

For more information about the treatment of BED, see "Binge Eating Disorder," an archived webinar from Denise Wilfley, Ph.D., a member of the NEDA Research Advisory Council. And for more information on the specific changes to the DSM-5, please see the recent webinar entitled, "Eating Disorders in the DSM-5: Implications of Changes in the Diagnostics Categories and Criteria." This webinar was moderated by B. Timothy Walsh, M.D. who headed the DSM-5 Eating Disorders Work Group, joined by Evelyn Attia, M.D. and Stephen Wonderlich, Ph. D., who were on the work group and currently serve as members of the NEDA Research Advisory Council.

With thorough treatment and the support of their loved ones, many people with eating disorders can expect to see a significant decrease in their symptoms and can go on to live healthy lives in absence of serious medical complications. Family members and friends can be most helpful in providing nonjudgmental support of their loved one and by encouraging their loved one to seek treatment for these serious conditions. The most effective and long-lasting treatment for an eating disorder is some form of psychotherapy or counseling, coupled with careful attention to medical and nutritional needs. Some medications have been shown to be helpful. Ideally, whatever treatment is offered should be tailored to the individual; this will vary according to both the severity of the disorder and the person's individual problems, needs and strengths. Many people with eating disorders respond to outpatient therapy, including individual, group or family therapy and medical management by their primary care provider. Support groups, nutrition counseling, and psychiatric

medications administered under careful medical supervision have also proven helpful for some individuals. Family Based Treatment is a well-established method for families with minors.

Inpatient care (including hospitalization and/or residential care in an eating disorders specialty unit or facility) is necessary when an eating disorder has led to physical problems that may be life threatening, or when an eating disorder is causing severe psychological or behavioral problems. Inpatient stays typically require a period of outpatient follow-up and aftercare to address underlying issues in the individual's eating disorder.

[1] Swanson SA, Crow SJ, Le Grange D, Swendsen J, Merikangas KR. *Prevalence and correlates of eating disorders in adolescents. Results from the national comorbidity survey replication adolescent supplement*. Archives of General Psychiatry. 2011;68(7):714–723.

See more at:
<http://www.nationaleatingdisorders.org/new-dsm-5-binge-eating-disorder#sthash.eFGVkJZu5.dpuf>

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

RECOVERY IS POSSIBLE!

EATING DISORDERS

**SHOW YOU CARE.
WEAR A SILVER RIBBON.**



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.



White Mountains

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Find Help. Find Hope.

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What Are Eating Disorders?

Eating disorders are some of the most challenging mental illnesses. Untreated eating disorders can result in severe medical complications and even death in certain cases. Scientific studies suggest that nearly one in twenty people will experience symptoms of an eating disorder at some point in their lives. Proper diagnosis and treatment of these complex conditions is of critical importance.

Eating disorders are often underdiagnosed which can delay necessary treatment. There is no specific test (e.g., x-ray or blood test) that can diagnose an eating disorder. Rather, a diagnosis is made by a trained clinician based on the signs and symptoms of these illnesses. While many people may experience unhealthy eating habits and have concerns with their body image, people with eating disorders generally experience severe dysfunction due to their symptoms.

In general, treatment of these challenging mental illnesses involves a multi-disciplinary team of clinicians to help an individual dealing with an eating disorder. This usually includes a primary care doctor (e.g., pediatrician or internist), a nutritionist, a therapist, and a psychiatrist. Working together, members of the treatment team can help to meet the medical, nutritional and psychiatric needs of individuals with an eating disorder. In the vast majority of cases, psychopharmacological medications are not curative treatments for people with eating disorders. In certain cases, some people may find that medications are a

helpful part of their treatment.

Eating disorders frequently occur in people with other mental illnesses, including depression, anxiety disorders and substance abuse issues. For people with a co-existing mental illness, effective treatment of this second condition is critically important for proper treatment of their eating disorder. Historically, eating disorders were thought to be conditions that were limited to upper-middle class, teenage Caucasian females. Over the past few decades, it is clear that women of all ages, ethnicities and socioeconomic backgrounds are confronted with the challenges of eating disorders. Males are less likely to have eating disorders than females, but it has been suggested that as awareness grows, more males are being treated for these severe mental illnesses.

Binge Eating Disorder

BED is the most common eating disorder in the United States. Over a twelve month span the prevalence of binge-eating disorder (BED) among U.S. adult (age 18 or older) females and males is 1.6% and 0.8% respectively. In women it is most common in early adulthood but more common in men at midlife. Comorbid problems are both physical and psychiatric. Although most people with obesity don't have BED, up to 2/3 of people with BED are obese and can have the medical difficulties associated with this condition. Compared with normal weight or obese control groups, people with BED have higher levels of anxiety and both current and lifetime major depression.

The key diagnostic features of BED are as follows:

1. Recurrent and persistent episodes of binge eating (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
2. Binge eating episodes associated with three (or more) 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 being embarrassed by how much one is eating
 - ◆ Feeling disgusted with oneself, depressed, or very guilty after overeating
3. Marked distress regarding binge eating
4. Is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Anorexia Nervosa

Anorexia nervosa is a serious and potentially life-threatening mental illness. Anorexia nervosa is an eating disorder defined by an inability to maintain one's body weight within 15 percent of his or her Ideal Body Weight (IBW). Other essential features of this disorder include an intense fear of gaining weight, a distorted image of one's body, denial of the seriousness of the illness, and—in females—amenorrhea, an absence of at least three consecutive menstrual

cycles when they were otherwise expected to occur.

Bulimia Nervosa

People with bulimia nervosa are overly concerned with their body's shape and weight; they engage in detrimental behaviors in an attempt to control their body image. Bulimia nervosa is often characterized by a destructive pattern of bingeing (e.g., eating too much unhealthy food) and inappropriate, reactionary behaviors (called purging) to control one's weight following these over-eating episodes. Purging behaviors are potentially dangerous and can consist of a wide variety of actions "to get rid of everything I ate." This can include self-induced vomiting and the abuse of laxatives, enemas or diuretics (e.g., caffeine). Other behaviors such as "fasting" or restrictive dieting following binge-eating episodes are also common, as well as excessive exercising.

Treatment for Eating Disorders

Effective evidence-based treatments are available for BED disorders. These include specific forms of cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). Some types of medication can be helpful in reducing binge eating. These include certain antidepressants (such as SSRIs) and certain anticonvulsants (such as topiramate, which can also reduce body weight). All treatments should be evaluated in the matrix of risks / benefits / alternatives.