Perspective

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Frequent and Recurrent Eating Episodes in Binge Eating Disorder

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Description

Binge Eating Disorder (BED) is an eating disorder characterized by frequent and recurrent binge eating episodes with associated negative psychological and social problems, but without the compensatory behaviors of bulimia nervosa, OSFED or the binge-purge subtype of anorexia nervosa. Evidence-based treatments are available for BED. Depression, low self-esteem, stress, and boredom are common symptoms of BED. In terms of cognitive abilities, individuals who exhibit severe symptoms of binge eating may have minor executive function dysfunctions. Non-alcoholic fatty liver disease, menstrual irregularities like amenorrhea, and gastrointestinal issues like acid reflux and heartburn are also risks for people with BED.

Connection between Body Image and Eating Disorders

BED is a condition that has only recently been described. It was necessary to distinguish binge eating from bulimia nervosa, which is similar to binge eating but does not involve purging. People who are determined to have bulimia nervosa and pigging out jumble show comparative examples of enthusiastic gorging, neurobiological elements of useless mental control and food compulsion, and organic and ecological gamble factors. BED is thought by some professionals to be a milder form of bulimia with the same spectrum as bulimia. Binge eating is one of the most common eating disorders among adults, but it receives less attention from the media and less research than anorexia nervosa and bulimia nervosa. Signs and symptoms The primary symptom of BED is binge eating; However, not all binge eaters have BED. A person may occasionally binge eat without experiencing many of the negative effects on their body, mind, or social life that come with BED. In contrast to bulimia nervosa, binge eating episodes are rarely followed by compensatory behaviors like self-induced vomiting, laxative or enema abuse, or strenuous exercise. Overeating is more common in BED than dietary restriction. BED sufferers frequently diet and have a negative body image, but their binge eating is so severe that they fail. Causes Like other eating disorders, binge eating is an expressive disorder, which means that it is a manifestation of more fundamental mental health issues. It has been discovered that people with binge eating disorders are more likely to internalize weight bias, which includes low self-esteem, unhealthy eating patterns, and general body dissatisfaction. Because it is common for people to turn to comfort foods when they are feeling down, binge eating disorder frequently develops as a result of depression or as a side effect of depression. Because many people believed that individual choices were to blame for binge eating disorder, there was opposition to classifying it as a full-blown eating disorder. Disordered eating may be linked to strict dieting practices, according to previous research on the connection between body image and eating disorders. In the majority of cases of anorexia, severe and rigid diet restrictions eventually lead to binge eating, weight gain, bulimia nervosa, or a mixed eating disorder that is not specifically listed. The body may be preparing for a new behavior pattern that involves eating a lot of food in a short amount of time when subjected to a strict diet that mimics the effects of starvation. However, additional research suggests that environmental factors and the effects of traumatic events may also contribute to binge eating disorder. One study found a positive correlation between binge eating disorder and the frequency of negative life events and that women with binge eating disorders experienced more negative life events in the year prior to the onset of the disorder. Additionally, the study found that people with binge eating disorders were more likely to have experienced physical abuse, stress, body criticism, and a perceived risk of physical abuse. Obesity in childhood, negative comments about one's weight, low self-esteem, depression, and childhood physical or sexual abuse are additional risk factors. A systematic review found that negative interactions between parents and children, family breakups, and a loss have an impact on bulimia nervosa and binge eating disorder. While other studies have shown results that are more ambiguous, a few studies have suggested that binge eating disorder may have a genetic component. A twin study by Bulik, Sullivan and Kendler found a moderate heritability for binge eating of 41%, which is consistent with previous research that has demonstrated that binge eating tends to run in families. Additionally, studies have demonstrated that individuals with eating disorders like anorexia and bulimia have less capacity for coping, which increases the likelihood that they will resort to binge eating as a means of coping.

Psychological and Behavioral Interventions

Diagnostic and Statistical Manual In 1994, binge eating disorder was first included in the Diagnostic and Statistical

Manual (DSM) of mental disorders as a feature of eating disorders. At first, this was thought to be a topic for more research. It was officially listed as a psychiatric condition in the DSM-5 in 2013. Eating disorders that do not fall under the categories of anorexia nervosa or bulimia nervosa were grouped together under the umbrella term eating disorder not otherwise specified until 2013. It has been difficult to get insurance to pay for treatments because it was not included as a psychiatric disorder in the DSM until 2013. The DSM-5 now includes a separate category for the disorder, outlining the signs and symptoms that must be present for a person's behavior to be considered binge eating disorder. The high predictive value of these diagnostic criteria for BED has been demonstrated by studies. According to one study, a clinician should either take the eating disorder examination or conduct a structured interview using the DSM-5 criteria to diagnose BED. The structured approach of the structured clinical interview for criteria and can be completed in no more than 75 minutes. The Eating Disorder Examination is a semi-structured interview that looks at the frequency of binges and the features of eating disorders that are associated with them. A multidisciplinary approach to the disorder's treatment is suggested by some. Counseling Cognitive behavioral therapy (CBT) has been shown to be more effective than behavioral weight loss programs for treating BED. Half of people with BED go into complete remission from binge eating, and 68% to 90% will have fewer episodes of binge eating. Self-image issues and psychiatric comorbidities (such as depression) associated with the disorder can also be effectively addressed with CBT. The goal of Cognitive Behavioral Therapy (CBT) is to stop binge eating, learn how to make a regular eating schedule, change one's perception of weight and shape, and cultivate positive attitudes about one's body. Albeit this treatment is fruitful in wiping out gorging episodes, it doesn't prompt losing any weight. Psychological and behavioral interventions, such as psychotherapy, have been found to be more effective than pharmaceutical treatments for binge eating disorder, according to recent studies. A meta-analysis came to the conclusion that psychotherapy based on CBT not only significantly improved the symptomatology of binge eating but also significantly decreased a client's BMI at post treatment and for more than six and twelve months after treatment. It has been demonstrated that patients can lose weight with behavioral weight loss treatment.