food groups
- Macronutrients/micronutrients
- Hunger and fullness cues
- Enjoyment and satisfaction

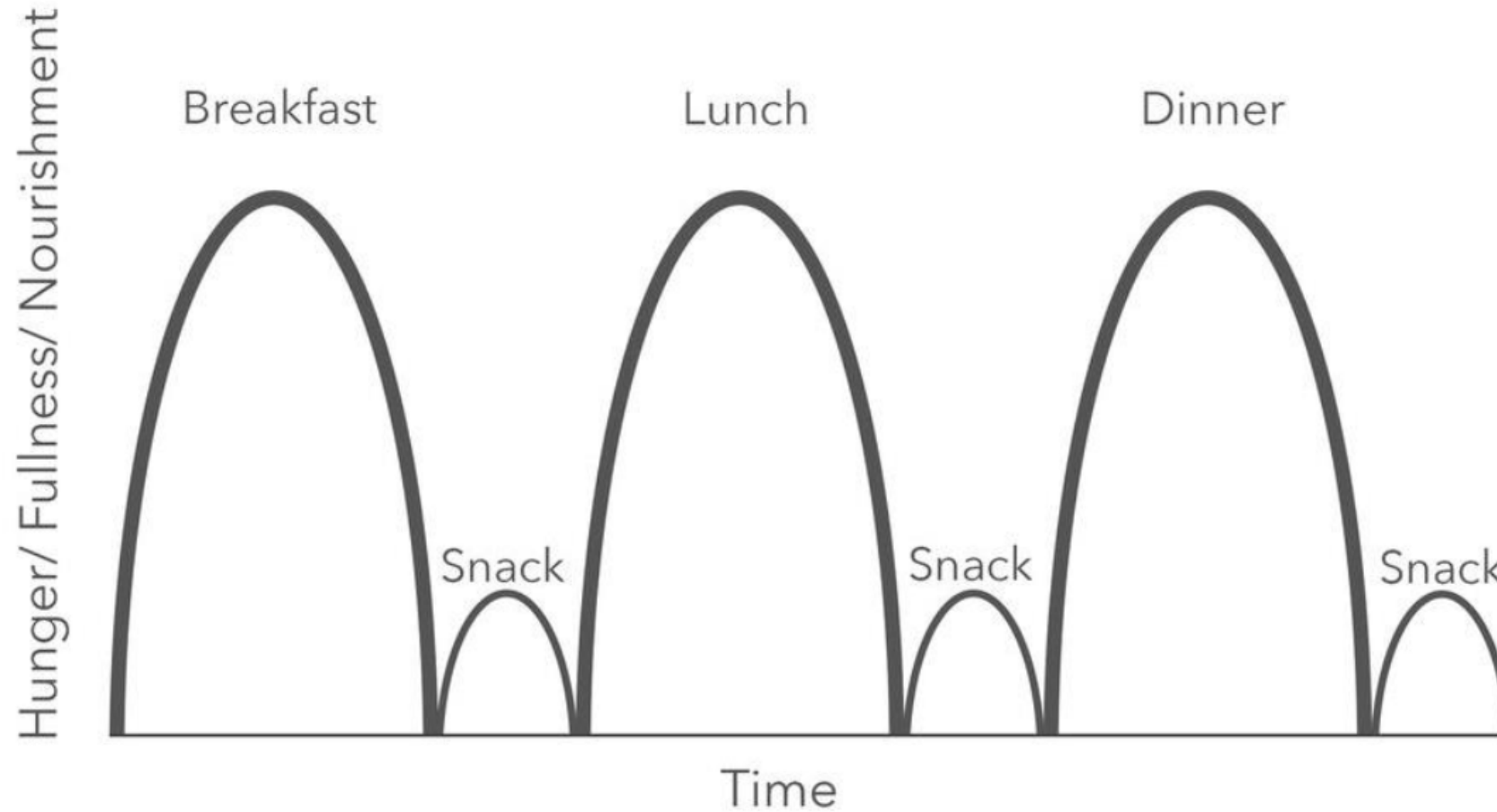


Rule of 3's

- 3 meals/day
- 3 snacks/day
- Eat every 3-5 hours
- 3 food groups in a meal

Herrin, Marcia and Maria Larkin. *Nutrition Counseling in the Treatment of Eating Disorders*. Routledge, New York NY: Copyright 2013



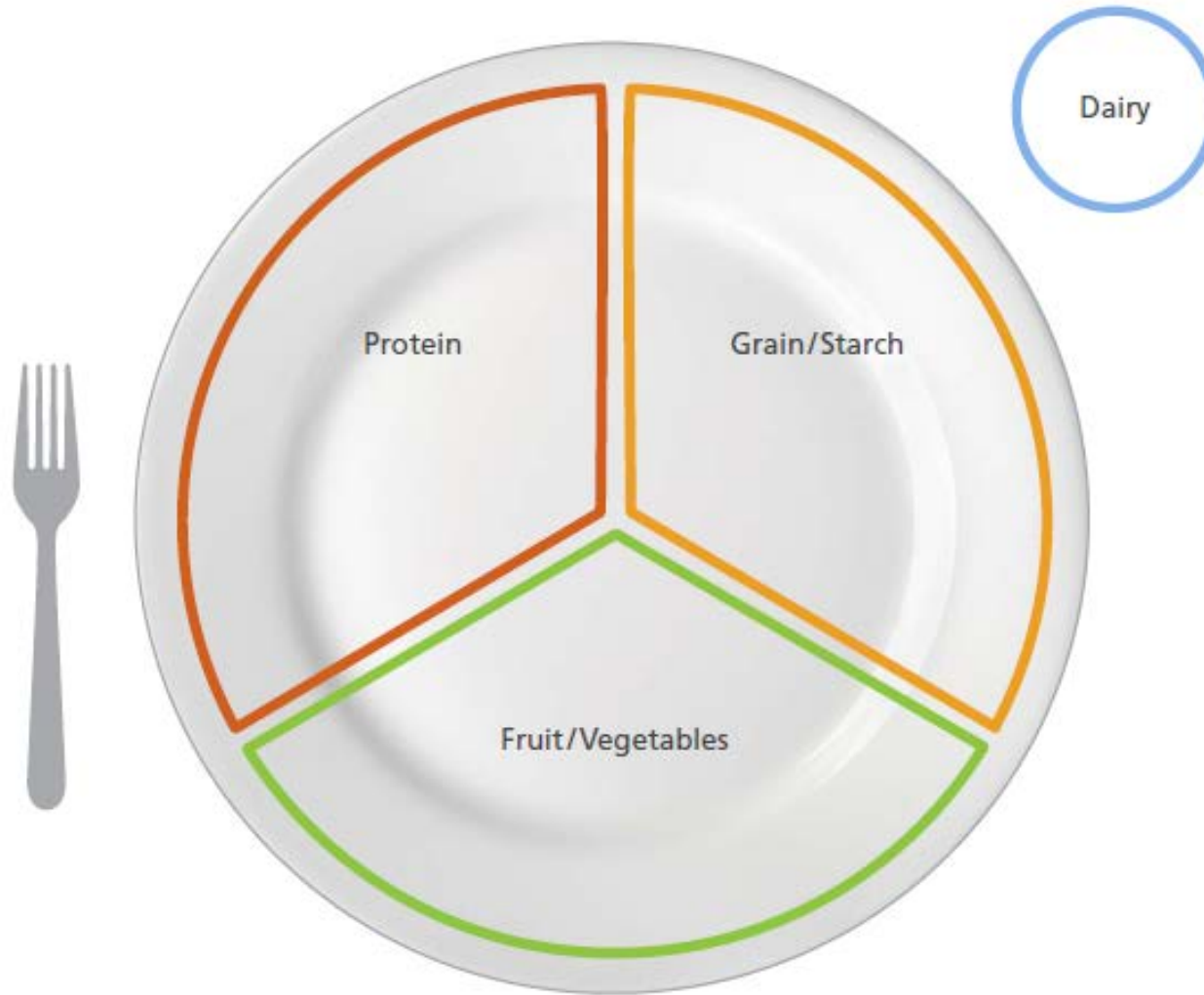


By Jennifer McGurk, *For Professionals: Help Your Clients Feel Fabulous About Food* course, Copyright 2019

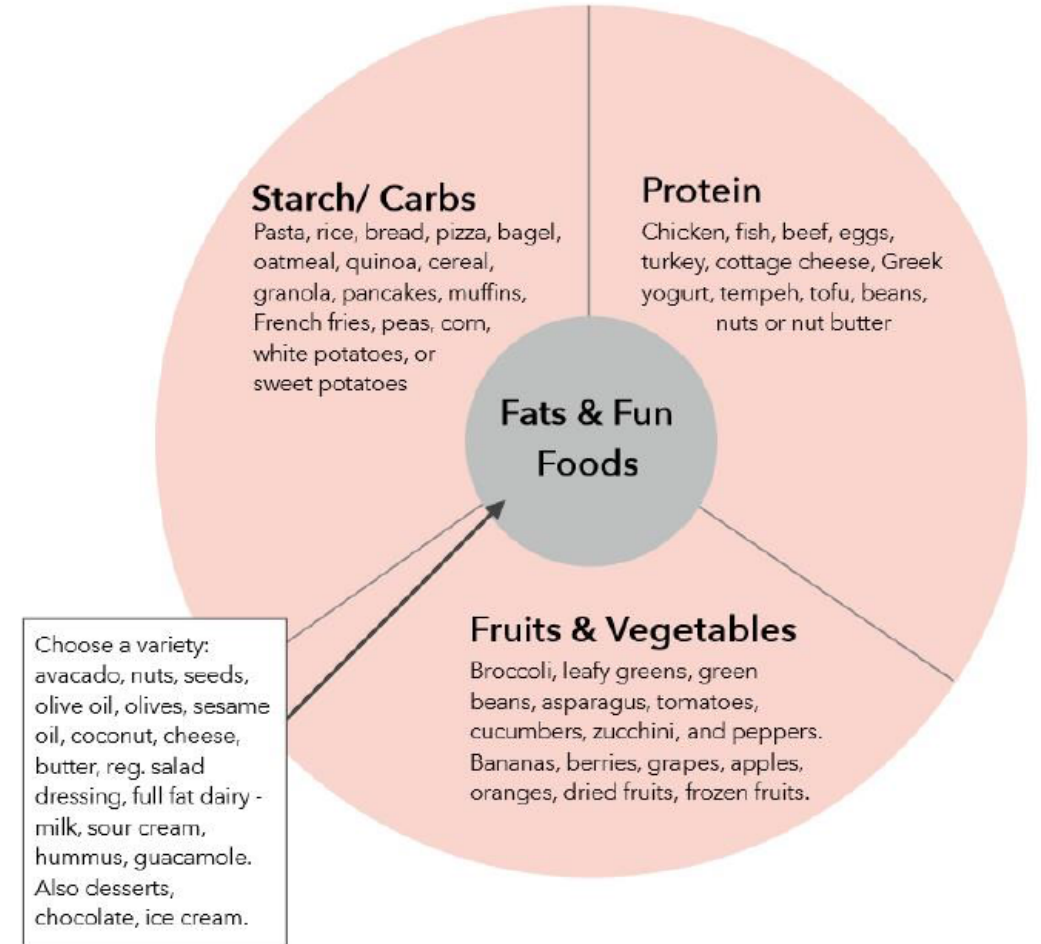


Plate Method

Arrange your plate according to this guide at each meal and eat 3 meals every day. Include snacks between meals as needed or desired. Refer to the food lists you created above to plan meals you will enjoy.



The Peaceful Plate



By Jennifer McGurk, *For Professionals: Help Your Clients Feel Fabulous About Food* course, Copyright 2019

Types of Hunger

Physical Hunger: gradually increases after a satisfying meal, physical symptoms (stomach grumbling, low energy levels), not associated with a sense of compulsion

Vs

Emotional Hunger: strikes quickly, not related to hunger/fullness levels, craving for a certain food



Emotional Eating Tools

LiVe Well Food & Feelings

ONE-DAY JOURNAL

This journal can help you track what you eat and how it connects to your feelings over the course of a day. Make copies, if desired, for other days.

Date: _____ ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Time	Feelings before eating <i>(see ideas on back)</i>	Hunger (1–10*)	Food choices	Fullness (1–10*)	Feelings after eating <i>(see ideas on back)</i>

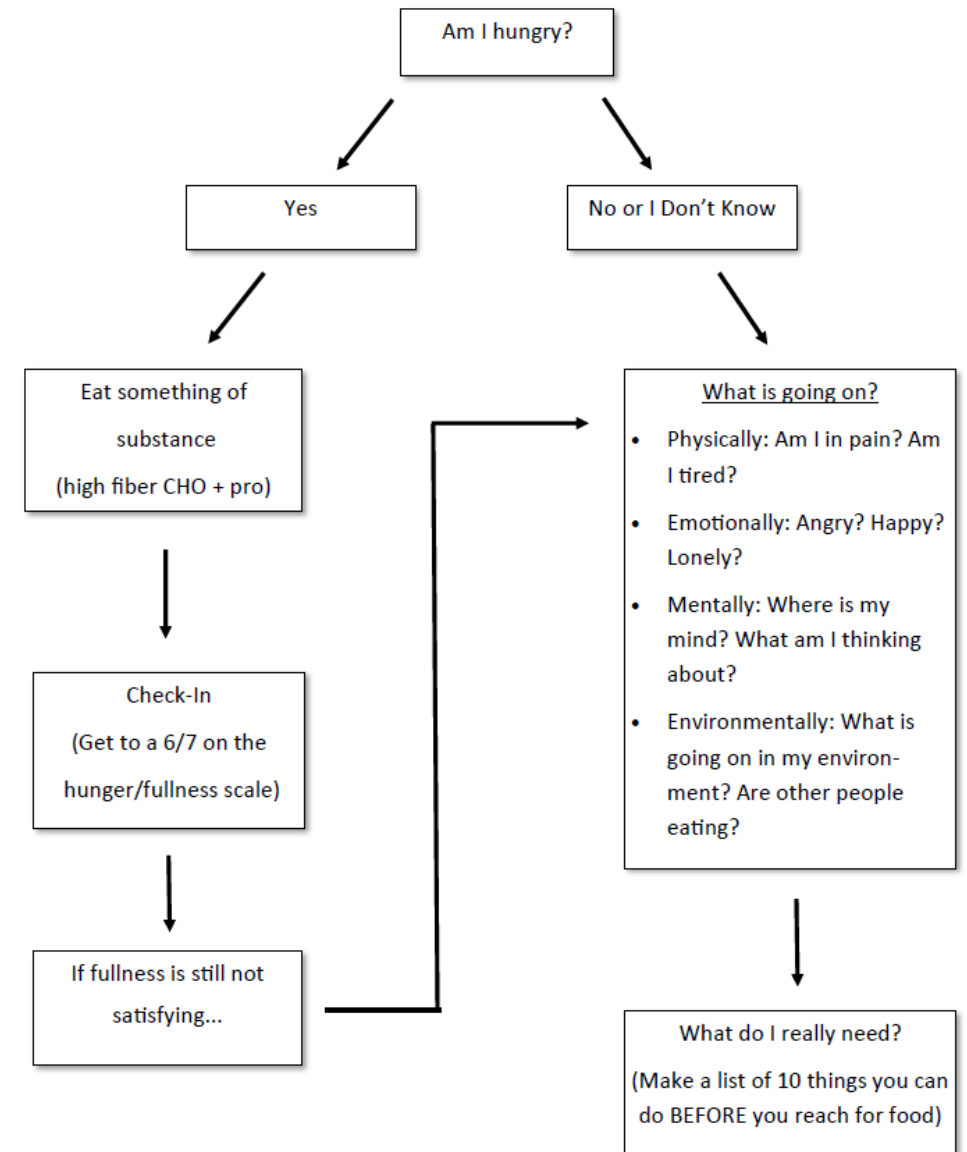
*Hunger/Fullness Scale

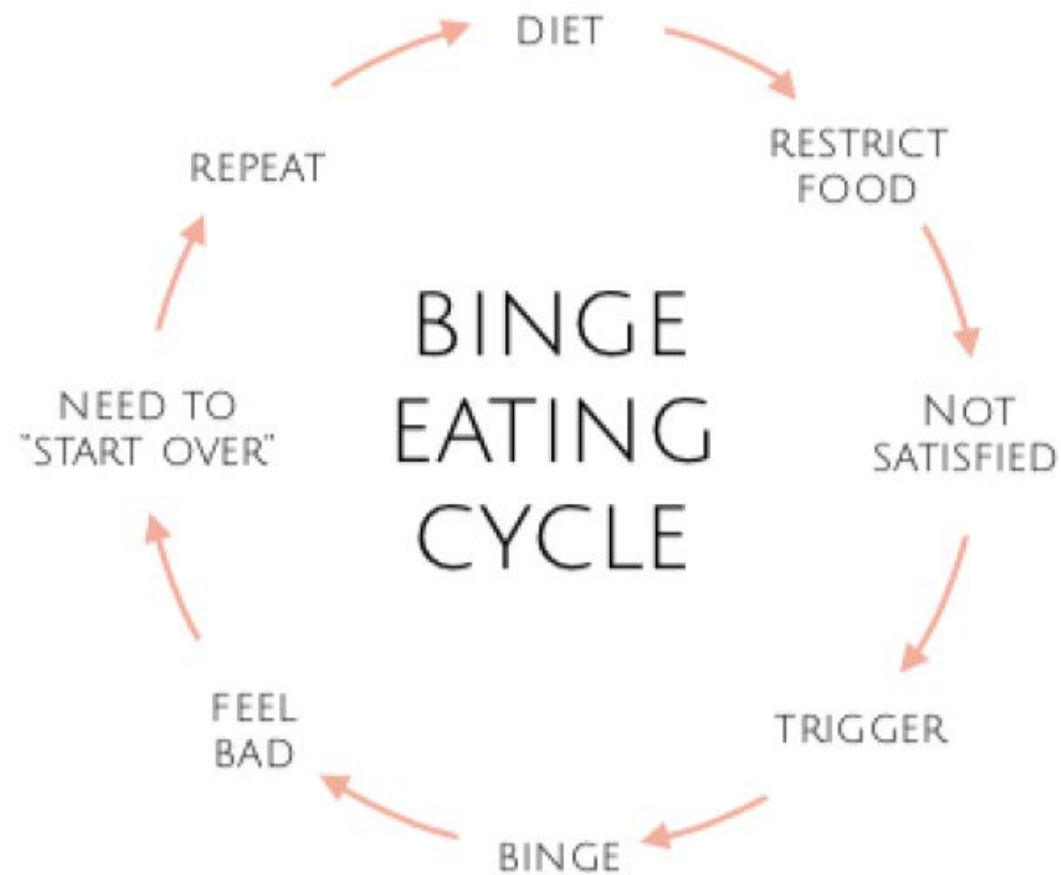
1	2	3	4	5	6	7	8	9	10
Starving, weak, dizzy	Very hungry, low energy, stomach growling a lot	Pretty hungry, stomach is growling a little	Starting to feel a little hungry	Satisfied, neither hungry nor full	A little full, pleasantly full	A little uncomfortable	Feeling stuffed	Very uncomfortable, stomach hurts	So full I feel sick

Food and Feelings Journal

Emotional Eating Tools

Emotional Eating Decision Tree





By Jennifer McGurk, *For Professionals: Help Your Clients Feel Fabulous About Food* course, Copyright 2019



Non-Diet Approach

All foods fit

Eating nourishing food and enjoying it

Accepting the natural diversity in body shapes and sizes

Learning to listen to internal hunger and satiety cues

Increasing self-acceptance

Participating in physical activity for fun and for health, not for wt loss and/or punishment

Identify motivators for positive health behaviors over weight



Intuitive Eating

1. Reject the Diet Mentality
2. Honor Your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Discover the Satisfaction Factor
6. Feel Your Fullness
7. Cope with Your Emotions with Kindness
8. Respect Your Body
9. Movement- Feel the Difference
10. Honor Your Health- Gentle Nutrition

Tribole E., Resch E. Intuitive Eating. 4th Edition. St. Martins Griffin, New York, NY: Copyright: 2020



Health At Every Size[®]

1. Weight Inclusivity
2. Health Enhancement
3. Respectful Care
4. Eating for Well-being
5. Life-Enhancing Movement



Resources for Binge Eating Disorder

Intuitive Eating, Intuitive Eating Workbook by Evelyn Tribole & Elyse Resch

Health At Every Size by Linda Bacon

The Eating Disorders Clinical Pocket Guide, 2nd Edition by Jessica Setnick

Mindless Eating by Brian Wansink

Self-Compassion by Kristin Neff

Body Respect by Linda Bacon

Body Kindness by Rebecca Scritchfield

Just Eat It by Laura Thomas

The Eating Instinct by Virginia Sole-Smith

Eat to Love by Jenna Hollenstein

Anti-Diet by Christy Harrison

The F* It Diet by Caroline Dooner



Questions?



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