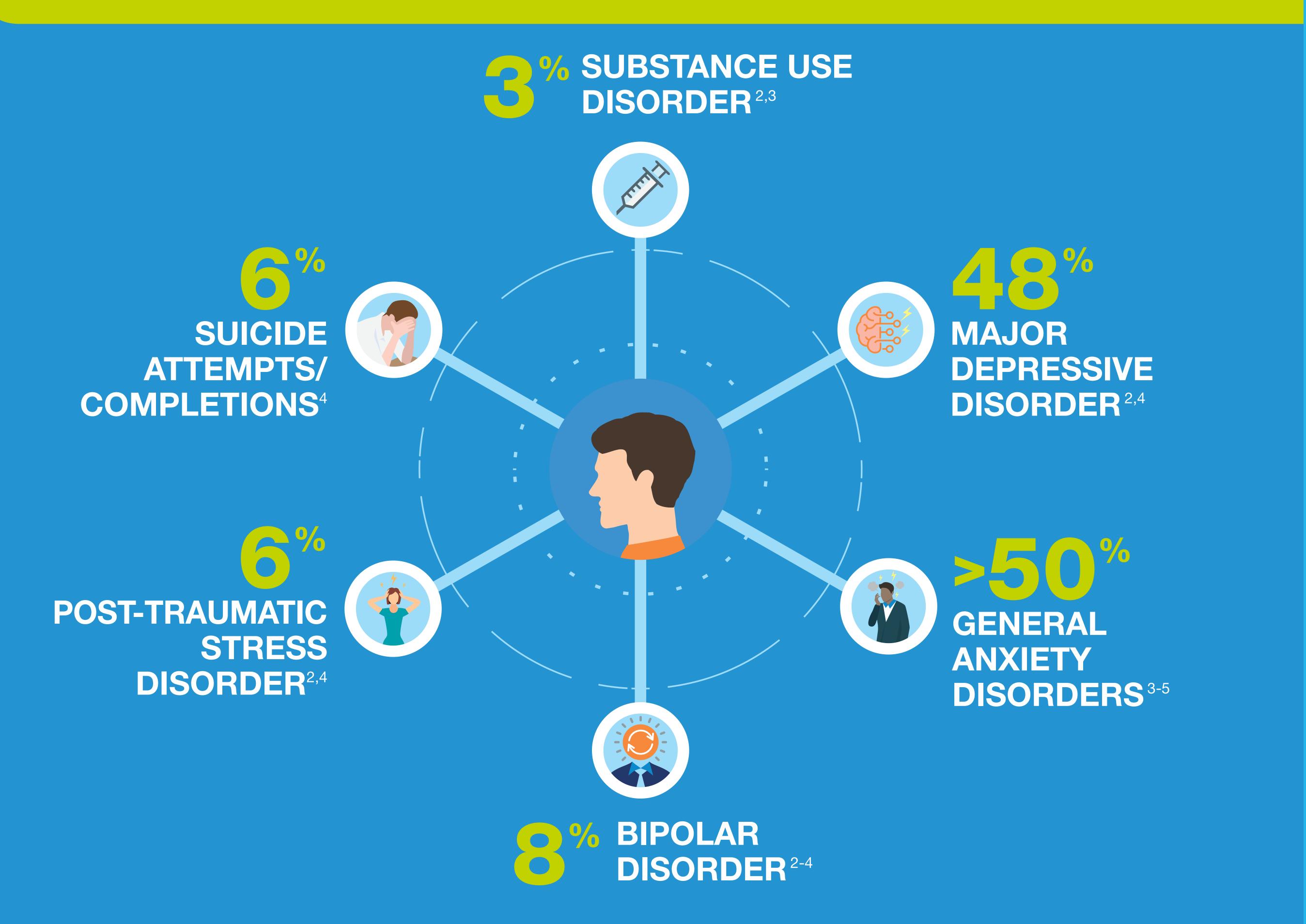
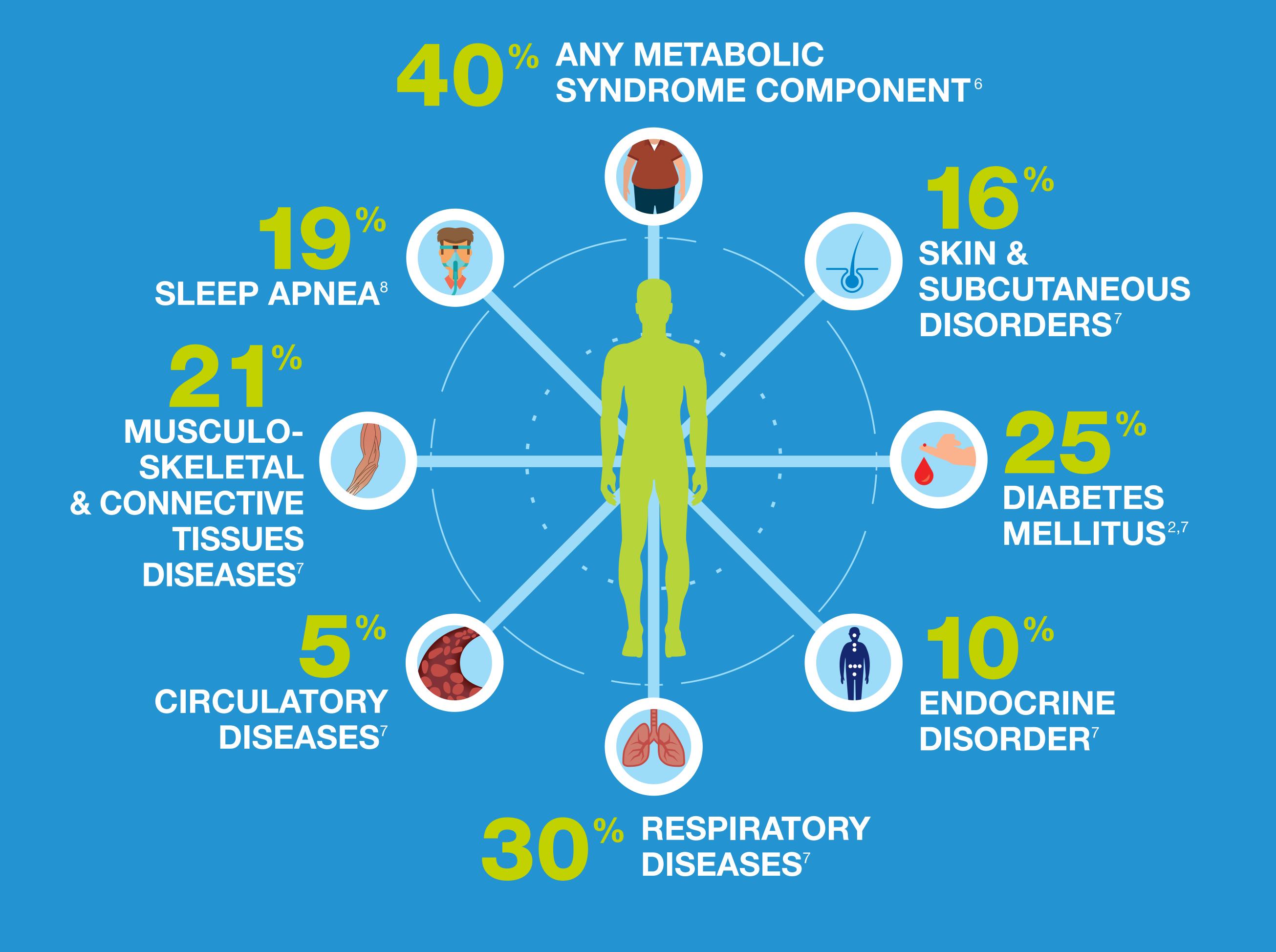
Binge Eating Disorder Carries a High Burden of Psychiatric and Somatic Comorbidities¹⁻⁸

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}

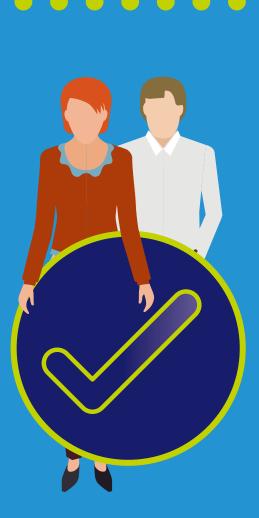
1. Recurrent inappropriate compensatory behaviour (eg purging/ excessive exercise) seen in bulimia nervosa is absent in BED³



- 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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