BINGE EATING DISORDER (B.E.D.) BACKGROUNDER

B.E.D. is a distinct eating disorder recognized in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*®).[1] In order for an individual to be diagnosed with B.E.D. by a health care provider, all of the following have to occur:

- Regularly consuming far more food than most people would eat in a similar time period under similar circumstances
- Feeling that eating is out of control during a binge
- Being very distressed by eating binges
- Binge eating on at least a weekly basis for three months

Instances of B.E.D. also include three or more of the following:

- Eating extremely fast
- Eating beyond feeling full
- Eating large amounts of food when not hungry
- Eating alone to hide how much how much food is being eaten
- Feeling bad after a binge

Unlike people with other eating disorders, people with B.E.D. don't routinely try to "undo" their excessive eating with extreme actions like purging or over-exercising.[1]

Info and Figures of B.E.D. in Adults

B.E.D. is the most common eating disorder in the United States (US), affecting an estimated 2.8 million adults, according to a national survey.*[2,3] B.E.D. occurs in both men and women,[1,2] and is more common than anorexia and bulimia combined.[2,4]

Different from overeating, regular binge eating is much less common and is more severe.[5]

B.E.D. can occur in normal weight, overweight, and obese adults, and is seen across racial and ethnic groups.[1,2,6]

Only 3 percent of US adults in an online survey who met B.E.D. criteria in the past 12 months reported having been diagnosed with the condition by a health care provider.[7]**

Possible Causes and Risk Factors

While the exact cause of B.E.D. is unknown,[1] certain theories suggest that adults with B.E.D. may have differences in brain chemistry[8,9,10,11] that could:

- Interfere with the ability to regulate food cravings[8,12]
- Create or increase the "wanting" of a particular food[13,14,15]
- Increase the "liking" of a particular food[14,15]

There is evidence that family history and certain life experiences may also play a role.[1,13,16,17,18]

Diagnosis of B.E.D.

B.E.D. must be diagnosed by a licensed health care provider using the diagnostic criteria presented in the *DSM-5*®.

Functional Consequences of B.E.D.

According to the *DSM-5*®, B.E.D. may have an impact on the day-to-day lives of adults, including adapting to social roles such as different responsibilities adults have as parents, spouses, and employees, and an increased risk to overall health.[1]

B.E.D. Resources

For more information, please talk to your doctor or visit:

- Binge Eating Disorder Association (BEDA): **BEDAOnline.com**
- National Eating Disorders Association (NEDA): **NationalEatingDisorders.org**
- **BingeEatingDisorder.com**

Additional information about the *DSM-5*® criteria can be found on the APA website: **Psychiatry.org**.

*Based on 12-month prevalence estimates applied to the full US population ≥18 years.
**Data from a 2013 online survey of adults aged ≥18 years. Of 22,397 respondents, 344 met diagnostic criteria for B.E.D. in the previous 12 months.

1 American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013. **2** Hudson JI, Hiripi E, Pope HG Jr, Kessler RC. [Published correction appears in *Biol Psychiatry*. 2012;72(2):164.] *Biol Psychiatry*. 2007;61(3):348-358. **3** Howden LM, Meyer JA. US Census Bureau Age and Sex Composition: 2010. US Census Bureau. May 2011. **4** Kessler RC, Berglund PA, Chiu WT, et al. The prevalence and correlates of binge eating disorder in the World Health Organization World Mental Health Surveys. *Biol Psychiatry*. 2013;73(9):904-914. **5** American Psychiatric Association. DSM-5 Fact Sheet. Feeding and eating disorders. www.dsm5.org/Documents/Eating%20Disorders%20Fact%20Sheet.pdf. Accessed October 30, 2014. **6** Marques L, Alegria M, Becker AE, et. Al. Comparative prevalence, correlates of impairment, and service utilization for eating disorders across U.S. ethnic groups: Implications for reducing ethnic disparities in health care access for eating disorders. *Int J Eat Disord*. July 2011; 44(5): 412-420. **7** Cossrow N, Russo LJ, Ming EE, Witt EA, Victor TW, Wadden TA. Estimating the prevalence of binge eating disorder in a community sample comparing DSM-IV-TR and DSM-5 criteria. Poster. APA 167th Annual Meeting, New York, NY, May 3-7, 2014. **8** Schäfer A, Vaitl D, Schienle A. Regional grey matter volume abnormalities in bulimia nervosa and binge-eating disorder. *Neuroimage*. 2010;50(2):639-643. **9** Schienle A, Schäfer A, Hermann A, Vaitl D. Binge-eating disorder: reward sensitivity and brain activation to images of food. *Biol Psychiatry*. 2009;65(8):654-661. **10** Wang GJ, Geliebter A, Volkow ND, et al. *Obesity (Silver Spring)*. 2011;19(8):1601-1608. **11** Boggiano MM, Chandler PC, Viana JB, Oswald KD, Maldonado CR, Wauford PK. Combined dieting and stress evoke exaggerated responses to opioids in binge-eating rats. *Behav Neurosci*. 2005;119(5):1207-1214. **12** Balodis IM, Molina ND, Kober H, et al. *Obesity (Silver Spring)*. 2013;21(2):367-377. **13** Davis CA, Levitan RD, Reid C, et al. *Obesity (Silver Spring)*. 2009;17(6):1220-1225. **14** Berridge KC, Kringelback ML. Neuroscience of affect: brain mechanisms of pleasure and displeasure. Curr Opin *Neurobiol*. 2013;23(3):294-303.**15** Wyvell CL, Berridge KC. J Neurosci. 2000;20(21):8122-8130. **16** Davis C, Levitan RD, Yilmaz Z, Kaplan AS, Carter JC, Kennedy JL. *Prog Neuropsychopharmacol Biol Psychiatry*. 2012;38(2):328-335. **17** Pike KM, Wilfley D, Hilbert A, Fairburn CG, Dohm FA, Striegel-Moore RH. Antecedent life events of binge-eating disorder. *Psychiatry Res*. 2006;142(1):19-29. **18** Mitchell KS, Mazzeo SE, Schlesinger MR, Brewerton TD, Smith BN. Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the National Comorbidity Survey-Replication Study. *Int J Eat Disord*. 2012;45(3):307-315.

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