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Helping a Loved One With Binge Eating Disorder **By Tracey L. Kelley**

It's often difficult to determine if a loved one has a problem with binge eating. You may feel you're comparing someone's behavior to your own, passing judgement, or being critical.

Binge eating disorder (BED) has key signals that help make it easier to determine if you should be concerned. If there's a problem, it's treatable, especially with caring methods such as interpersonal therapy and cognitive behavioral therapy.

Understanding BED

Binge eating is the most common eating disorder. When a person has recurrent episodes of this behavior, the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#) characterizes it as:

- "Eating, in a discrete period of time (within any two-hour period) an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances."
- "A sense of lack of control over eating during the episode—a feeling that one cannot stop eating or control how much one is eating."

BED is often associated with:

- Serious trauma
- Childhood and adult obesity
- Anxiety
- Depression

These co-occurring disorders often contribute to loneliness, worry about body image and weight, and low self-esteem—possible causes of binge eating. Other potential factors may be exposure to a relative's particular eating patterns and genetic or environmental contributors.

Interestingly, many people who are obese don't have BED. However, of those diagnosed with BED, nearly two thirds also have clinical obesity.

BED episodes may have three or more of the following behaviors:

- Consuming large quantities of food even when not hungry
- Eating more rapidly than usual
- Ignoring feelings of fullness or satiety
- Feeling guilty, depressed, or disgusted afterward
- Eating alone due to embarrassment about the amount of food eaten

A professional may also look for signs such as someone feeling distress over the behavior or how long it's been happening. People suffering from BED usually have a recurrence at least weekly for three months or longer. Additionally, while bingeing is often associated with other conditions such as anorexia nervosa or bulimia nervosa, someone may have BED and not these other conditions.

Once bingeing behavior becomes a pattern, it's a compulsion that's hard to control—[just like drug or alcohol abuse](#). The pattern over stimulates the brain's reward center.

Although eating disorders are often associated with women, the numbers aren't as skewed as you might think. Roughly 3.5 percent of women and [2 percent of men](#) suffer from BED.

BED Warning Signs to Note

[The National Eating Disorders Association \(NEDA\)](#) outlines the significant warning signs that help you determine if someone you care about has a problem with binge eating.

Physical:

- Frequent digestive distress such as constipation, stomach cramps, and acid reflux
- Noticeable weight fluctuations
- Trouble concentrating

Emotional:

- Feelings of low self-esteem or a lack of self-worth
- Noticeable depression, disgust, or guilt after overeating
- Fear of eating with others or in public
- Withdrawal from normal activities and relationships
- Extreme concern over or a distorted view of shape or weight

Behavioral:

- Hoarding or stealing food
- Frequent dieting or following fad diets
- Secret, recurring episodes of bingeing
- Eating too quickly at each meal
- Developing unusual food rituals, such as not allowing foods on the plate to touch, chewing too much, or eating only a particular type of food

How to Talk to Your Loved One

If you have reason to be concerned, it's important to speak up. Yes, it might not be a pleasant conversation at first, but it's a step in the right direction toward a more healthy life.

Helpguide.org offers a number of tips for how to—and how not to—talk with your loved one about a possible binge eating disorder.

Do:

Choose a time that's best for both of you without distractions or limitations. Make sure the conversation is on a calm day in a quiet place.

- Use "I" statements and caring language. Explain why you're concerned by using factual examples and ask how you can help. An "I" statement is something like, "I've noticed that eating with the family is more difficult for you lately, and you seem really down. I'd like to know how I can help."
- Be supportive. You're just trying to open a line of communication. Even if your loved one is initially resistant or in denial, remain respectful and calm.

Don't:

- Fight fire with fire. With what you've learned so far about BED, you now understand your loved one may be struggling with a lot of conflicts. Arguing, shaming, blaming, or criticizing weight or appearance may make the situation worse.

- Oversimplify. Not everyone responds to "Just get over it!" or "Accept yourself for who you are." Recognized that BED is a complicated condition that can't be wished away with platitudes.
- Extend ultimatums. If you have a minor child, you may have more control over whether he or she seeks treatment. Otherwise, you can't force someone to do it your way. They have to believe they have options for wellness.

Seeking Help for Binge Eating Disorder

NEDA stresses the importance of a proper DSM diagnosis of BED so insurance companies may assist with treatment. This assistance removes any barriers to choosing the proper care providers to improve quality of life.

At Cottonwood Tucson, we specialize in [treating BED](#) through a comprehensive program that includes nutritional, physical, and exercise evaluations. We provide a variety of clinical techniques designed to help your loved one change his or her relationship to food from addictive to healthy. Our treatment continuance of care plan may also include holistic modalities to support recovery and healing from within.