Binge Eating Disorder: Identification and Treatment Planning

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Overview

- **BED Basics**
  - Description
  - Subtyping
  - Treatment decisions
- **Details of:**
  - Assessment
  - Treatment
    - CBT, IPT, DBT
- **Exercises with case e.g.**
  - Formulation, binge triggers, food record review
A. Recurrent episodes of binge eating, with both of:
   1. Eating in a discrete period (e.g., 2 hours) an amount of food definitely larger than most people would eat in a similar period
   2. A sense of lack of control over eating during the episodes

B. Episodes associated with three or more of the following:
   1. Eating much more rapidly than usual
   2. Eating until feeling uncomfortably full
   3. Eating large amounts of food when no feeling physically hungry
   4. Eating alone because of being embarrassed by how much one is eating
   5. Feeling disgusted with oneself, depressed, or very guilty after overeating

American Psychiatric Association, 2000
C. Marked distress regarding binge eating is present

D. Binge eating occurs, on average, at least 2 days a week for 6 months

E. Binge eating is not associated with regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise) and does not occur exclusively during the course of anorexia or bulimia nervosa

American Psychiatric Association, 2000
• Disorder of eating that does not meet criteria for any specific Eating Disorder
  o Sub-threshold symptoms for BN, AN
  o Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa

American Psychiatric Association, 2000
Proposed DSM V 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 (for example, within any 2-hour period), an amount of food that is definitely larger than 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 (for example, 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 more rapidly than normal
2. eating until feeling 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 afterwards

C. Marked distress regarding binge eating is present.

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

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior (for example, purging) and does not occur exclusively during the course Anorexia Nervosa, Bulimia Nervosa, or Avoidant/Restrictive Food Intake Disorder.
### Binge Eating: Lifetime Prevalence

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td><strong>BED</strong></td>
<td>3.5 %</td>
<td>2.0 %</td>
</tr>
<tr>
<td><strong>BN</strong></td>
<td>1.5 %</td>
<td>.5 %</td>
</tr>
<tr>
<td><strong>Any binge eating</strong></td>
<td>4.9 %</td>
<td>4.0 %</td>
</tr>
<tr>
<td>(ED-NOS)</td>
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Hudson et al, 2007
• **Seeking treatment for obesity:**
  - 30% with self-report
  - 4.2% - 18.8% with interview

• **Undergoing bariatric surgery** (Niego et al., 2007)
  - 2%-49% BED
  - 6% - 64% Any binge eating

• **Surgical vs. non-surgical WLT**
  - Higher levels of ED’s in surgical group
Etiology

- **Multiple influences**
- **Genetic**
  - Aggregates in families (heritability 30-80%)
- **Biological**
  - Alterations in central and peripheral systems associated with regulation of appetite
- **Environmental**
  - Childhood obesity
  - Family overeating
  - Negative comments about weight/body/eating

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BED: Characteristics

- Associated with:
  - Higher weight
  - Earlier onset of overweight
  - Earlier onset of dieting
  - More frequent dieting
  - Greater psychopathology
    - Depression, substance abuse, Axis II disorders
  - Significant weight and shape concerns comparable to bulimia nervosa
BED: Characteristics

- **Compared to controls**
  - More frequent parental depression
  - Greater vulnerability to obesity
  - More exposure to negative comments about shape, weight, and eating
  - Greater perfectionism and negative self-evaluation

- **Compared to other psychiatric disorders**
  - More frequent childhood obesity
  - Greater awareness of negative comments about shape, weight, eating

- **Compared to obesity**
  - Greater weight and shape concerns
  - More personality disturbance
  - Greater likelihood of mood/anxiety disorders and lower QOL

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BED: Subtyping

- Dietary

- Dietary – Negative Affect
  - Greater eating and weight obsessions
  - Greater social maladjustment
  - Higher lifetime rates of mood, anxiety, and personality disorders
  - Poorer response to treatment

Grilo et al., 2001; Stice et al., 2001
Cognitive Behavioral Therapy (CBT)
- Best established psychotherapy treatment
- Grade of A in review of treatments (NICE guidelines, 2005; strong empirical support from well-conducted, randomized trials)
- Self-help option (Guided Self-Help; GSH)

Interpersonal Therapy (IPT)

Dialectical Behavior Therapy (DBT)

Psychopharmacology
- Topiramate
- Sibutramine
Behavioral Weight Loss Treatment

- **CBT vs. BWLT** (Munsch et al., 2007):
  - Posttreatment: CBT looks better
  - 12-months: Equally effective
  - Binge eating: faster decrease with CBT
  - Weight: faster decrease with BWLT

- **CBT vs. BWLT** (Grilo et al., 2011)
  - Both effective for BED but no substantial weight losses
  - Sequencing CBT then BWLT: no support
  - *BE remission associated with weight loss
  - Support for CBT, BWLT as alternative
Behavioral Weight Loss Treatment

- **IPT vs. BWLT vs. CBTgsh** (Wilson et al., 2010):
  - 2 year followup: IPT and CBTgsh better than BWL

- **Recommendation:**
  - CBTgsh first line
  - CBT full and IPT for patients with lower self-esteem and higher levels of eating disorder psychopathology
• Binge eating is NOT a contraindication for BWLT
• But, BED has been associated with poorer weight loss outcomes (Pagot et al, 2007)
• And specialty treatments yield better outcomes on eating disorder psychopathology
• Recommendation depends on goals
• Subtyping of BED may help with decision
• Depression and distress associated with BED may warrant separate treatment
Binge Eating: Treatment Algorithm

Binge Eating
Assess eating and mood

Dietary subtype

BWLT
Psychopharmacology
Self-help CBT manual

Dietary-negative affect subtype

Binge eating treatment (CBT/IPT)
Psychiatric treatment for mood
Psychopharmacology

BWLT
Multidisciplinary Approach

- Behavioral health/mental health provider
  - CBT training
  - Experience with eating disorders
- Dietitian
- PCP
  - Rule out medical contributions, including medications
- Psychopharmacologist
- Exercise component
  - Trainer
  - Gym
  - Peer group