

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 Estimates indicate that about 40% of people struggling with binge eating disorder are male.

Behavioral Characteristics:

- Binge eating DSM-5 criteria includes:
 - Eating in a discrete period of time, such as two hours, an amount of food that is considered larger than what most people would eat under similar circumstances.
 - A sense of loss of control over how much a person is eating.
- Additional behaviors might include:
 - Eating even when full or not hungry.
 - Eating rapidly during episodes of bingeing.
 - Eating until uncomfortably full.
 - Frequently eating alone or in secret.
 - Repeatedly going on and off diets.
- Men may think of bingeing as normal masculine behavior, without an awareness that it can develop into BED.
- Restrictive eating is a common trigger for bingeing.

Emotional and Mental Characteristics:

- Feeling depressed, disgusted, ashamed, guilty or upset about eating behaviors.
- Men face a stigma for having any type of eating disorder, and this prevents them from getting treatment.
- Negative emotions (e.g., anger, anxiety, shame) often precede the initiation of the binge, which serves to numb those negative feelings.
- Men with BED commonly experience social isolation and body dissatisfaction.
- Feeling disgust about one's body size. Someone with BED may have been teased about their body while growing up.

Physical Characteristics:

- Weight gain may or may not be associated with BED. Although there is a correlation between BED and weight gain, not everyone who is classified as overweight or obese suffers from BED.
- Males with BED may have such physical symptoms as type II diabetes, high blood pressure and cholesterol, heart disease, gallbladder disease, osteoarthritis and gastrointestinal problems. They may avoid treatment detecting these issues.
- Warning signs include skipped meals, eating in secret, hidden wrappers, increased moodiness and depression.

Learn More:

[Binge Eating Disorder](#)

Binge eating disorder is a serious but treatable condition. Find information about BED's criteria, characteristics, effects, treatment, demographics and social stigma. [Learn more.](#)

[Research on Males and Eating Disorders](#)

Prevalence figures for males with eating disorders (ED) are somewhat elusive. In the past, ED have been characterized as “women’s problems” and men have been stigmatized from coming forward or have been unaware that they could have an ED. Additional research is needed, but several studies provide insight into the male experience of eating disorders. [Learn more.](#)

[Enhancing Male Body Image](#)

Recognize that bodies come in all different shapes and sizes. There is no one "right" body size. Your body is not, and should not be, exactly like anyone else's. Try to see your body as a facet of your uniqueness and individuality. [Learn more.](#)



[Strategies for Prevention and Early intervention of Male Eating Disorders](#)

Eating disorders do not discriminate on the basis of gender. Men can and do develop eating disorders. [Learn more.](#)

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