CONDITION

Binge eating disorder

Learn about binge eating disorder symptoms, diagnosis, treatment options, possible complications, and when to seek urgent help.

WHAT IT IS
Eating disorder with repeated uncontrolled binge eating

BODY SYSTEM
Mental health

MAIN SYMPTOMS
Unusually large binges, loss of control, eating rapidly, shame or guilt

WHAT CAUSES IT
No single cause, multiple factors

HOW IT IS DIAGNOSED
Clinical assessment of eating patterns, control, distress and duration

MAIN TREATMENT
Psychological therapy

CAN IT BE CURED?
Sometimes - many improve with appropriate support

IS IT AN EMERGENCY?
Sometimes - chest pain, fainting or suicidal intent

LONG-TERM OUTLOOK
Many improve, though progress is not always linear

Overview

Binge eating disorder is an eating disorder marked by repeated episodes of eating unusually large amounts of food while feeling unable to stop or control the eating. These episodes cause significant distress. Unlike bulimia nervosa, binge eating disorder does not involve regular behaviors intended to "make up for" eating, such as self-induced vomiting, fasting, or excessive exercise.

A binge is more than occasionally overeating at a celebration or eating past fullness. During a binge episode, a person may feel driven to continue even when uncomfortable. The episode may happen quickly, in secret, or without physical hunger. Shame afterward can make it difficult to ask for help.

Binge eating disorder is a mental health condition, not a lack of willpower. It can affect people

of any age, gender, body size, race, or background. A person does not have to be at a higher body weight to have it.

The condition matters because it can affect emotional well-being, relationships, daily routines, and physical health. It commonly occurs alongside depression, anxiety, trauma-related symptoms, attention-deficit/hyperactivity disorder, or substance use problems. Effective treatments are available, and many people improve with appropriate support.

Symptoms

Symptoms may not be visible to other people. Body weight alone cannot show whether someone has binge eating disorder.

During binge episodes, a person may:

For a clinical diagnosis, the episodes must cause marked distress and follow a repeated pattern. Under current diagnostic criteria, they generally occur at least once a week for three months. A clinician also checks that regular compensatory behaviors, such as vomiting or misuse of laxatives, are not present.

Some people experience episodes that feel out of control but do not clearly involve an unusually large amount of food. These experiences can still be distressing and are worth discussing with a healthcare professional.

Binge eating may lead to secrecy, avoiding meals with others, storing food, or frequently starting restrictive diets. Hunger caused by skipping meals or severe food restriction can make the binge cycle harder to interrupt.

- Eat an amount that is unusually large for the situation and period of time.
- Feel unable to stop eating or control what or how much they eat.
- Eat much faster than usual.
- Continue until feeling uncomfortably full.
- Eat when not physically hungry.
- Eat alone because of embarrassment.
- Feel disgusted, depressed, ashamed, or guilty afterward.

Causes and risk factors

There is no single cause of binge eating disorder. It likely develops through a combination of

biological, psychological, social, and environmental factors.

Genes may affect appetite regulation, reward responses, mood, and vulnerability to eating disorders. Family history can increase risk, but it does not mean that a person will develop the condition.

Restrictive dieting is another important factor. Strict food rules, skipped meals, and repeated attempts to sharply limit calories may increase physical hunger and feelings of deprivation. For some people, this contributes to a cycle of restriction, binge eating, guilt, and renewed restriction.

Emotional stress can also play a role. Some people use eating to cope with sadness, loneliness, anger, boredom, anxiety, or traumatic experiences. This does not make the disorder a choice. Over time, the behavior may become an automatic response to difficult emotions or situations.

Other associated factors include body dissatisfaction, weight-related teasing, stigma, perfectionism, low self-esteem, and difficulty managing emotions. Depression, anxiety, and other mental health conditions may occur before, during, or after the eating disorder develops.

Risk factors do not confirm a diagnosis. Many people have one or more of these experiences without developing binge eating disorder.

Diagnosis

There is no blood test or scan that confirms binge eating disorder. Diagnosis is based on a private, nonjudgmental discussion about eating patterns, loss of control, distress, and how long the symptoms have been present.

A healthcare professional may ask about:

The clinician may check weight, blood pressure, pulse, and general physical health. Tests may be ordered based on the person's symptoms and medical history, but normal results do not rule out an eating disorder.

The assessment also helps distinguish binge eating disorder from other conditions. Bulimia nervosa includes recurrent compensatory behaviors. Anorexia nervosa involves severe restriction and other specific features. Night eating syndrome mainly involves eating later in the day or after waking from sleep. Some medicines and medical conditions can also change appetite.

People often delay seeking care because they fear blame or weight stigma. A respectful assessment should focus on health and symptoms rather than making assumptions based on appearance.

- How often binge episodes occur and what happens during them.
- Feelings and events that tend to come before or after an episode.
- Restriction, fasting, vomiting, laxative use, or excessive exercise.
- Body image, weight concerns, and previous dieting.
- Mood, anxiety, trauma, sleep, substance use, and thoughts of self-harm.
- Medicines and health conditions that may affect appetite or eating.

Treatment and management

Treatment is tailored to the person's symptoms, preferences, age, medical needs, and other mental health conditions. It usually focuses first on reducing binge episodes, restoring regular eating, and addressing the thoughts and emotions that maintain the cycle. Weight loss is not the main measure of whether eating-disorder treatment is working.

Psychological treatment

Eating-disorder-focused cognitive behavioral therapy, often called CBT-ED, is a well-supported treatment. It helps a person identify patterns involving restriction, triggers, thoughts, emotions, and binge episodes. Treatment may include establishing regular meals and snacks, challenging rigid food rules, and learning other ways to respond to distress.

Guided self-help based on cognitive behavioral therapy may be appropriate for some people. It uses a structured program with support from a trained professional. If it is not sufficient, more intensive individual or group therapy may be considered.

Interpersonal psychotherapy is another evidence-based option. It focuses on relationships, life changes, grief, conflict, and social difficulties that may be connected with binge eating.

Family involvement may be helpful for children and adolescents. The approach should support the young person without blame, punishment, or close policing of food.

Nutrition support

A registered dietitian with eating-disorder experience can help create a steady, adequate eating pattern. The goal is generally to reduce long gaps without food and loosen rigid rules that may trigger bingeing.

Highly restrictive diets can interfere with recovery. If a person also wants help managing weight or a related medical condition, that discussion should be coordinated with eating-disorder care. Weight-related treatment should avoid shame and should not restart a restriction-and-binge cycle.

Medication

Medication may be considered for some adults, usually together with psychological care rather than as the only support.

Lisdexamfetamine is approved by the U.S. Food and Drug Administration for moderate to severe binge eating disorder in adults. It is a stimulant and is not approved as a weight-loss medicine. Because it can affect heart rate, blood pressure, sleep, and the risk of misuse or dependence, a prescriber reviews medical history and monitors treatment.

Some antidepressants like sertraline or fluoxetine may reduce binge eating symptoms for certain adults, particularly when depression or anxiety is also present. Medication choice depends on the person's health, other medicines, possible adverse effects, and treatment goals.

Medicines should be reviewed with a qualified prescriber. They should not be started, stopped, or shared based on general information.

Supportive care

Treatment may also address depression, anxiety, trauma, sleep problems, substance use, or attention difficulties. Peer support can reduce isolation, although it does not replace professional care when symptoms are significant.

Progress is not always linear. A return of binge episodes does not mean treatment has failed. It may signal that stress, meal patterns, or the care plan need to be reviewed.

Complications

Binge eating disorder can cause emotional and social harm even when routine medical tests are normal. Shame and secrecy may contribute to depression, anxiety, low self-worth, social withdrawal, and problems at work or school. Eating disorders are also associated with an increased risk of self-harm and suicidal thoughts.

Binge episodes can cause short-term abdominal pain, bloating, reflux, nausea, and sleep disruption.

Some people with binge eating disorder have conditions such as high blood pressure, abnormal cholesterol levels, type 2 diabetes, fatty liver disease, sleep apnea, or joint pain. These conditions are influenced by many factors, including genetics, sleep, activity, medicines, access to care, and body weight. They should not be assumed from appearance.

Repeated dieting and weight cycling can add physical and emotional strain. Delaying care may allow the binge-and-restriction pattern to become more established, but improvement

remains possible even after symptoms have been present for years.

Follow up

Routine follow-up helps the patient and care team review binge frequency, loss of control, regular eating, mood, sleep, medication effects, and progress toward personal goals. Follow-up may involve a primary care clinician, therapist, psychiatrist, and dietitian.

A treatment review is appropriate if symptoms are not improving, binge episodes are becoming more frequent, side effects occur, or the plan feels overly focused on weight rather than eating-disorder recovery. New vomiting, laxative misuse, severe restriction, or excessive exercise should also be reported because these behaviors may change the diagnosis and medical risks.

Seek prompt medical advice if eating-related symptoms are causing repeated dizziness, worsening weakness, persistent abdominal symptoms, or difficulty carrying out daily activities.

Emergency help is appropriate for chest pain, trouble breathing, fainting, confusion, severe or rapidly worsening abdominal pain, vomiting blood, or signs of immediate medical danger. Anyone who may act on thoughts of suicide or self-harm should contact local emergency services or a crisis service immediately and stay with a trusted person when possible.

Sources

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