

Nutrition Nibbles

Break through common nutrition myths, see what's trending, catch up on latest research, and get great tips from our team of Registered Dietitians.

MYTH

Binge Eating Disorder isn't a big deal. There's an easy fix...just eat less!

FACT

Binge Eating Disorder (BED) is a complex medical and psychiatric illness that can't be cured by attempting to 'just eat less'. In fact, multiple attempts to eat less through dieting precedes the diagnosis of BED in about 1/3 of people. There can be many triggers to binge eating including difficult emotions and stressful life events. Successful treatment often requires an intensive process delivered by a team of specialized providers.



Binge Eating Disorder

What is Binge Eating Disorder (BED)?

BED is the most common eating disorder in North America. It was added as an official diagnosis to the DSM-5 which was released by the American Psychiatric Association in 2013. The key diagnostic features of BED are:

1. Recurrent and persistent episodes of binge eating
2. 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 feeling embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty after overeating
3. Marked distress regarding binge eating
4. The binge occurs, on average, at least once a week for three months
5. The binge eating is not associated with the recurrent use of inappropriate compensatory behaviours (e.g. purging)

BED is not the same as overeating

These two terms are often used interchangeably, but carry different meanings. Taking an extra helping (or two) of a favourite meal or eating more than planned, even to the point of feeling stuffed and uncomfortable, can all be part of **normal eating** (<https://www.ellynsatterinstitute.org/how-to-eat/adult-eating-and-weight/>). Binge eating involves overeating, however it is distinct in that it is characterized by an extreme sense of loss of control over eating along with significant distress afterwards, and this happens at least once per week.



Detecting BED

BED occurs in 0.7-4.0% of the general population. It is present in 8% of those with obesity and 30% of those seeking help for weight loss (including up to 50% of bariatric surgery patients). The typical onset of BED is in the early 20's but some people will suffer from this eating disorder in early childhood. BED is associated with significant health concerns including obesity, HTN, dyslipidemia, type 2 diabetes, gall bladder disease, sleep apnea as well as musculoskeletal and gastrointestinal problems. BED can also result in severe mental health consequences such as anxiety, depression, self-hatred and social isolation. Presently, BED is largely under-detected which is why it is important to screen! There is a quick 4 question screening tool that can be used to help identify those with BED. Patients with a history of dieting, emotional eating behaviours or disordered eating patterns, a history of an eating disorder, or who have self-diagnosed with BED, should be screened for possible BED.

Treatment

BED is a complex medical and psychiatric illness that most often requires a comprehensive and intensive treatment program for successful management and resolution. Although most people who are successfully treated for BED may not lose a significant amount of weight, without treatment they will continue to gain weight in a predictable way. BED is the only eating disorder that does not include overvaluation of weight and shape in its diagnosis. Overevaluation of weight and shape is defined by the American Psychiatric Association as an undue influence of body weight or shape on self-evaluation. Research suggests that about 60% of those with BED will overevaluate their weight and shape and about 40% will not. If a patient screens positively for BED, there is a second screener that should be completed to determine whether significant body image concerns are present. This information is important to obtain in order to refer patients to the appropriate treatment program that will best address their needs.

Hamilton FHT – we are currently piloting a 16 week BED group. This treatment group is co-facilitated by a Mental Health Counselor and a Registered Dietitian. This group does not address body image concerns and is best suited for your patients who **do not** overevaluate their weight and shape.

St. Joseph's Healthcare – offers a 20 week BED program. Their treatment is delivered by a Psychologist and a Registered Dietitian. This group does address body image concerns and is best suited for your patients who **do** overevaluate their weight and shape.

Helpful tools and resources

[BED care pathway](#)

[BED screener](#)

[Body image screener](#)

[BED referral form](#) (if you do not have Practice Solutions)

[St. Joe's ED referral form](#)

[ED care pathway](#)

All of these tools and resources are available as custom forms for Practice Solutions and can be accessed via [this link](#).

Talk to your Registered Dietitian for more information

BINGE EATING DISORDER CARE PATHWAY



Hamilton Family Health Team

Better care, together.

During clinician visit with patient

Indicators for BED Screening:
Disordered Eating • History of ED
History of Dieting • Emotional Eating
Self-Diagnoses of BED

Screen for BED

Positive Screen
(yes to 4/4)

Negative Screen
(yes to 0-3)

Screen for body image concerns

Positive Screen

Negative Screen

Discuss referral to appropriate treatment for eating issues if identified in BED screen:

- RD and/or Nutrition groups (Healthy You, Craving Change)
- MHC and/or Mental Health groups (depression or anxiety group)

Refer to St. Joe's BED Program

- 20 weeks
- Body image concerns addressed

Refer to HFHT BED Group

- 16 weeks
- Body image concerns **not** addressed