

Everyone overindulges from time to time – an extra helping at dinner or having dessert when already full. But for those of us who are binge eaters, overeating is regular and uncontrollable. We use food to cope with difficult emotions, even though afterwards often feel even worse. With help and support, learning to control eating and developing a healthy relationship with food is possible for us.

Binge Eating Disorder (BED) is characterized by compulsive overeating in which we consume a huge amount of food while feeling out of control and powerless to stop. The symptoms of binge eating disorder usually began in late adolescence for us or early adulthood, frequently after a major diet. Often eating even when we are not hungry, we may eat as quickly as possible, barely registering what is being eaten or even tasted. Eating long after fullness levels also frequently occurs for us.

Our binge eating may comfort us for a brief while, but then reality sets back in, along with regret and self-loathing. Our binge eating often leads to weight gain and obesity, which only reinforces compulsive eating. The worse we feel about ourselves and our appearances, the more food we use to cope. It becomes a vicious cycle: we eat to feel better, we feel even worse, and then turn back to food for relief. We who have BED may frequently attempt to hide our behavior by eating in secret.

We who are binge eaters often feel very distressed about our inability to control our food intake, however we do not usually over-exercise or purge after bingeing as those with bulimia might do.

Clinical Diagnostic Criteria for Binge Eating Disorder

- 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 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 ex: a feeling that one cannot stop eating or control what or how much one is eating).
- 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 even when not feeling physically hungry
 - 4. Eating alone because of feeling embarrassed by how much is being eaten
 - 5. Feeling disgusted with oneself, depressed, or very guilty after overeating
 - 6. Marked distress regarding binge eating is present
 - 7. The binge eating occurs, on average, at least 1 time per week for 3 months
 - 8. The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors and does not occur excessively during the course of Bulimia or Anorexia to compensate for over-eating, such as self-induced vomiting

New Diagnosis Classification

As a new stand-alone diagnosis, Binge Eating Disorder was approved for inclusion in the DSM-V as its own category of eating disorder. This update decreases the proportion of people with eating disorders who otherwise would have fallen into the Other Specified Feeding and Eating Disorder category.

The change in diagnosis is intended to increase awareness of the significant differences between those of us with Binge Eating Disorder and common overeating. While overeating is a challenge for many, binge eating is much less common, far more severe, and is associated with serious physical and psychological problems. For us

Like Anorexia and Bulimia, BED can result in chronic disease and death. Now seen as a serious medical condition, treatment for Binge Eating Disorder is essential to achieve full recovery for us. Often outpatient therapy is used, but in some cases we may need inpatient treatment. Our treatment may also take the form of individual and group counseling, nutritional counseling, and psychotherapy.

Health Complications

We who are overweight and have Binge Eating Disorder are at risk for a number of life-threatening complications such as high blood pressure, Type II diabetes, heart disease, osteoarthritis, gallbladder disease, and high cholesterol. Other possible medical complications for us include mobility issues, sleep apnea and shortness of breath. Due to the severity of these potential complications, our BED should not go untreated.

Binge Eating Warning Signs

- Eating large quantities of food without purging behaviors, even when not hungry
- A sense of lack of control over eating
- Eating until uncomfortably or painfully full
- Weight fluctuations
- Feelings of shame or guilt
- Self-medicating with food
- Hiding food
- High levels of anxiety and/or depression
- Low self-esteem

Binge Eating Disorder is two times more prevalent than Anorexia Nervosa and Bulimia Nervosa combined, making it the most common eating disorder. Approximately 30-40% of those seeking weight loss treatments can be clinically diagnosed with BED.

Those of us with a negative body image might initially restrict food and the restriction in calories may spark a cycle of binge eating behaviors. This in turn can cause feelings of distress for us over our inability to control food intake.

If we gain weight it can be followed by increased feelings of guilt, shame, powerlessness, and failure.

As with any eating disorder, there are many complicated and influencing factors involved. However, despite the complexity, Binge Eating Disorder is treatable and full recovery is possible for us.

Recovery

The root of an eating disorder lies in our reaction to life. The eating disorder, originally adopted to cope with pain and problems, gradually becomes a problem bigger than any other.

It can be difficult to overcome binge eating. We find a healthier relationship with food – one based on meeting nutritional needs, not emotional ones – is essential for us.

In order to stop the unhealthy pattern of binge eating, it is important for us to start eating for health and nutrition, finding better alternatives than food for managing our emotional states. For all of us, healthy eating involves making balanced meal choices, not restriction; it means responsible eating. Most professionals who treat eating disorders discourage rigidity; it is healthy for us to have occasional treats.

Recovery means rebuilding trust with ourselves and others; taking careful risks to learn what is safe and good for us. As we practice careful self-honesty and self-disclosure we regain perspective. Perspective enables us to see our options and make careful, responsible choices in our lives. As we learn careful self-expression, we regain lost authenticity, peace, and power. New attitudes and behaviors are alien, and it can be hard for us to feel safe and keep perspective.

Working the Twelve Steps of the EDA program of recovery helps those of us with BED develop safe and effective ways to manage emotional states. By making daily changes in our response to life, we can be free, and live happily. The process worked for us. It can work for you, too.

Binge Eating Disorder



For more information please visit our website at:

www.4EDA.org

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