BINGE EATING DISORDER (BED) is prevalent among obese patients, and those undergoing bariatric surgery

BED is a clinically defined psychiatric disorder, and the most prevalent eating disorder occurring in 2–5% of the adult population.¹

Characterized by:1,2

- Compulsive episodes of excessive consumption of highly palatable foods (binges)
- Strong sense of loss of control
- Feelings of anxiety, shame, disgust and guilt
- Absence of compensatory purging behaviors

Bariatric surgery is recognized as a durable treatment for severe obesity⁴; however, BED is common among bariatric surgery patients.⁵

Binge eating is implicated as a treatment-limiting factor in patients undergoing bariatric surgery.⁶



Interferes with adherence to postsurgical nutritional recommendations

May impede weight loss and reduce quality of life

OBESE PATIENTS SHOULD BE SCREENED FOR BED AND TREATED, IF WARRANTED, PARTICULARLY PRIOR TO BARIATRIC SURGERY.

of all **BED** patients are obese or overweight³



of bariatric surgery candidates have BED⁵



of bariatric surgery patients experience "loss-of-control" eating⁶

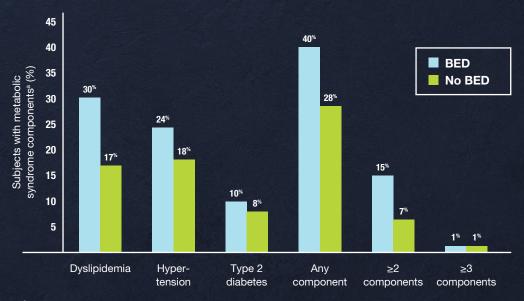
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BINGE EATING DISORDER (BED) may be a risk factor for metabolic syndrome¹

BED has been shown to confer a risk of components of the metabolic syndrome over and above the risk attributable to obesity alone.¹

Over a 5-year study, obese individuals with BED had significantly increased risk for developing metabolic syndrome components vs. a BMI-matched group without BED¹ of obese **BED** patients met criteria for metabolic syndrome^{2,†}



^a Number reporting new diagnosis of component or set of components during the follow-up interval.

CONSIDER SCREENING FOR BED IN PATIENTS WHO ARE DIAGNOSED WITH ANY COMPONENT OF THE METABOLIC SYNDROME.



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⁺ Cross-sectional analysis of 81 consecutive treatment-seeking obese (body mass index ≥ 30 kg/m2) patients (21 mer, 60 women) who met DSM-IV-TR research criteria for BED (either subthreshold criteria: ≥ 1 binge weekly, n = 19 or full criteria: ≥ 2 binges weekly, n = 62.

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