

Making Changes:

Cognitive Behavior Therapy for Binge Eating Disorder (Without Body Image Concerns)

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Welcome

- Confidentiality
- Courtesy
 - Talking in group
 - Bathroom breaks
 - Cell phone (put away)
- Non-ED issues
- Questionnaires/Checklist
- Manual

Overview of Treatment

- Psychoeducation – Weeks 1 & 2
 - Week 1: About BED and binge eating
 - Week 2: About weight
- Preparation for Change – Weeks 3
 - Week 3: Overview of lifestyle choices
- Planning – Weeks 4, 5, 6 & 7
 - Weeks 4, 5 & 6: Planning eating
 - Week 7: Planning activity

Overview of Treatment

- Dealing with Triggers: Weeks 8-15
 - Week 8: Problem solving and planning ahead
 - Weeks 9-13: Emotional Triggers
 - Interpersonal Triggers: Weeks 14, 15
- Closing: Week 16

Making Changes

Week 1

Overview of Today's Session

- What is Binge Eating Disorder (BED)
- Who has BED?
- BED and other psychiatric conditions
- BED and Cognitive Behavior Therapy (CBT)
- Binge eating
- Pros and cons of binge eating
- Binge eating cycle

What is BED?

The DSM 5

DSM 5: Binge Eating Disorder

- Recurrent episodes of binge eating
 - Objectively large amount of food in discrete period of time
 - Sense of lack of control
- *The Reality of Binges for BED*
 - *Definition of binge eating from Bulimia Nervosa where intend to purge*
 - *BED's may spread binge over entire day*
 - *Can identify "binge day" from "non-binge day"*

DSM 5: Binge Eating Disorder

- 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 being embarrassed by how much one is eating
 - Feeling disgusted with oneself, depressed, or very guilty after overeating
- *Experience of binge eating is defined so that certain is not just overeating*

DSM 5: Binge Eating Disorder

- Marked distress regarding the binge eating is present.
- The binge eating occurs, on average, at least 1 day a week for 3 months
 - *Not uncommon for periods of binge eating (and weight gain) to be followed by periods of dieting (and weight loss)*

DSM 5: Binge Eating Disorder

- The binge eating is not associated with the regular use of inappropriate compensatory behaviours and does not occur exclusively during the course of AN or BN.
 - *Reality is that many BED's have tried compensatory behaviors at some point*
 - *Some BED's (BN's?) use compensatory behaviors at low but regular frequency (e.g., monthly)*
 - *Non-Purging BN: When try to compensate for binge eating by fasting or excessive/increased exercising*

Two Types of BED

- Those who do and do not “overvalue weight and shape”
 - For about 60% of individuals with BED in the community, weight and shape are of major concern
 - Similar to the body image concerns of other eating disorders like bulimia and anorexia
 - For these individuals, addressing body image concerns is a necessary part of treatment
 - For about 40% of individuals with BED in the community, weight and shape are not of significant concern
 - Health concerns are primary for these individuals
 - Individuals with BED without significant weight and shape concerns tend to do well in treatment, have less difficulty with mood and have better self-esteem than individuals who do have weight and shape concerns.
- This is a group designed for individuals with BED who do not experience significant weight and shape concerns.

Who has BED?

Finding People with BED

- 0.7 – 4% of general population
- 8% of obese
- 30% of those seeking weight loss
- 70% overeaters anonymous

- Female:Male ratio is 3:2
 - (compared to 10:1 for other ED's)
 - More women seek treatment

About the development of BED

- Onset in early 20's
 - Subgroup who describe onset in early childhood. Have more psychiatric difficulties.
- In 1/3 binge eating precedes dieting, especially in early onset
- More medical and psychiatric concerns than in non-BED obese

BED and Other Psychiatric Conditions

BED and other Psychiatric Conditions

- Mood Disorders
 - Depression the most common associated condition
- Anxiety Disorder
 - Rates elevated in BED
- Substance Abuse
 - Conflicting opinions as to whether elevated in BED

All of these are less common in BED without overvaluation of weight and shape

BED and CBT

Outcomes

Cognitive Behavior Therapy

- Outcomes for BED (research)
 - 50% good outcome at end of treatment
 - 60% maintain this at one year
- Outcomes for BED (this program)
 - Over 70% good outcome at end of treatment
 - Free of binge eating
 - Significant improvement in well-being: depression, self-esteem and body image.
 - A good outcome is even higher in individuals who do not overvalue weight and shape

Binge Eating

Binge Eating

- Objective versus Subjective Binges
 - Objective: All would agree it is a large amount of food to consume in that amount of time. Experience loss of control over eating.
 - Subjective: Break your own rules, and experience loss of control but amount would be considered small or “normal”.
- Binge eating in obese, non-BED
 - Obese non-BED also binge, but usually in response to hunger. BED’s report more emotional triggers.

Binge Eating

- Binge Eating and Weight
 - In a sample of young women in the community who developed BED, over half became obese over 5 year period.
 - Our patients report steady weight gain over period when binge eating.
 - Stopping binge eating prevents further weight gain.
 - Stopping binge eating has only been associated with modest (5%) weight loss.

Pros and Cons of Binge Eating

Your opinions...

The Binge Eating Cycle

Biology and Psychology

Biology: The Cycle of an Eating Disorder

Weight Dissatisfaction



Food Restriction/Purging



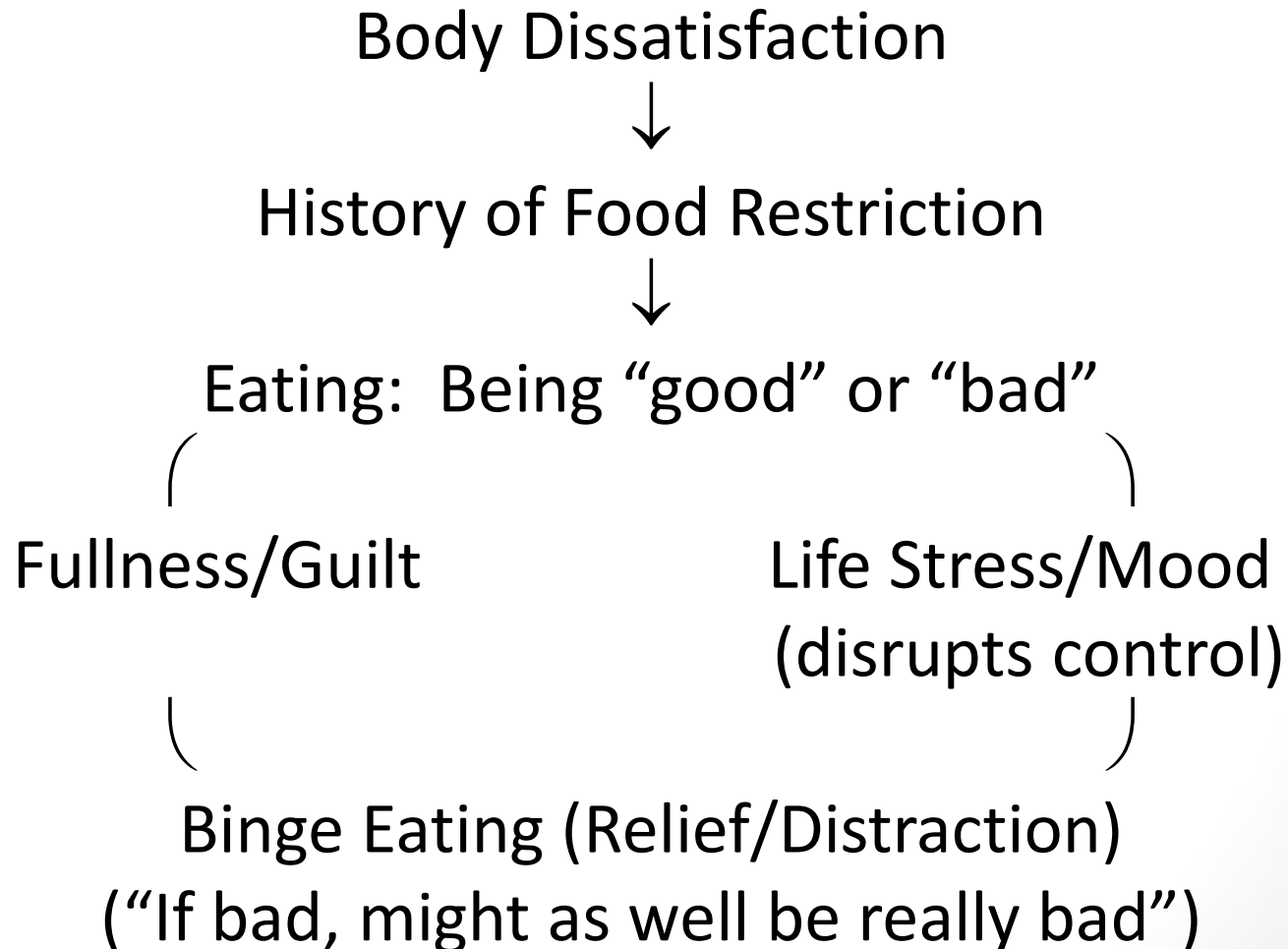
Fullness (Guilt/Fear)

Hunger/Craving



Binge Eating
(subjective or objective)

Psychology: The Cycle of an Eating Disorder



Relation of Binge Eating to History of Weight Loss

- Rat study (AED 2008)
 - Rats put on yo-yo diet, then weight restored
 - Binges could be triggered by:
 - “Treats” (cookies)
 - Stress (feet shocked)
 - Environment (same cage as previously binged)
 - Only in rats who had history of weight loss and regain.
- Point: History of dieting may put you at biological risk of binge eating, even when weight restored.