BINGE EATING DISORDER TREATMENT AND MANAGEMENT

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CASE

37 year old woman presents to primary care for depression treatment and well care. She has not been seen for 3 years. She has gained 50lbs in that time. She states that she is often feeling depressed and tired. She is struggling to get out of bed and attend work. She likes her job and hates missing it but just can't get there some days. She often feels anxious and worries about how people perceive her at work. She is dating after a divorce five years ago. She has no children.

Labs are drawn showing values concerning for type 2 diabetes

CASE (CONT'D)

When her physician recommends that the patient begin a diet and meet with a dietitian to lose weight the patient begins to cry. She states that she eats breakfast and lunch each day in reasonable portions but once she gets home from work in the evening she is eating large amounts of food and feels that she can't stop. She sometimes stops at the fast food drive through and gets 5 sandwiches. She then will make dinner and continue to eat in the evening. She doesn't always remember all that she has eaten. She feels guilty and shameful about her eating. No one knows about her eating. She denies any compensatory behaviors (purging, exercise, laxatives, etc).

BINGE EATING DISORDER

- DSM-5 criteria
- Recurrent episodes of binge eating
- Associated distress about the eating
- No use of compensatory behaviors – i.e. vomiting, diuretics, laxatives etc.
- Worry about long-term effects of binge eating on body weight and shape

BINGE EATING DISORDER

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

- eating, in a discrete period of time (e.g., 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
- 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:

- eating much more rapidly than normal
- eating until feeling uncomfortably full
- eating large amounts of food when not feeling physically hungry
- eating alone because of being embarrassed by how much one is eating
- feeling disgusted with oneself, depressed, or very guilty after overeating

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 regular use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise) and does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa.

EPIDEMIOLOGY OF BINGE EATING

- Overall prevalence varies from 3-10% of females
  - Higher prevalence in those with obesity
- Females 1.5 times more likely to have this than men
- Begins in late adolescent to early 20s
- Occurs independent of dieting
- Does not seem to effect one ethnic group more than another. Worldwide prevalence is not well defined

ETIOLOGY

- Like many eating disorders etiology is not well defined and thought to be multi-factorial
  - Genetics
  - Obesity (independent risk factor, not causal)

- Psychosocial variables are increased in individuals with binge eating
    - Bullying
    - Abuse
    - Discrimination

- Small minority of patients will have a history of other eating disorders such as Bulimia and Anorexia

CO-MORBID DISORDERS

- Increased depression
  - Tends to be more severe and more difficult to treat
- Increased risk of anxiety disorders
- Higher prevalence of substance-related disorders
- Higher prevalence of personality disorders
  - Borderline personality disorder
  - Anxious personality types

BINGE EATING D/O TREATMENT

- Behavioral Interventions
  - Food/Mood Charting
  - Distraction Methods (call a friend, wait 15min, put fork down between bites)
  - Regulate Meal Time
  - Intuitive Eating Practices
- Therapy
  - CBT
    - Psychoeducation
    - Behavioral techniques
    - Problem solving skills
    - Cognitive techniques to identify dysfunctional thoughts about food, help with body acceptance, reduce shame and guilt
    - Relapse discussions
  - Motivational Interviewing
  - Mindfulness
  - DBT

BINGE EATING D/O TREATMENT

- Exercise
  - Structured programming gradually increasing activity
- Patients may not lose weight but the idea is to change the maladaptive eating pattern

BINGE EATING D/O TREATMENT

- Medications
  - SSRIs
    - Need higher doses
  - Topiramate
    - Cognitive side effects can limit use
  - Naltrexone
  - Bupropion
  - Lisdexamphetamine (Vyvanse)
  - Weight reduction medications
    - Contrave, Qsymia, Orlistat, Belviq, phentermine, metformin, etc
  - Treat Co-Morbid Psychiatric Illness

BINGE EATING D/O TREATMENT

- Low calorie or very low calorie diet programs can be effective but underlying triggers and comorbid disorders must be addressed to help with efficacy

- Bariatric surgery can be helpful but again underlying triggers and behaviors must be identified for procedure to have good long term results
  - Patients can develop other eating disorders post bariatric surgery
  - Other psychiatric conditions can arise even if they weren't present to start with

WHAT CAN YOU DO?

- Be kind.
- Don't stigmatize weight.
  - It is really hard to live in an oversized body, discrimination is rampant.
- This is a real condition. This is not about self-control.
- Be honest about the likelihood of weight loss and be supportive rather than judgmental if someone is struggling.
- Help patients set reasonable goals and be their ally whether they succeed or not.
- Health is not defined by weight alone.

RESOURCES

- Intuitive Eating Tribole and Resch
- Eating Mindfully Susan Albers
- BEDA (www.beda.com)

QUESTIONS?

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