UNDERSTANDING YOUR DIAGNOSIS

Binge-Eating Disorder

Also called Binge-Eating Disorder

An illness where you eat a large amount in a short time, feel out of control while it happens, and feel awful afterward.

HOW COMMON	OFTEN STARTS	TREATABLE	WHO IT AFFECTS
Most common eating disorder	**Late teens to early twenties**	**Yes - most people improve**	**All body sizes and genders**

What this is

- Binge-eating disorder is a recognized medical condition. It is not greed, and it is not a failure of willpower.
- It is the most common eating disorder in the US, and it happens at every body size, including smaller bodies.
- There is no purging, fasting or driven exercise afterward, and that is what makes it different from bulimia.
- Body weight is not part of the diagnosis. It rests on the eating pattern itself and the distress it causes you.

What it can look and feel like

- You eat much more than most people would in about two hours, and you feel unable to stop while it is happening.
- You eat very fast, well past the point of being full, and often keep going until you are uncomfortable.
- You eat when you are not physically hungry, most often in the evening or late at night.
- You eat alone, or in the car, because you feel embarrassed about how much food you are having.
- Afterward you feel disgusted with yourself, guilty or low, and you promise it will not happen again.
- You have dieted many times, and the stricter the diet, the bigger the episode that follows it.
- You hide wrappers or containers, or you buy food ahead of time that you plan to eat privately later.

What is happening in your brain and body

- Your brain's reward system reacts strongly to certain foods, while the part that puts the brakes on reacts weakly.
- The signals that normally tell you that you are full, such as the hormones leptin and GLP-1, come through more quietly.
- An episode briefly quiets distress and then leaves shame behind, and your brain learns to run that loop again.
- Going without food all day lowers blood sugar and raises the drive to eat, so going without sets up the next episode.
- Over years, frequent episodes can raise blood sugar, blood pressure and cholesterol, which is worth checking with your doctor.

What can make it more likely

- Genes account for roughly half of the risk, and binge eating often shows up in more than one person in a family.
- Repeated dieting, teasing about weight, and being treated badly for your size are strong triggers, often starting in childhood.
- Depression, anxiety, ADHD and heavy stress make episodes more likely, because food becomes a fast way to cope.
- Times when food was scarce or tightly controlled, whether in childhood or in a diet program, can prime the pattern.

What to expect

- Regular, reliable meals usually reduce episodes within weeks, often before anything else in the plan takes hold.
- **Therapy** over about **16 to 20 sessions** stops the episodes for roughly half to two-thirds of people who complete it.
- Treating the binge eating comes first. Body weight may or may not change, and that is not the measure of success.
- Episodes can come back during a stressful stretch. A short return to structure and support usually gets you back on track.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** has the strongest evidence. You map what sets off episodes and build a steadier eating pattern.
- **Guided self-help**, a CBT workbook plus short check-ins with a coach, works well for milder patterns and is easier to find.
- **Interpersonal therapy** works on relationships, loneliness and self-esteem, and its results hold up well over the long run.
- **Dialectical behavior therapy** skills groups help when strong emotions are the main thing that sets off eating.
- A dietitian can set up meals and snacks that keep you fed, without rules strict enough to trigger the next episode.

Medicines

- **Lisdexamfetamine** is the only medicine approved for binge-eating disorder, and it reduces the number of binge days.
- It is a stimulant, so your prescriber checks your pulse and blood pressure and asks about any history of substance use.
- **Topiramate**, a seizure medicine, can lower how often episodes happen, but it may cause tingling, fogginess or word-finding trouble.
- **Antidepressants** such as SSRIs modestly reduce episodes and help with the depression or anxiety that often comes along.
- None of these is a weight-loss drug, and every dose is decided together with your prescriber rather than on your own.

Everyday things that help

- Three meals and two snacks at planned times works better than trying to eat less. Skipping fuels the next episode.
- Sleep matters more than people expect. Short nights raise appetite hormones and make evening urges much stronger.
- Notice the feeling that arrives just before an episode and name it. Naming it buys you a few minutes to choose.
- Alcohol lowers your guard around food, so cutting back often reduces how often episodes happen at all.
- Find a doctor who treats you respectfully at any size. Being shamed about weight in a clinic makes people avoid care.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Chest pain, trouble breathing, or severe belly pain after an episode needs emergency care.
- If you start purging, fasting or using diet pills to make up for eating, tell your team right away.

Questions to ask your care team

- *Which treatment do you suggest first for me, therapy or medicine, and why that one?*
- *Can we track binge episodes rather than weight as the sign that this is working?*
- *Which blood tests or health checks make sense for me right now?*
- *What should I do the day after an episode, instead of trying to skip meals?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychiatric Association. (n.d.). *What are eating disorders?* https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders

MedlinePlus. (n.d.). *Eating disorders*. National Library of Medicine. https://medlineplus.gov/eatingdisorders.html

National Alliance on Mental Illness. (n.d.). *Eating disorders*. https://www.nami.org/about-mental-illness/mental-health-conditions/eating-disorders/

National Institute for Health and Care Excellence. (2017). *Eating disorders: Recognition and treatment* (NICE Guideline NG69). https://www.nice.org.uk/guidance/ng69

National Institute of Mental Health. (n.d.). *Eating disorders*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/eating-disorders

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.