

Binge eating disorder (BED) is an eating disorder characterized by recurrent episodes of eating large quantities of food (often very quickly and to the point of discomfort); a feeling of a loss of control during the binge; experiencing shame, distress or guilt afterwards; and not regularly using unhealthy compensatory measures (e.g., purging) to counter the binge eating. Binge eating disorder is a severe, life-threatening and treatable eating disorder. Common aspects of BED include functional impairment, suicide risk and a high frequency of co-occurring psychiatric disorders.

Binge eating disorder is the most common eating disorder in the United States, affecting 3.5% of women, 2% of men,¹ and up to 1.6% of adolescents.²

The DSM-5, released in May 2013, lists binge eating disorder as a diagnosable eating disorder. Binge eating disorder had previously been listed as a subcategory of Eating Disorder Not Otherwise Specified (EDNOS) in the DSM-IV, released in 1994. Full recognition of BED as an eating disorder diagnosis is significant, as some insurance companies will not cover an individual's eating disorder treatment without a DSM diagnosis.

BED Symptoms and Diagnostic Criteria

The DSM-5, published in 2013, lists the diagnostic criteria for binge eating disorder:

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
- Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
 - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

- B. The 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 afterward.
- C. Marked distress regarding binge eating is present.
- D. The binge eating occurs, on average, at least once a week for 3 months.
- E. The binge eating is not associated with the recurrent use of inappropriate compensatory behaviors (e.g., purging) as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Characteristics of BED

In addition to the diagnostic criteria for binge eating disorder, individuals with BED may display some of the behavioral, emotional and physical characteristics below. Not every person suffering from BED will display all of the associated characteristics, and not every person displaying these characteristics is suffering from BED, but these can be used as a reference point to understand BED predispositions and behaviors.

Behavioral Characteristics

- Evidence of binge eating, including the disappearance of large amounts of food in short periods of time or lots of empty wrappers and containers indicating consumption of large amounts of food.
- Secretive food behaviors, including eating secretly (e.g., eating alone or in the car, hiding wrappers) and stealing, hiding, or hoarding food.
- Disruption in normal eating behaviors, including eating throughout the day with no planned mealtimes; skipping meals or taking small portions of food at regular meals; engaging in

sporadic fasting or repetitive dieting; and developing food rituals (e.g., eating only a particular food or food group [e.g., condiments], excessive chewing, not allowing foods to touch).

- Can involve extreme restriction and rigidity with food and periodic dieting and/or fasting.
- Has periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling uncomfortably full, but does not purge.
- Creating lifestyle schedules or rituals to make time for binge sessions.

Emotional and Mental Characteristics

- Experiencing feelings of anger, anxiety, worthlessness, or shame preceding binges. Initiating the binge is a means of relieving tension or numbing negative feelings.
- Co-occurring conditions such as depression may be present. Those with BED may also experience social isolation, moodiness, and irritability.
- Feeling disgust about one's body size. Those with BED may have been teased about their body while growing up.
- Avoiding conflict; trying to "keep the peace."
- Certain thought patterns and personality types are associated with binge eating disorder. These include:
 - Rigid and inflexible "all or nothing" thinking
 - A strong need to be in control
 - Difficulty expressing feelings and needs
 - Perfectionistic tendencies
 - Working hard to please others

Physical Characteristics

- Body weight varies from normal to mild, moderate, or severe obesity.
- Weight gain may or may not be associated with BED. It is important to note that while there is a correlation between BED and weight gain, not everyone who is overweight binges or has BED.

BED Population and Demographics

Binge eating disorder is the most common eating disorder in the United States; it is estimated to affect 1-5% of the general population.¹ BED affects 3.5% of women, 2% of men,¹ and up to 1.6% of adolescents.²

Demographic Information

- Binge eating disorder affects women slightly more often than men—estimates indicate that about 60% of people struggling with binge eating disorder are female and 40% are male.
- In women, binge eating disorder is most common in early adulthood. In men, binge eating disorder is more common in midlife.
- Binge eating disorder affects people of all demographics across cultures.

Physical and Psychological Effects of BED

Binge eating disorder has strong associations with depression, anxiety, guilt and shame. Those suffering from BED may also experience comorbid conditions, either due to the effects of the disorder or due to another root cause. Comorbid conditions can be both physical and/or psychological.

Physical Effects

- Most obese people do not have binge eating disorder. However, of individuals with BED, up to two-thirds are obese; people who struggle with binge eating disorder tend to be of normal or heavier-than-average weight.
- The health risks of BED are most commonly those associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:

- High blood pressure
- High cholesterol levels
- Heart disease
- Type II diabetes
- Gallbladder disease
- Fatigue
- Joint pain
- Sleep apnea

Psychological Effects

- People struggling with binge eating disorder often express distress, shame and guilt over their eating behaviors.
- People with binge eating disorder report a lower quality of life than those without binge eating disorder.
- Binge eating disorder is often associated with symptoms of depression.
- Compared with normal weight or obese control groups, people with BED have higher levels of anxiety and both current and lifetime major depression.

BED Treatment

Effective evidence-based treatments are available for binge eating disorder, including specific forms of cognitive behavioral therapy (CBT), interpersonal therapy (IPT), dialectical behavioral therapy (DBT), and pharmacotherapy.

All treatments should be evaluated in the matrix of risks, benefits, and alternatives. Decisions regarding treatments should be made after consulting with a trained medical professional and eating disorder specialist.

To find a treatment provider who specializes in binge eating disorder, please visit NEDA's [Treatment Options database](#).

Social Stigma of BED

Many people suffering from binge eating disorder report that it is a stigmatized and frequently misunderstood disease. Greater public awareness that BED is a real diagnosis—and should not be conflated with occasional overeating—is needed in order to ensure that every person suffering from BED has the opportunity to access resources, treatment, and support for recovery.



NEDA's shareable [binge eating disorder infographic](#) offers an easy way to spread the word about BED. It is important to underscore that BED is not a choice; it's an illness that requires recognition and treatment.

Sources

1. Hudson, J.I., Hiripi, E., Pope, H.G. et al. (2007) The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biol. Psychiatry*, 61, 348–358.
2. Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR. Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry*. 2011;68(7):714–723