LECTURE 12 (Binge Eating Disorder)

DSM-5 Binge Eating Disorder

- Recurrent episodes of binge eating. Characterised by
    - Eating, within a discrete period of time, an amount of food that is definitely larger than what most people would eat in similar circumstances/time
    - A sense of lack of control over eating during the episode
- Binge-eating episodes are associated with ≥3 of:
    - 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 feeling embarrassed by how much one is eating
    - Feeling disgusted with oneself, depressed or very guilty afterward
- Marked distress regarding binge eating
- The binge eating occurs, on average, at least once a week for 3 months
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour as in BN and does not occur exclusively in the course of BN or AN
- Specify if partial (frequency is less than one episode per week) or full (no criteria met) remission
- Specify if: mild (1-3 binges/week), moderate (4-7), severe (8-13) or extreme (≥14)

Epidemiology

- 4% of people in Aus have BED
- Relatively equal prevalence in men/women
- Typically beings in early adulthood

Risk factors

- Runs in families (genetics)
- Dieting
- Other factors: trauma, body dissatisfaction… difficulty in regulating emotional states
- Triggers: negative affect, dietary restraint, boredom

Protective factors

- High self-esteem, positive body image etc.
- Family: family connectedness, belonging to a family that does not overemphasis weight/physical attractiveness, eating meals as a family etc.
- Society: climate that accepts range of body shapes/sizes, social support etc.

Assessment

- Eating disorder examination (EDE) and eating disorder examination-questionnaire (EDE-Q)
    - Semi-structured interview, good reliability/validity, comprehensive
    - Global score and 4 subscales
        - Restraint subscale
        - Eating concern sub.

        - Shape concern sub.
        - Weight concern sub.
    - EDE-Q – self-report questionnaire
- Binge eating scale (BES)
    - 16 items
    - Behavioural and cognitive aspects of eating and control of eating
- Bulimia test – revised (BULIT-R)
    - 28 item self-report questionnaire
    - Good sensitivity and specificity for BED
- Eating attitudes test (EAT-26)
    - Standardised self-report measure of symptoms and concerns characteristic of ED
    - 3 subscales
        - Dieting
        - Bulimia and food preoccupation
        - Oral control

Treatment

- Psychological therapy ('first line') – CBT, IPT, DBT
    - Reduce BE
    - Sustainable weight loss
    - Increase in ability to cope with negative affect/anxiety
    - Relapse prevention
- Pharmacological treatment – SSRIs and SNRIs
    - Lowering eating impulsivity
    - Improving psychiatric comorbidities

Evidence for psychological treatment of BED

- Meta-analysis (Hay, 2012)
    - Interventions
        - CBT (most common, ~70% of studies)
        - Behavioural weight loss (BWL)
        - DBT
        - Interpersonal psychotherapy (IPT)
        - Brief strategic therapy (BST)
    - Outcome 1: binge abstinence
        - End treatment – DBT > IPT > CBT > BWL
        - Follow up – IPT> CBT > BWL > BST
            - Be binge free but not necessarily have lost the weight
        - 30-40% abstinence post-treatment and at ≤12 month follow-up
        - Significant improvements in binge frequency with CBT over LT follow-up (4 years)
    - Outcome 2: weight loss