The Diagnostic and Statistical Manual of Mental Disorders (DSM) is published by the American Psychiatric Association and is used as the standard classification of mental disorders by health professionals in the United States. This manual lists mental diseases, conditions and disorders and also lists the criteria established by the APA to diagnose them. For a particular mental disorder to be diagnosed in an individual, the individual must exhibit the symptoms listed in the criteria for that disorder.

Binge Eating Disorder (BED) is characterized by recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control. This disorder is associated with marked distress and occurs, on average, at least once a week over three months.

“About the DSM”

“The categorization of Binge Eating Disorder has changed in the DSM-5, moving BED from the Appendix B as a topic for further discussion, to a free-standing diagnostic category. This change is significant for a number of reasons. The DSM is widely used by insurance companies to determine care for an individual, and establishing BED as a disorder that can be treated is critical to appropriate treatment and insurance coverage. The DSM-5 will give mental health care professionals a common set of criteria for diagnosing BED. The common language and criteria may also help those affected understand the disorder and need for appropriate treatment.”

“Why It Matters”

“57% of people with BED never receive treatment, although BED is the most common type of eating disorder.”

“American Psychiatric Association”

“Major insurance companies won’t cover treatment without a DSM diagnosis.”

“BED as a recognized disorder supports the need for more research.”
Prevalence of Binge Eating

Rates of BED are comparable across racial and ethnic groups. BED affects people of every age, race and socio-economic status.

2.8% of the U.S. adult population suffers from BED at some point in their lifetime.

60% of people with BED are female.

40% of people with BED are male.

BED Affects People of All Shapes and Sizes
I was diagnosed with binge eating disorder at the end of my senior year of high school, but I had been struggling with my self-esteem and having eating troubles since the beginning of my senior year. I am a triplet and have two other sisters. I come from a middle-class family, my parents are married, and I grew up with a wonderful life. I was a good student, a decent athlete, had friends and a serious boyfriend. Life was going perfectly. Then, right before my senior year, my relationship with my boyfriend ended, my friends and I had a falling out, and I found myself eating alone with no one to turn to.

I lost some weight, but thought I needed to lose more. However, I just couldn’t stay on a diet, so I would crash and binge on any food in sight. I started seeing a therapist at the end of high school, but it was taking a while to help. Once I went to college, I lost all control. I did not diet anymore. But I kept bingeing. It got to the point where I almost had to leave school. Eventually, through the support of my therapist, family and new friends, I came home from my freshman year of college for the summer and slowly stopped bingeing and having obsessive food thoughts.

I believe I matured and realized the important things in life. I learned to love myself again for who I was as a person, not for how I looked on the outside. I continue to go to therapy and surround myself with positive people. I have been healthy for over a year now and I love myself — and life! I knew that once I was healthy I wanted to help others. This past winter break, I researched ways to help and came upon NEDA’s website. I learned about NEDA Navigators, a program that connects people who are personally affected by eating disorders with volunteers who have been there and understand. I went through the Navigator training and have helped parents, as well as people my age who know someone or who struggle themselves with an eating disorder, to find the help and resources they need. The NEDA Navigator Program has helped me stay focused on my own recovery and has built my self-esteem up knowing that I can help others.

“I learned to love myself again for who I was as a person, not for how I looked on the outside.”

If you have experience dealing with an eating disorder and are well into your own or your loved one’s recovery, you can be a NEDA Navigator! To be placed on the registration notification list for upcoming trainings, email admin@pfn.nationaleatingdisorders.org.

Could you use some support from someone who gets it? If you’d like to be matched up with a NEDA Navigator, email pffnetwork@myneda.org.
Binge Eating Disorder is characterized by recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control. This disorder is associated with marked distress and occurs, on average, at least once a week over three months.

BED is often associated with symptoms of depression.

It is common for people suffering to hide their behavior and eat in secret.

People who struggle with BED can be of normal or heavier than average weight.

Biological factors can make someone more susceptible to developing BED.

How to Get Help

BED requires professional help from an eating disorder specialist for treatment.

Call our toll free, confidential Information and Referral Helpline at 1-800-931-2237 or click to chat with a trained volunteer at nationaleatingdisorders.org. Our trained Helpline volunteers are available Monday-Friday to offer support and referrals with compassion and understanding.

Learn More

The NEDA Website offers information, resources and opportunities to connect and learn from others who have been affected by an eating disorder, either personally or in support of a loved one.

www.nationaleatingdisorders.org