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Binge Eating Disorder: Clinical Features, Comorbidities and Therapeutic Approaches

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Introduction

Binge Eating Disorder (BED) is one of the most prevalent eating disorders, characterized by recurrent episodes of consuming unusually large amounts of food accompanied by a sense of loss of control. Unlike bulimia nervosa, BED does not typically involve compensatory behaviors such as purging or excessive exercise, making it a distinct condition with unique clinical challenges. Recognized as a formal diagnosis in the DSM-5, BED affects individuals across age groups, genders and cultural backgrounds, though it is often underdiagnosed due to stigma or lack of awareness. Its onset commonly occurs in late adolescence or early adulthood and it is closely associated with psychological distress, impaired quality of life and significant medical complications. The clinical significance of BED lies in its intersection with both physical and mental health. It frequently co-occurs with obesity and metabolic syndrome, creating heightened risks for diabetes, cardiovascular disease and gastrointestinal problems. Equally important are its psychiatric comorbidities, which include depression, anxiety and substance use disorders. These overlapping conditions complicate diagnosis and treatment, often requiring multidisciplinary care. Understanding the clinical features, associated comorbidities and therapeutic approaches to BED is critical for developing effective interventions that address not only the disordered eating behavior but also the broader health consequences it entails [1].

Description

The clinical features of BED are defined by recurrent binge episodes, which typically involve eating rapidly, consuming food until uncomfortably full, eating large quantities when not physically hungry and experiencing distress, guilt, or shame afterward. These episodes usually occur in secret,

contributing to feelings of isolation and reinforcing cycles of emotional distress. BED is distinguished from occasional overeating by its frequency, intensity and psychological impact. Diagnostic criteria require episodes to occur at least once a week for three months, though many individuals experience them more frequently. Importantly, the condition affects both men and women, though women are diagnosed more often. In clinical settings, patients with BED often present with longstanding patterns of disordered eating and a history of unsuccessful dieting attempts, reflecting the chronic and relapsing nature of the disorder [2].

Comorbidities associated with BED are extensive, encompassing both physical and psychiatric dimensions. On the physical side, obesity is the most common comorbidity, with approximately two-thirds of individuals with BED meeting criteria for obesity. This significantly increases the risk for type 2 diabetes, hypertension, dyslipidemia and sleep apnea. Gastrointestinal complications, joint pain and reduced mobility are also prevalent. Psychiatrically, BED is strongly associated with depression, anxiety disorders and substance use, as well as personality traits such as impulsivity and emotional dysregulation. Many patients report using binge eating as a maladaptive coping mechanism for stress or unresolved trauma. Moreover, weight stigma and body dissatisfaction exacerbate psychological distress, fueling a vicious cycle of binge episodes and comorbid mental health conditions. Recognizing these interconnected health burdens is essential for comprehensive treatment planning [3].

Therapeutic approaches to BED are multifaceted, addressing both behavioral and biological drivers of the disorder. Cognitive-

Behavioral Therapy (CBT) is considered the gold standard, helping patients identify and modify maladaptive thought patterns and behaviors associated with binge eating. Interpersonal Therapy (IPT) has also shown efficacy by focusing on relationship dynamics and emotional triggers that contribute to disordered eating. Pharmacological interventions, such as selective serotonin reuptake inhibitors (SSRIs), lisdexamfetamine and topiramate, have demonstrated effectiveness in reducing binge frequency, though their long-term benefits and side effects require careful monitoring. Emerging approaches, including mindfulness-based therapies and acceptance and commitment therapy (ACT), aim to enhance self-regulation and reduce shame associated with binge eating. Importantly, treatment is most effective when tailored to individual needs, integrating psychotherapy, pharmacology and nutritional counseling [4].

Multidisciplinary care plays a central role in managing BED, given its complex interplay of physical, psychological and social factors. Nutrition counseling is vital in helping individuals develop balanced eating patterns and reduce cycles of restriction and overeating. Physicians monitor physical health risks, while psychiatrists or psychologists address comorbid mental health conditions. Support groups and community-based interventions provide social connection and reduce isolation, fostering resilience during recovery. Increasingly, digital health tools, including mobile apps and teletherapy, are being incorporated into treatment, expanding accessibility and adherence. Long-term management requires ongoing support to prevent relapse, as BED is often chronic and influenced by life stressors. Ultimately, therapeutic approaches must balance symptom reduction with improvements in overall quality of life, empowering individuals to cultivate healthier relationships with food and themselves [5].

Conclusion

Binge Eating Disorder is a prevalent and serious condition characterized by recurrent binge episodes, emotional distress and significant medical and psychological comorbidities. Its complex clinical presentation necessitates a holistic understanding that integrates biological, psychological and social dimensions. Comorbid obesity and psychiatric conditions heighten risks and complicate treatment, underscoring the importance of comprehensive and personalized care. Therapeutic approaches ranging from cognitive-behavioral therapy to pharmacological treatments and nutritional counseling highlight the value of multidisciplinary strategies in managing the disorder. As research advances, integrating innovative therapies and digital tools offers new opportunities for improving outcomes. Addressing BED with compassion and evidence-based care not only alleviates symptoms but also enhances long-term well-being, breaking cycles of shame and promoting healthier lives.

Acknowledgment

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Conflict of interest

None.

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