



Women's Health Research Institute
Putting Women First

March 2015

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Dear Friends,

Our city, Chicago, experienced one of the coldest February's on record, leading many of us to seek more indoor activities and indulge in higher calorie comfort foods. This is fine in moderation, but is not a great environment for individuals who suffer from the most common and often misunderstood eating disorder: binge eating disorder, or B.E.D.

Coincidentally, last week was National Eating Disorder Awareness week, so this edition of our monthly e-newsletter will focus on binge eating disorder--its causes, symptoms, and treatments.

In the meantime, keep warm!

Sincerely,

The Institute Staff

Prevalence of Binge Eating Disorders Among Women and Men

When we think of eating disorders, most of the time we focus on bulimia and anorexia, yet overeating or binge eating disorder (B.E.D.) is the most prevalent

eating disorder in the United States. About 2% of all adult Americans have a binge eating disorder. It happens more frequently in females as young adults and in men in their middle ages. Its onset occurs at a later age than other eating disorders.

Slightly more women report B.E.D., but it is commonly known that women tend to report eating disorders more often than men. However, there is growing evidence that B.E.D. may be more prevalent in certain groups of men than reported. A recent study by the Veterans Health Administration reported that B.E.D. may disproportionately affect our military men and women. This study of over 45,000 Veterans seeking weight loss treatment at the VA found that over 78% of them reported binge eating behavior. According to Dr. Robin Masheb, Yale School of Medicine and the Connecticut VA Healthcare System, the prevalence appears greater in males than in female veterans (opposed to the civilian population), and much more research is needed to understand why.



What Causes Binge Eating Disorder?



Researchers are unsure of the causes and nature of binge eating, but they likely are a mix of genetic, psychological, emotional, and social factors. New technologies enable neuroscientists to explore abnormal activity in several areas of the brain. People who have B.E.D. often have or had depression, have poorer coping skills, and report being angry, sad, bored, isolated, worried, or stressed, causing them to binge. Researchers are looking into how brain chemicals affect these behaviors.

Symptoms of Binge Eating Disorders

A person with B.E.D.

- Eats large amounts of food in short periods of time
- Is not able to stop eating after a reasonable amount (gorging) or when feeling full
- Generally eats quickly
- Eats when not hungry
- Eats alone or in secret
- Feels guilty, disgusted, or ashamed after eating
- Is often obese (45% are obese, 36% are overweight, 19% are in average weight ranges)

Binge eating disorder differs from bulimia. Bulimics also binge eat, but they try to make up for their binge by vomiting, taking laxatives, fasting, or exercising vigorously.

Health Consequences of B.E.D.

People with B.E.D. report more health problems including high cholesterol, type 2 diabetes, gallbladder disease, menstrual problems and infertility, high blood pressure, osteoarthritis, and kidney and liver disease. Bingers often eat unhealthy foods that are high in sugar and fat and low in nutrients and protein, furthering their health status.



There are many emotional and physical consequences to bingeing. Immediately after a binge, feelings of shame, self-hatred, anxiety, and depression are common. Physical discomfort and gastrointestinal distress frequently occur due to the high volume of food ingested. The person may experience lethargy and fatigue. Continuing in this behavior for months or years intensifies feelings of depression, anger, sadness, and loneliness. Social isolation occurs from the

amount of time required to execute and recover from bingeing. Extreme shame usually surrounds this disorder, meaning it most often is done in private. Perhaps the most critical consequence of binge eating is unwanted weight gain. While some binge eaters maintain a normal weight, most individuals who routinely binge eat become overweight or obese, which often results in medical complications. These include cardiovascular disease, high blood pressure, cholesterol and triglycerides, and adult-onset diabetes. If the food consumed is high in fat, individuals may also develop gout.

Eating disorders are also associated with other mental disorders like depression. Researchers don't yet know whether eating disorders are symptoms or such problems or whether the problems develop because of the isolation, stigma, and physiological changes wrought by the eating disorders themselves. What is clear from the research is that people with eating disorders suffer higher rates of other mental disorders--including depression, anxiety disorders, and substance abuse--than other people.

Treatment

The good news is that B.E.D. is treatable. The overall goals of treatment are to lessen and stop bingeing incidents, reach and maintain a healthy weight, and treat any emotional problems that may trigger binge eating. There is a DSM-5 diagnostic criterion for B.E.D. reflecting the importance of its mental health aspect.

Psychological counseling involves a mental health specialist who often use some form of talk therapy to help patients recognize the thoughts and feelings that cause

the urge to binge. The therapist teaches the patient how to change these negative thoughts into healthy actions. A nutritionist is also a very important partner to therapy and helps the patient develop healthy eating plans and weight management goals.



There are also medications that may help. The FDA recently approved the use of the drug Vyvanse (lisdexamfetamine dimesylate) to treat B.E.D. in adults. This is the first drug ever approved to treat B.E.D. It is NOT approved for, or recommended for, weight loss. It was approved in 2007 to treat attention deficit hyperactivity disorder in patients age six and older. It does have a high potential for abuse, so patients who are prescribed this drug should be carefully monitored. Other prescribed drugs used to help treat B.E.D. include antidepressants and anti-anxiety medications. Drugs are sometimes prescribed for appetite suppression and weight loss.

With the help of professionals, Binge Eating Disorder is treatable. In addition to the combination of talk therapy, diet management, and medical intervention, many individuals benefit from support groups and self help videos and books. A number of valuable resources are listed below:

- [Weight Control Information Network](#)
- [Academy of Eating Disorders](#)
- [Obesity Society](#)
- [National Eating Disorder Association Hotline](#) (1-800-9312237)

Sources:

[Medline Plus](#)

[The FDA](#)

[Weight-Control Information Network](#)

[US Department of Veteran Affairs](#)

Hudson, J.I., Hiripi, E., Pope, H.G., & Kessler, R.C. (2007). "The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication" *Biological Psychiatry*, 61(3): 348-358.

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Institute Happenings

Congratulations to the WHRI staffer Christina Arroyo who has a new position as Research Study Coordinator in the department of

Physiology, Feinberg School of Medicine. Leandra Stevenson has taken on the role of Registry Coordinator for the WHRI, and she can be reached at: womensregistry@northwestern.edu. Leandra will also serve as the coordinator for the Men's Registry that will be launched later this month--watch out for an announcement!

Institute Director, Dr. Teresa Woodruff lectured on oncofertility as part of the Sex in Three Cities lecture tour in the United Kingdom last week.

The WHRI staff has been updating its [website](#) and [blog](#)--we hope you check out the new format! This is a work in progress and we encourage comments and suggestions on this new format--please send all comments to: womenshealthresearch@northwestern.edu.

Our annual National Women's Health Week Celebration will be held Tuesday, May 12 from 10:00am-3:00pm. This year we will include a keynote speaker as well as two panel discussions on the latest women's clinical services now available at Northwestern Medicine. If you are interested in being a sponsor or having an informational table at the event, please fill out the [online application](#) or contact: megan.castle@northwestern.edu for details!

Upcoming Events

Tuesday, March 10th, 12:00-1:00pm: WHRI Forum, "Sleep and Sleep Disorders: Implications for Women's Health," featuring Phyllis Zee, MD, PhD, Professor of Neurology. [Click here to register today!](#)

Interested in promoting your company or service at the WHRI annual Women's Health Conference this May? Visit the [online form](#) today to learn more about how you can get involved!

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