

Binge Eating Disorder: What Behavioral Health Providers Should Know

Binge Eating Disorder (BED) is defined by recurrent episodes of consuming unusually large amounts of food, usually within 2 hours, accompanied by a sense of loss of control. Per *DSM-5-TR*, episodes occur ≥ 1 ×/week for 3 months without compensatory behaviors. Common features include rapid eating, eating until uncomfortably full, eating when not hungry, eating alone due to shame, and post-episode guilt or distress. Severity ranges from mild (1–3 episodes/week) to extreme (14+).

Etiology

BED reflects interacting biological, psychological, and social factors, with heritability estimates around 40–57%.

Risk Factors for Binge Eating Disorder

Biological contributors: alterations in reward pathways, gut microbiome changes, and neural connectivity differences.

Psychological factors: negative affectivity and perfectionism.

Social/developmental risks: childhood obesity, family conflict, parental mental health disorders, and physical or sexual trauma.

Epidemiology

BED is more common in women, often beginning in late adolescence or early adulthood. Prevalence averages 1.9% globally and 2.6% in the U.S. Nearly 80% have at least one psychiatric comorbidity, most commonly anxiety, major depressive disorder, substance use disorders, or ADHD.

Core Pathophysiology

Three mechanisms are frequently highlighted:

- Negative affect regulation: binge episodes often follow emotional distress.
- Altered reward processing: heightened response to high-calorie food cues.
- Reduced inhibitory control: functional differences in prefrontal and striatal networks.

Clinical Assessment

When evaluating for BED, assess:

- Frequency, duration, and triggers of episodes
- Amount consumed and feelings of loss of control.
- Emotional context before and after binges
- Presence of compensatory behaviors
- Weight history, activity patterns, and eating habits.
- Psychiatric, medical, and substance-use comorbidities.

Screen for obesity-related conditions such as hypertension, dyslipidemia, diabetes, sleep apnea, and GERD.

Common tools: Binge Eating Scale, Eating Disorder Examination (EDE/EDE-Q), Three-Factor Eating Questionnaire, and the Questionnaire of Eating and Weight Patterns.

Treatment Overview

Psychotherapy (APA First-Line)

- Cognitive Behavioral Therapy (CBT): Most evidence-based; effective in both clinician-led and guided self-help formats.
- Interpersonal Psychotherapy (IPT): Targets interpersonal stressors that fuel negative affect and binge patterns.
- Dialectical Behavior Therapy (DBT): Builds emotion-regulation and distress-tolerance skills.

Pharmacotherapy

Used when psychotherapy is unavailable, declined, or insufficient. Options include:

- Lisdexamfetamine (FDA-approved for moderate to severe BED)
- SSRIs such as sertraline or fluoxetine
- Other off-label options: topiramate, zonisamide, atomoxetine, and stimulants


Behavioral Weight Management

Evidence-based weight-loss programs emphasizing nutrition quality, reduced caloric intake, and physical activity can help decrease binge frequency and support metabolic health. Consider referral to weight-management or bariatric services when comorbidities are significant.

References:

1. <https://www.nationaleatingdisorders.org/binge-eating-disorder/>
2. <https://www.sciencedirect.com/science/article/abs/pii/S0005796715000789#preview-section-references>
3. <https://www.ncbi.nlm.nih.gov/books/NBK551700/#:~:text=Epidemiology,comorbid%20conditions%20are%20observed%2C%20>
4. <https://www.nimh.nih.gov/health/topics/eating-disorders#:~:text=a%20full%20recovery,-,How%20is%20NIMH%20research%20addressing%20this%20critical%20topic?,reverse%20unhealthy%20food%20related%20behaviors.>
5. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9793802/>

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

	
ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted**

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click [here to initiate an electronic prior authorization \(ePA\)](#) request.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycaresaz.org), Jasmine Phillips (PhillipsJ6@aetna.com)