Binge Eating Disorder & Loss of Control Eating: An overview for individuals, families, and providers.

Erica Edgar, LPC
Utilization Review Specialist

Eating Recovery Center

Insight Behavioral Health Centers
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Learning Objectives

- Identify symptoms of binge eating disorders and prevalence
- Learn about loss of control and stress eating patterns and impacts
- Become familiar with strategies on how to support loved ones who might be struggling with binge eating disorder, loss of control, or stress eating
- Understand treatment options and goals for recovery

How is binge eating clinically defined?

- Reoccurring binge episodes:
  - Eating an amount of food that is larger than what most people would eat in a short amount of time
  - Feeling unable to control intake/loss of control eating
- Binge eating episodes might also include:
  - Eating rapidly
  - Eating when not hungry
  - Eating until feeling uncomfortably full
  - Eating alone or in secrecy due to embarrassment
  - Eating when emotionally upset
  - Guilt, depression, embarrassment, shame, or disgust

How is binge eating clinically defined?

- Noted emotional distress regarding binge eating
- Binge eating episodes occurring, on average, at least one time per week for three months
- Episodes are not associated with any reoccurring behaviors intended for weight loss (i.e. intentional vomiting after eating)

How common is BED?

- Binge eating disorder (BED) was first recognized by American Psychological Association in 2013
- BED is considered by some to be the most common eating disorder
- Approximately 3x more common than anorexia and bulimia
- Affects between 2-4% of US population
  - Underdiagnosed and undertreated

Complications of BED

- Oftentimes, those with BED have co-occurring conditions, some of which are medical:
  - Cardiovascular disease
  - High cholesterol
  - Diabetes
  - Hypertension
  - Metabolic syndrome
  - Anxiety
  - Depression
  - Night eating syndrome
  - Trauma
- Co-occurring issues can lead to complications unaddressed by a multidisciplinary team
- Additional complications are associated with those who have had bariatric surgery or lap bands

(Kessler et al., 2013;, deZwaan, 2013; Spitzer et al, 1993; Bulik et al, 2003; Agras, 2001; Mitchell, 2017; Grucza et al, 2007; Javaras et al, 2008; Hudson et.al.,2007; Villarejo et al.,, 2012 Ling et al., (2017))

What about stress eating?

- COVID-19 & increased stressors (i.e. emotional, physical, occupational stressors)
- Responding to stress by eating (comfort foods, palatable/pleasurable foods)
  - Effective in coping with stress
    - Cortisol decreases leading to relaxation; promotes continued stress eating (short term)
    - Ghrelin "the hunger hormone" increases in response to stress for some population
      - Genetically predisposed to loss of control eating
        - » Increased hunger following stressful event
    - Overeating or "stress eating" as coping mechanism
      - Most weren't taught how to identify and cope with uncomfortable emotions (anxiety, fear, sadness, anger)
      - Resistant to feeling emotions due to fears and uncertainty
- Body in "fight or flight" mode in response to stress
  - Intermittent and Chronic
    - Intermittent stress responses can be helpful in responding quickly, concentration, or acting in emergency situations
    - Chronic stress can be physically harmful
  - Fills body with increased adrenaline and cortisol levels
    - Body tension, increased heart rate, BP increases
  - Nervous system isn't consistently able to identify/distinguish real or emotional dangers
    - Can lead to continuous activation of the body
    - Chronic stress can be physically harmful

Lange, L. November 25 2019. Overcoming stress eating: Real life tips. Retrieved from eatingrecoverycenter.com/blog

How can I help my loved one in recovery?

- Human condition naturally leads to solution giving which can backfire at times despite being well intentioned:
  - Ex: friend suggesting short-term diet
    - Note: Diets tend to lead to increased or worsened binge eating behaviors
  - Ex: family member providing encouragement to help the individual try harder and exercise willpower
    - Note: One cannot just use willpower to adjust their eating habits when it comes to eating disorders

How can I help my loved one in recovery?

- Learn as much as possible about the basics of binge eating and recovery
- Avoid talking about diets, body image, and food
  - Even well-intentioned comments such as "you're losing weight – you look great!" can trigger your loved one
    - Find new hobbies, interests, or other commonalities unrelated to body image, food, and appearance.
- Identify helpful, supportive words to encourage your loved one related to their personality, accomplishments, successes, etc
- Avoid creating timetables or threats, using a "scared straight" approach and telling the person how they feel
- Validate, validate, validate!
- Consider doing family therapy or joining a local support group
- Practice self-care! Supporting someone in recovery can be difficult

Lange, L. 2018, December 27. 10 Ways to Help a Loved One with Binge Eating Disorder. Retrieved from https://www.eatingrecoverycenter.com/blog/december-2018/10-ways-to-help-a-loved-one-with-binge-eating-disorder-—laura-lange

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Strategies for loss of control eating

- Allow time to feel your feelings without judgment
  - Seek professional assistance if needed
- Identify other stress-reducing activities and incorporate them in your daily routine
  - Ex: spend time with friends or family, try meditation, new hobbies
- Prioritize and establish regular sleep routine
  - Maintain regular sleep/wake times, develop relaxation practices in the evenings, warm bath, reduce exposure to screens
- Eat at regular intervals
  - Scheduled and consistent eating patterns can reduce grazing/snacking and overeating

Lange, L. November 25 2019. Overcoming stress eating: Real life tips. Retrieved from eatingrecoverycenter.com/blog

When to Consider a Higher Level of Care

- A higher level of care indicates a need for more intensive treatment. This includes intensive outpatient programs, partial hospitalization programs, residential treatment and inpatient settings.
  - “Failure” of outpatient treatment
  - ADL’s (inconsistent), functional, social or occupational impairments
  - Frequency of eating disorder behavior use
  - Co-morbid mood, anxiety, and substance use symptoms
  - Need for containment and assisted exposure
  - Medical or nutritional instability
  - Suicidality – even passive SI

Patient Obstacles to Eating Disorder Treatment

- "I can't relate. I am their worst nightmare."
- "I have diabetes, am post bariatric surgery, – I can't eat like this."
- "I was taught not to restrict/diet. Nobody taught me how to stop bingeing. Everyone else will be struggling to eat."
- "Nobody treats what I have. I tried OA and weight loss."

Many individuals diagnosed with binge eating disorder have, at one point or another, experienced shame from providers, friends, or family members related to their eating disorder, leading to lack of trust or willingness for treatment

Other barriers: access to services, lack of awareness of symptoms, ineffective outcomes from other programs, lack of specialty OP providers, lack of treatment facilities for those in need of higher level of care

(Yiu et al, 2017; Wang, Lydecker, & Grilo, 2017.)

Call to Action for Providers

- Make ED treatment spaces comfortable and accessible for people of all shapes and sizes
- Emphasize loss of control eating as much as we emphasize restriction and undereating.
  - Ex: bingeing, night eating, grazing, or emotional eating
- Address medical comorbidities of loss of control eating and the combination of loss of control eating and medical comorbidities with multidisciplinary care.
- BED patients have 2 times the rates of treatment dropout than bulimia patients.
  - Providing an option for specialty care increases patient satisfaction, decreased dropouts, and increased efficiency and efficacy of treatment

(Aguera et. al., (2013) BMC Psychiatry 13:285.)

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Psychoeducation & Treatment Interventions

- Teach clients WHY loss of control eating exists and how it developed
- Modify treatment interventions to accommodate “The Binge Eating Brain” & accompanying physiology
- Address weight stigma, overconcern with weight & shape, body image disturbance, & chronic stress/stress engagement strategies
- Teach effective regulation of negative affect without use of ED behaviors
- Strive for health – explore sleep, nutrition, & medical care for the BED patient

(Iacovino, Gredysa, Altman, & Wilfley, 2012; Hilbert et. al., 2015)

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Questions?

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