# Understanding binge eating disorder: Causes, symptoms, and treatment

**Cynthia Yoon\*** 

Department of Public Health, University of Houston, USA

## ABSTRACT:

Binge Eating Disorder (BED) is a significant and pervasive psychological condition characterized by recurrent episodes of consuming large quantities of food, often rapidly and to the point of discomfort. This behavior is typically accompanied by a sense of loss of control and intense feelings of guilt, shame, and distress. Unlike other eating disorders, such as bulimia nervosa, BED does not involve regular compensatory behaviors (e.g., purging, fasting, or excessive exercise). The disorder can lead to serious physical health consequences, including obesity, diabetes, and cardiovascular disease, as well as profound psychological impacts, such as depression and anxiety. The etiology of BED is multifaceted, involving genetic, biological, environmental, and psychological factors. Treatment approaches are varied, encompassing Cognitive-Behavioral Therapy (CBT), InterPersonal Therapy (IPT), pharmacotherapy, and lifestyle interventions, aiming to reduce binge episodes, improve emotional regulation, and promote healthy eating behaviors. Understanding and addressing BED is crucial due to its high prevalence and substantial impact on individuals' health and quality of life.

KEYWORDS: Psychological distress, Treatment approaches.

#### INTRODUCTION

Binge Eating Disorder (BED) is a serious mental health condition characterized by recurrent episodes of consuming large quantities of food, often quickly and to the point of discomfort. It is more than just occasional overeating; it involves a sense of loss of control and is often followed by feelings of shame, guilt, and distress. Recognized as a distinct eating disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), BED affects millions of people worldwide, cutting across various ages, genders, and backgrounds. Binge Eating Disorder involves episodes of eating large amounts of food in a short period, often when not physically hungry. These episodes occur at least once a week for three months, according to DSM-5 criteria. Unlike bulimia nervosa, another eating disorder involving binge eating, BED does not include regular purging behaviors (like vomiting, excessive exercise, or fasting) after a binge (Dingemans AE, 2002).

**CAUSES AND RISK FACTORS:** The exact cause of BED is not fully understood, but it is believed to result from a combination of genetic, psychological, and environmental factors.

Received: 26-Apr-2024, Manuscript No: ijemhhr-24-138971; Editor assigned: 30-Apr-2024, Pre QC No. ijemhhr-24-138971 (PQ);

Reviewed: 13-May-2024, QC No. ijemhhr-24-138971;

Revised: 18-May-2024, Manuscript No. ijemhhr-24-138971(R);

Published: 24-May-2024, DOI: 10.4172/1522-4821.1000637

\*Correspondence regarding this article should be directed to: cyyn@central.uh.edu

- GENETIC FACTORS: Studies suggest a hereditary component to BED, indicating that individuals with a family history of eating disorders, obesity, or mental health disorders may be more susceptible.
- PSYCHOLOGICAL FACTORS: Many people with BED have underlying psychological issues, such as depression, anxiety, or low self-esteem. Emotional trauma, stress, and difficulties coping with emotions can also trigger binge eating episodes.
- ENVIRONMENTAL FACTORS: Societal pressures and cultural norms around body image and dieting can contribute to BED. Additionally, a history of dieting or restrictive eating can lead to a cycle of binging and feelings of loss of control over eating.( Fairburn CG, 1998).

**SYMPTOMS OF BINGE EATING DISORDER:** Recognizing the symptoms of BED is crucial for early intervention and treatment.

- FREQUENT EPISODES OF BINGE EATING: Consuming large amounts of food in a discrete period (e.g., within two hours), often to the point of physical discomfort.
- LACK OF CONTROL: Feeling unable to stop eating or control what or how much one is eating during binge episodes.
- EATING RAPIDLY: Eating much more quickly than normal during binge episodes.

- EATING IN SECRET: Consuming food in secret due to embarrassment or shame about the quantity of food being eaten.
- EMOTIONAL DISTRESS: Experiencing feelings of guilt, disgust, or depression after overeating.

Individuals with BED may also experience fluctuations in weight and health complications related to overeating, such as high blood pressure, high cholesterol, and type 2 diabetes. Raising Awareness and Reducing Stigma. Raising awareness about Binge Eating Disorder is crucial to reducing the stigma that often surrounds it (Giel KE, 2022). Many people with BED suffer in silence, feeling ashamed or embarrassed about their eating behaviors. Public education campaigns, supportive conversations, and accurate portrayals in the media can help normalize discussions about BED, making it easier for individuals to seek help. By understanding that BED is a legitimate mental health condition, not simply a lack of willpower or self-control, society can foster a more compassionate and supportive environment for those affected (Grilo CM, 2004).

THE PATH TO LONG-TERM RECOVERY: Longterm recovery from Binge Eating Disorder is a journey that involves ongoing support and self-care. Relapses can occur, but they do not signify failure; rather, they are an opportunity to learn and strengthen coping strategies. Building a strong support network, including healthcare providers, family, and friends, is essential for sustained recovery. Continuous selfreflection, therapy, and adopting healthy lifestyle practices contribute to long-term success (Iacovino JM, 2012). With persistence and the right support, individuals with BED can overcome the disorder, leading to a more balanced and fulfilling life. A healthcare provider typically diagnoses BED through a combination of medical history, physical exams, and psychological evaluations. The provider will assess the frequency and nature of binge eating episodes and any associated emotional distress or functional impairments (Spitzer RL, 1993).

**TREATMENT OPTIONS:** Effective treatment for BED usually involves a combination of therapies tailored to the individual's needs. The primary goals are to reduce binge eating episodes, address underlying psychological issues, and promote a healthy relationship with food.

- COGNITIVE-BEHAVIORAL THERAPY (CBT): CBT is the most evidence-based treatment for BED. It helps individuals identify and change negative thought patterns and behaviors related to binge eating. CBT also teaches coping strategies to manage stress and emotions without turning to food (Striegel-Moore RH, 2003).
- INTERPERSONAL THERAPY (IPT): IPT focuses on improving interpersonal relationships and communication skills. It addresses issues such as social isolation, conflicts, and life transitions that may contribute to binge eating behaviors (Tanofsky MB,1997).

- DIALECTICAL BEHAVIOR THERAPY (DBT): Originally developed for borderline personality disorder, DBT has been adapted to treat BED. It combines cognitive-behavioral techniques with mindfulness practices to help individuals regulate emotions and reduce binge eating episodes (Wilfley DE, 2003).
- MEDICATIONS: Certain medications can help manage symptoms of BED. Antidepressants, particularly selective serotonin reuptake inhibitors (SSRIs), can reduce binge eating episodes and address co-occurring mood disorders. Additionally, lisdexamfetamine dimesylate (Vyvanse) is an FDA-approved medication for treating moderate to severe BED.
- NUTRITIONAL COUNSELING: Working with a registered dietitian can help individuals develop a healthy eating plan, establish regular eating patterns, and reduce the urge to binge.
- SUPPORT GROUPS: Joining a support group, either in person or online, can provide a sense of community and understanding. Sharing experiences with others facing similar challenges can be empowering and encouraging (ZelitchYanovski S, 1993).

In addition to professional treatment, individuals with BED can benefit from self-help strategies to manage their symptoms and promote recovery.Practicing mindful eating can help individuals become more aware of their hunger and fullness cues, leading to healthier eating habits. Engaging in regular physical activity can improve mood, reduce stress, and promote overall well-being.Developing healthy coping mechanisms for stress, such as yoga, meditation, or journaling, can reduce the urge to binge eat.Ensuring adequate sleep is essential for emotional and physical health, as poor sleep can exacerbate binge eating behaviors.

## CONCLUSION

Binge Eating Disorder is a complex condition that requires comprehensive treatment and support. Understanding the causes, recognizing the symptoms, and seeking appropriate help are critical steps toward recovery. With the right combination of therapies, medications, and self-help strategies, individuals with BED can achieve a healthier relationship with food and improve their overall quality of life. Awareness and education about BED are vital to reducing stigma and encouraging those affected to seek help. If you or someone you know is struggling with binge eating, reaching out to a healthcare professional can be the first step toward healing and recovery.

## REFERENCES

Dingemans, AE., Bruna, MJ., Van Furth, EF (2002). Binge eating disorder: a review. 26(3):299-307.

Fairburn, CG (1998). Risk factors for binge eating disorder: a community-based, case-control study. Arch Gen Psychiatry. 1;55(5):425-32.

Giel, KE., Bulik, CM (2022). Binge eating disorder. Nat Rev. 17;8(1):16.

Grilo, CM (2004). Reliability of the Eating Disorder Examination in patients with binge eating disorder.35(1):80-5.

Iacovino, JM (2012). Psychological treatments for binge eating disorder. Curr Psychiatry Rep. 14:432-46.

Spitzer, RL., Yanovski, S (1993). Binge eating disorder: its further validation in a multisite study. 13(2):137-53.

Striegel-Moore, RH., Franko, DL (2003). Epidemiology of binge eating disorder.34(S1):S19-29.

Tanofsky, MB (1997). Comparison of men and women with binge eating disorder.21(1):49-54.

Wilfley, DE., Wilson, GT.(2003). The clinical significance of binge eating disorder.34(S1):S96-106.

ZelitchYanovski, S (1993). Binge eating disorder: Current knowledge and future directions. Obe Res. 1993 1(4):306-24.