



English Teachers On Call

Binge Eating Disorder



<http://theprofessionallhypochondriac.com/wp-content/uploads/2012/03/binge-eating-disorder.jpg>

Binge eating disorder is characterized by recurrent episodes of consuming large amounts of food with a feeling of loss of control. It is not followed by inappropriate compensatory behavior, such as self-induced vomiting or laxative abuse. Diagnosis is clinical.

Binge eating disorder affects about 3.5% of women and 2.0% of men in the general population. Unlike bulimia nervosa, binge eating disorder occurs most commonly among obese people and contributes to excessive caloric intake; it may be present in $\geq 30\%$ of patients in some weight reduction programs. Compared with people with anorexia nervosa or bulimia nervosa, those with binge eating disorder are older and more likely to be men.

People with binge eating disorder are usually **distressed** by it, especially if they are trying to lose weight. Clinical depression and preoccupation with body shape, weight, or both are more common in obese people with binge eating disorder than in obese people who are not binge eaters.

Diagnosis

- Clinical criteria

Diagnosis requires binge eating for 2 days/wk for at least 6 mo and a sense of lack of control over eating, according to research criteria in the *Diagnostic and Statistical Manual of*

Mental Disorders, Fourth Edition Text Revision. Other criteria include presence of ≥ 3 of the following:

- Eating much more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food when not feeling physically hungry
- Eating alone because of embarrassment
- Feeling disgusted, depressed, or guilty after overeating



<http://www.orble.com/9-binge-eating-disorders-facts/>

Treatment

- Cognitive-behavioral therapy (CBT)
- Sometimes interpersonal psychotherapy (IPT)
- Consideration of drug therapy with SSRIs or sibutramine

CBT is the most researched and best supported treatment. IPT and **dialectical behavior** therapy may also be effective. Both CBT and IPT result in **remission** rates of $\geq 60\%$; improvement is usually well-maintained over the long-term. These treatments do not produce significant weight loss in obese patients.

Conventional behavioral weight loss treatment has short-term effectiveness in reducing binge eating, but patients tend to **relapse**. Antidepressant drugs also have short-term

effectiveness in eliminating binge eating, but long-term effectiveness is unknown. Initial results with the appetite-suppressing drug sibutramine are promising.



Reference: <http://www.merckmanuals.com>

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