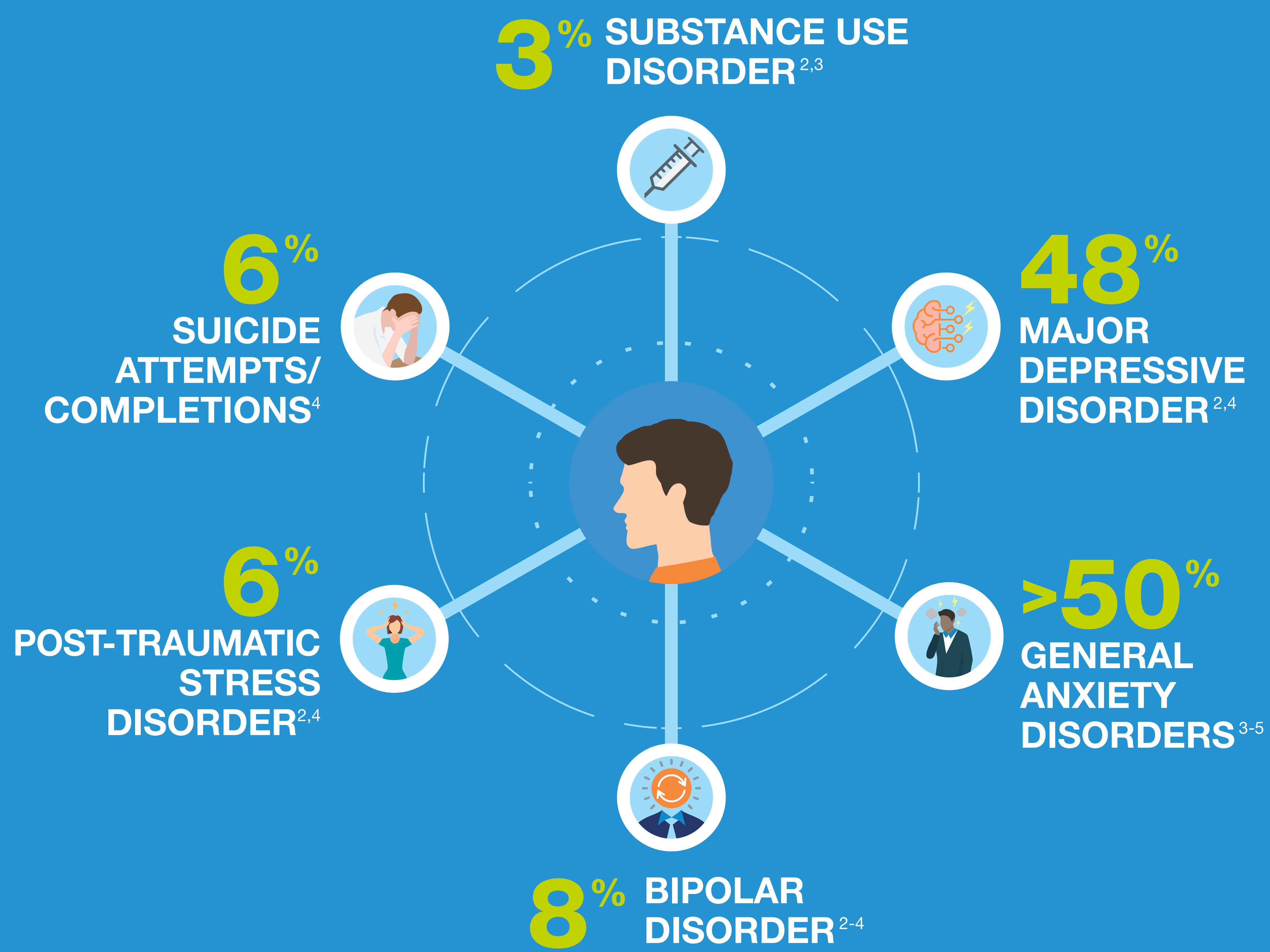


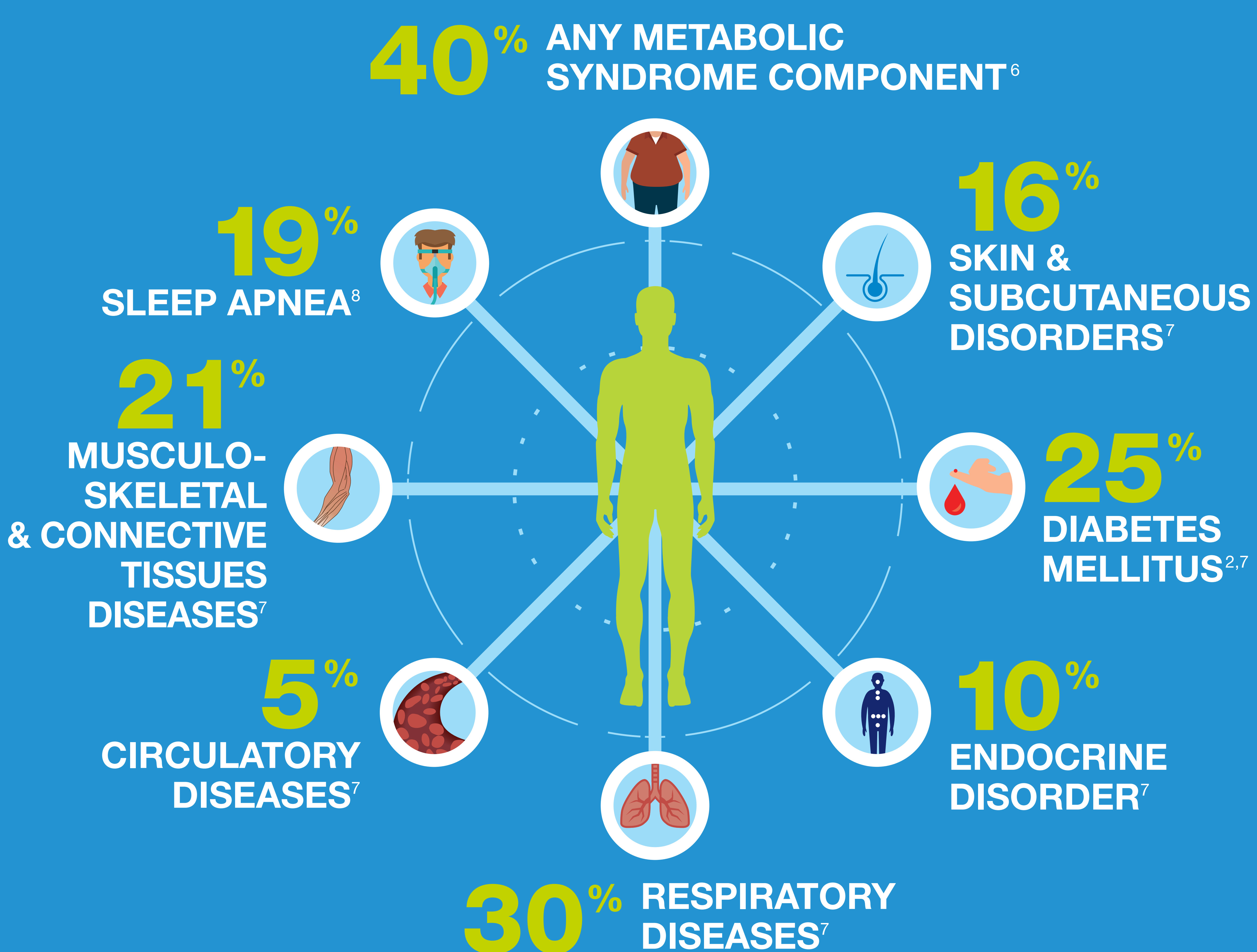
Binge Eating Disorder Carries a High Burden of Psychiatric and Somatic Comorbidities¹⁻⁸

Earlier diagnosis and management of BED may improve management of other disorders

PSYCHIATRIC CO-OCCURRING DISORDERS ASSOCIATED WITH BED²⁻⁵



SOMATIC CO-OCCURRING DISORDERS ASSOCIATED WITH BED^{2,6,7}



DIFFERENCES BETWEEN BED AND BULIMIA NERVOSA³

BED has recurrent binge eating in common with bulimia nervosa, but differs in several fundamental respects^{3,9}

1. Recurrent inappropriate compensatory behaviour (eg purging/ excessive exercise) seen in bulimia nervosa is absent in BED³



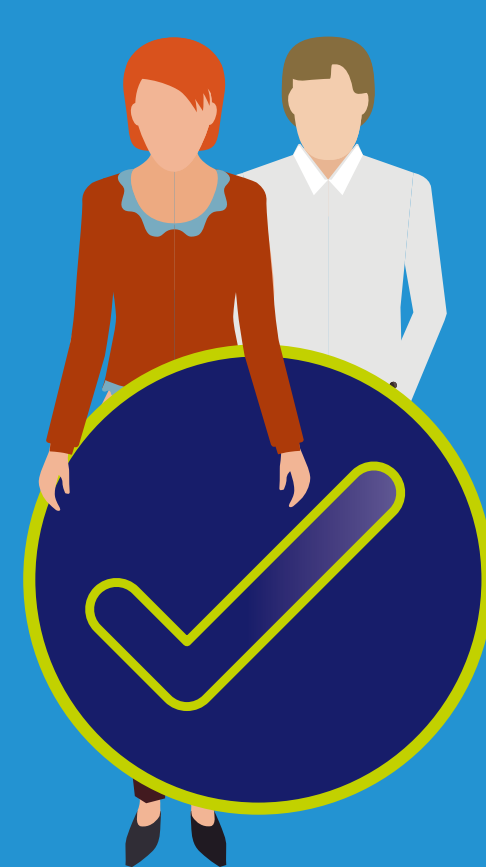
2. Individuals with BED do not show marked or sustained dietary restriction between binge eating episodes³

- Frequent attempts at dieting may be reported in BED

3. Dieting follows development of binge eating in many individuals with BED, whereas dysfunctional dieting usually precedes the onset of binge eating in those with bulimia nervosa³



4. Rates of improvement during treatment have been consistently higher in BED vs bulimia nervosa³



5. Higher remission rates have been observed in BED vs bulimia nervosa (in both natural course and treatment outcome studies)³



6. BED has a higher global prevalence than bulimia nervosa¹



Abbreviations:

BED=binge eating disorder; CIDI=Composite International Diagnostic Interview; vs=versus

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