

Binge Eating Disorder: Red Flags

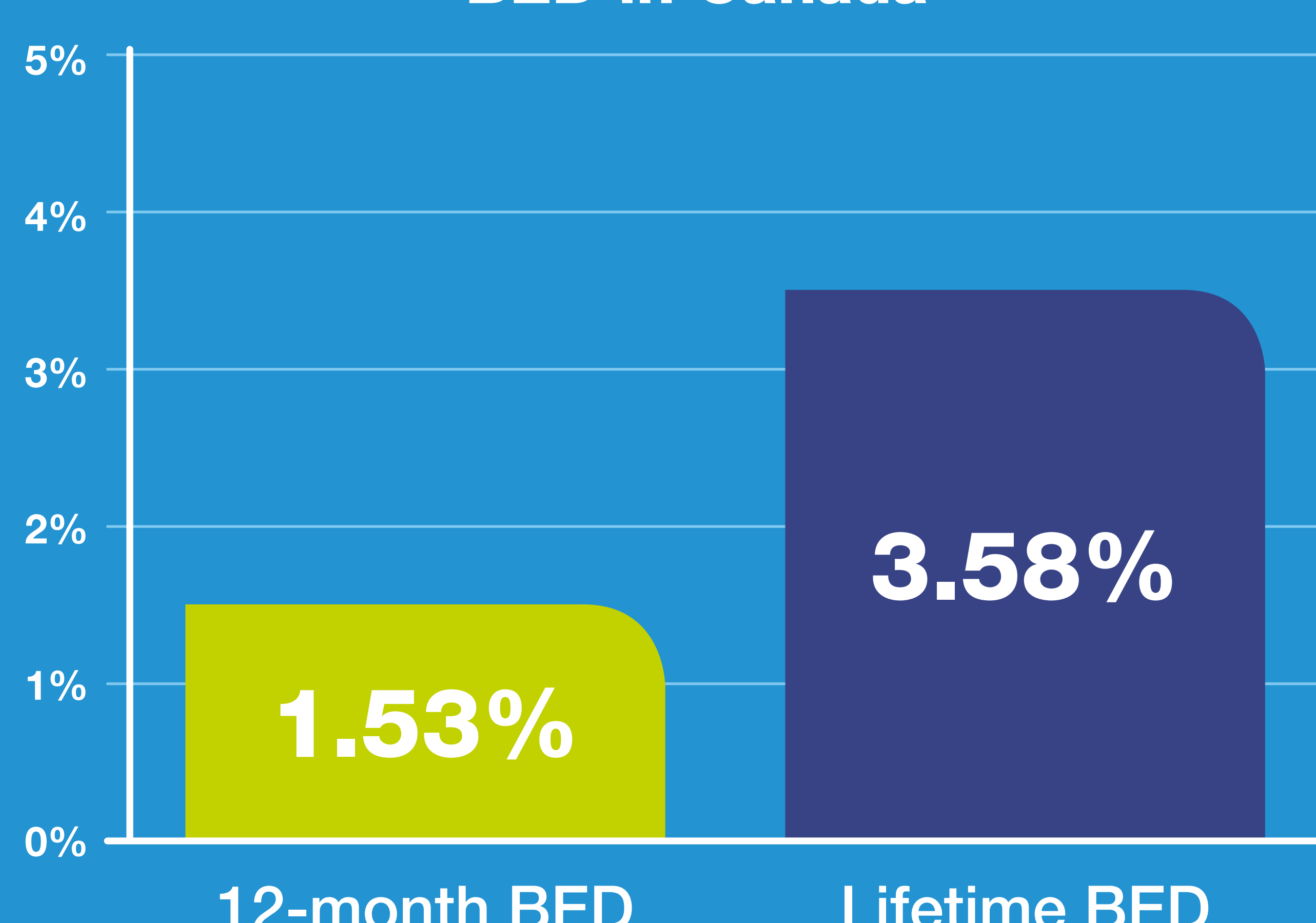
Many healthcare professionals see adults with BED in their practice¹⁻³

BED IS THE MOST COMMON EATING DISORDER AMONG ADULTS WORLDWIDE¹⁻³

In adults, BED occurs in 0.89% of males and 2.15% of females⁴



Projected Prevalence of BED in Canada^{*,4}



DO YOU KNOW THE POSSIBLE SIGNS/SYMPTOMS OF BED IN ADULTS?†

I try to avoid social situations because I feel self-conscious about my body and I am scared of being judged by others

Overvaluation of shape and weight is associated with increased BED symptom severity⁵

Doctors keep telling me that I need to better control my diabetes and high blood pressure

BED may be associated with an increased risk of metabolic syndrome components independent of the risk conferred by obesity alone⁷



30, UNEMPLOYED, SINGLE

I hate talking about my weight and try to avoid the subject whenever this is brought up in conversation

Often, patients with BED are not forthcoming or honest when asked about diet, exercise and/or body image and this can be a key barrier to diagnosis⁶

I struggle to do everyday tasks and I am not happy in my day-to-day life

Obese adults with BED show higher levels of functional impairment and impaired quality of life vs weight-matched non-BED controls⁸

I have had persistent issues with depression and anxiety since I was a teenager

BED carries a high burden of psychiatric co-occurring disorders that is associated with its severity and clinical complexity⁹

I am recently divorced

In a case-controlled retrospective assessment of 162 women with BED, stressful life events were reported more frequently in the year preceding BED onset than in non-BED controls¹¹



29, OFFICE WORKER, DIVORCED

I struggle to control my emotions in my day-to-day life

Difficulties with emotion regulation may play a role in the maintenance of emotional overeating and eating pathology in obese adults with BED¹⁰

I struggle to motivate myself to be productive at work

Adults with BED experience higher levels of activity impairment than those without BED¹²

I was a victim of sexual abuse as a child

In a nationally representative survey of 5,702 adults, 98% men and 90% women with BED reported experiencing some form of trauma^{11,13}

I have recently gained a lot of weight because I have been really stressed at work

Stress and negative mood commonly precede binge eating¹⁴



48, NURSE, MARRIED

I really struggle to control my weight and even though I feel as though I am constantly dieting, my weight goes up and down a lot

I want to feel happier with my body shape and learn how to diet effectively

The most common trigger of binge eating is negative affect. Other triggers include: dietary restraint; feeling bad about body weight/shape and food; interpersonal stressors, and boredom⁹

WOULD YOU HAVE SCREENED FOR BED IN THESE ADULTS?

* Among a representative sample of 10,112 Canadian adults (aged ≥18 years), based on DSM-5 BED criteria, 12-month and lifetime BED prevalence estimates (95% CIs) projected to the Canadian population were 1.53% (1.29%–1.78%), and 3.58% (3.22%–3.95%).

† These are fictional examples of patient presentations. A complete medical examination is required to make a diagnosis of BED.

†† Exposure to events during lifetime such as combat, life-threatening accidents, a major disaster or physical/sexual assault.

Abbreviations:

BED=binge eating disorder; DSM-5=Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

References:

- Kessler RC, et al. *Biol Psychiatry*. 2013; 73(9): 904–914.
- Hudson JL, et al. *Biol Psychiatry*. 2007; 61(3): 348–358.
- Hay P, et al. *Int J Eat Disord*. 2015; 3: 19.
- Yee K, Witt EA, Schaffer S, et al. Estimating the Prevalence of Binge Eating Disorder in Canada. Shire Data on File BED2047; January 9, 2017.
- Ojserkis R, et al. *Int J Eat Disord*. 2012; 45(4): 603–608.
- Linville D, et al. *Eat Disord*. 2012; 20: 1–13.
- Hudson JL, et al. *Am J Clin Nutr*. 2010; 91: 1568–1573.
- American Psychiatric Association. Binge-eating disorder. In: *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013: 350–353.
- Welch E, et al. *BMC Psychiatry*. 2016; 16: 163.
- Gianini LM, et al. *Eat Behav*. 2013; 14(3): 309–313.
- Pike KM, et al. *Psychiatry Res*. 2006; 142(1): 19–29.
- Striegel RH, et al. *Int J Eat Disord*. 2012; 45(8): 995–998.
- Davis C, et al. *Prog Neuropsychopharmacol Biol Psychiatry*. 2012; 38(2): 328–335.
- Wolff GE, et al. *Addict Behav*. 2000; 25(2): 205–216.

