Making Changes:

Cognitive Behavior Therapy for Binge Eating Disorder

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Welcome

- Check in at front desk
- Confidentiality
- Courtesy
  - Talking in group
  - Bathroom breaks
- Non-ED issues
- Questionnaires/Checklist
- Food/Eating in Group
- Inform us of medication changes
- Notify us if you will be absent
  - no more than 2 absences
- Manual

Overview of Treatment

- Psychoeducation – Weeks 1 & 2
  - Week 1: About BED and binge eating
  - Week 2: About weight
- Preparation for Change – Weeks 3 - 5
  - Week 3: Overview of lifestyle choices
  - Week 4: Health and Body Image goals
  - Week 5: Understanding yourself
- Planning – Weeks 6, 7 & 8
  - Weeks 6 & 7: Planning eating
  - Week 8: Planning activity

Overview of Treatment

- Dealing with Triggers: Weeks 9 – 15
  - Week 9, 10: Problem solving and planning ahead
  - Weeks 11 – 15: Emotional Triggers
- Nutrition: Week 16
- Physical Activity: Week 17
- Interpersonal Triggers: Weeks 18, 19
- Closing: Week 20

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
- Purging (just incase…)

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*

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

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.

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.

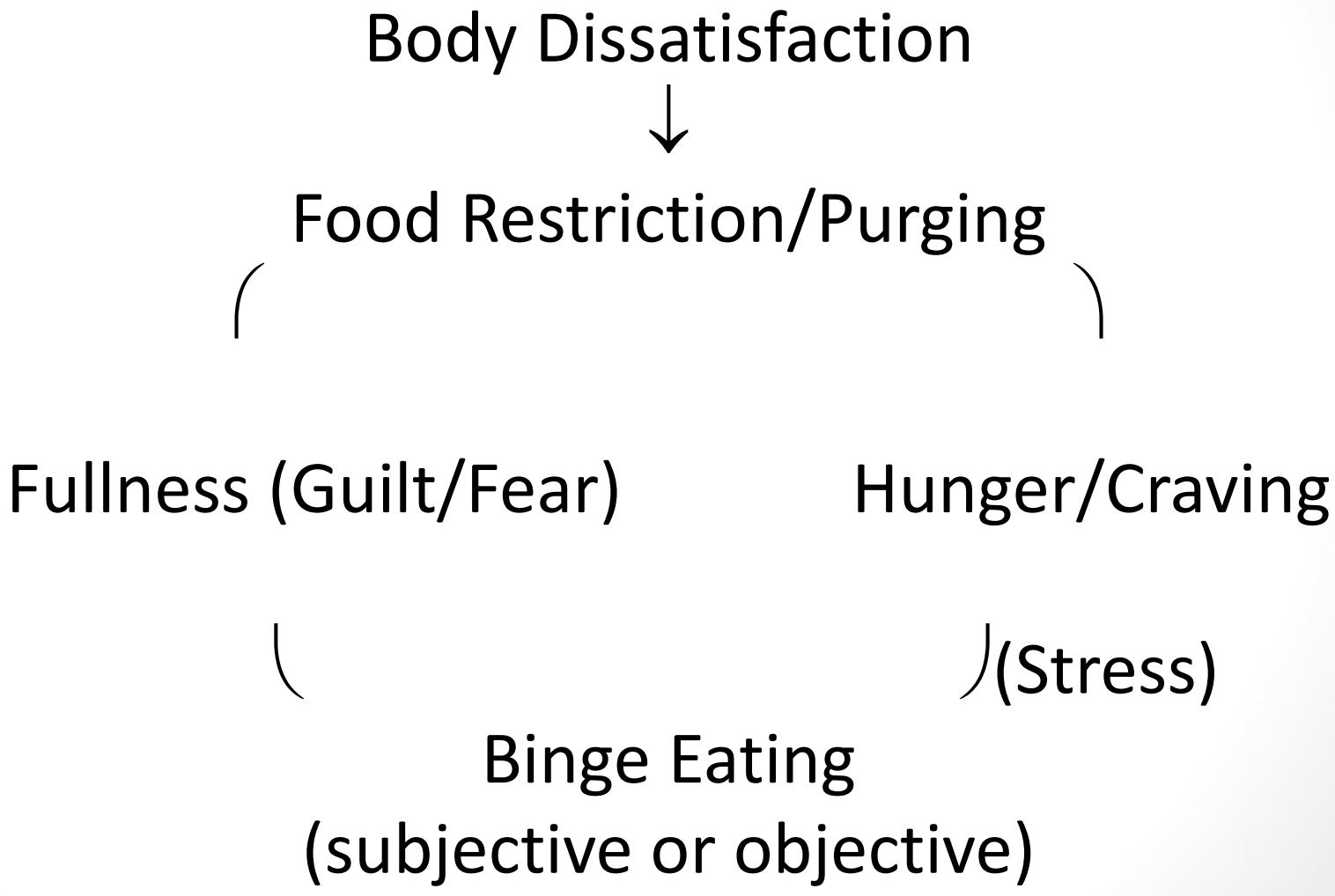
Pros and Cons of Binge Eating

Your opinions…

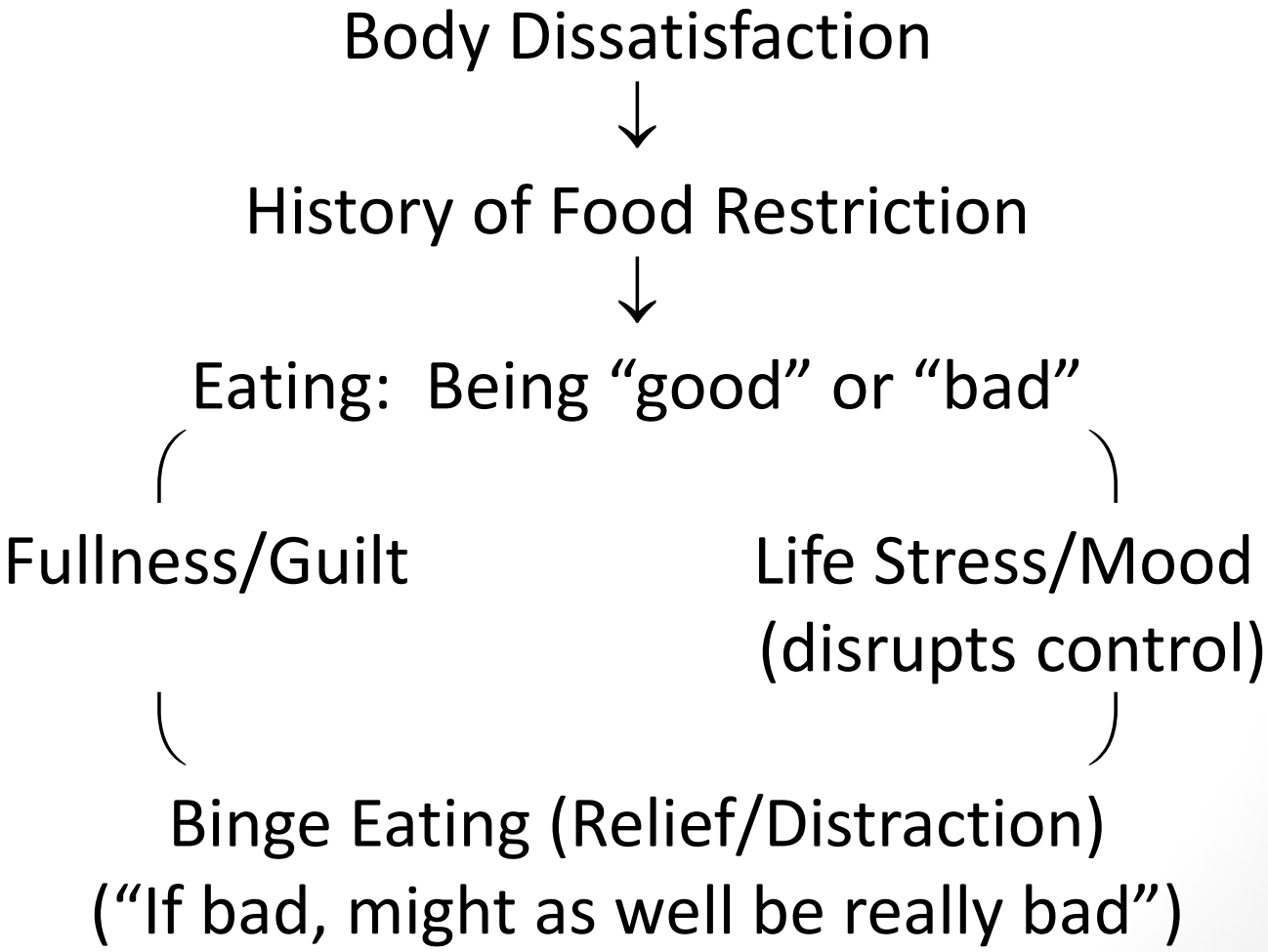
The Binge Eating Cycle

Biology and Psychology

Biology: The Cycle of an Eating Disorder



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.

Purging

Just incase…

Vomiting

- Effectiveness:
  - Only 50% (or less) of calories vomited
- Health Risks
  - Damage to teeth (rinse with baking soda)
  - Stomach acid may damage throat/esophagus
  - Inflammation or infection of parotid glands
  - Dry hair and skin (dehydration)
  - Cracks in corner of mouth (malnutrition)
  - Greatest Danger: Hypokalemia (depletion of body potassium)

Laxatives

- Effectiveness
  - Approximately 90% of calories absorbed by body. Food is absorbed in upper intestine. Laxatives work on the lower intestine, which is where your body sends waste.
- Health Consequences
  - After withdrawal, constipation and bloating (temporary)
  - Greatest danger: Hypokalemia (depletion of body potassium)

Diuretics

- Effectiveness:
  - Does not affect body fat or calorie absorption
- Health Consequences
  - Mild dehydration
  - Cyclical bloating (upper body AM, lower PM)
  - Kidney problems
  - Greatest danger: hypokalemia

Hypokalemia

- Depletion of body potassium
  - Severe: cardiac arrhythmia (irregular heartbeat/sudden death)
  - Headache, weakness, shakiness, muscle cramps, inability to concentrate
- Specific Risks
  - Vomiting: 2+ episodes per day; erratic
  - Laxatives: Ongoing diarrhea
  - Diuretics: Especially if doing other things that dehydrate body

Hypokalemia

- Managing Risks:
  - If your vomiting has increased or laxative use has resulted in multiple days of diarrhea, you should visit your doctor or the emergency room.
  - Some harm reduction strategies (will *not* protect you if potassium is very low): orange juice, milk, potato, banana