

# ICBT in Binge Spectrum Eating Disorders: Efficacy and Implications for Treatment

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## Description

Binge eating disorder (BED) is characterized by recurrent episodes of eating large quantities of food and feeling out of control during the binge. Unlike bulimia nervosa, people with BED do not typically engage in fasting. Binge spectrum eating disorders, encompassing conditions like Bulimia Nervosa (BN) and Binge Eating Disorder (BED), present significant challenges to affected individuals worldwide.

BN is characterized by repetitive events of binge eating followed by compensatory behaviors, such as vomiting or excessive exercise, aimed at preventing weight gain. In contrast, BED involves experience of binge eating without compensatory behaviors. These disorders not only impact individual physical health but also significantly affect their psychological well-being, often leading to distressing cycles of shame and negative self-evaluation.

Have underscored the increasing prevalence of binge spectrum eating disorders globally, exacerbated by factors like the COVID-19 pandemic. Psychological therapy, particularly Cognitive Behavioral Therapy (CBT), is considered the gold standard for treatment due to its effectiveness in reducing binge eating experience correcting distorted body image perceptions, and promoting healthier eating behaviors. However, traditional face-to-face CBT may face accessibility issues, including high costs, limited availability, and lengthy wait times, which can deter individuals from seeking timely treatment. In response to these challenges, Internet-Based Cognitive Behavioral Therapy (ICBT) has emerged as a promising alternative. ICBT delivers therapeutic interventions *via* internet platforms, allowing individuals to access structured treatment modules remotely, often through web-based applications and email communication with therapists. This approach leverages the ubiquity of internet access and the flexibility it offers, making treatment more accessible and convenient for patients.

Studies investigating ICBT's efficacy across various mental health conditions, such as depression, anxiety disorders, and obsessive-compulsive disorders, have consistently demonstrated positive outcomes comparable to traditional face-to-face therapy. These findings suggest that ICBT can effectively reduce symptoms and improve overall functioning in individuals with binge spectrum eating disorders as well.

Specifically, ICBT interventions have shown promise in reducing binge eating experience, enhancing body image perceptions, and improving physical health outcomes, self-esteem, and social functioning among patients by providing structured guidance and support remotely, ICBT addresses some of the barriers associated with traditional therapy, potentially increasing treatment adherence and engagement among individuals with binge spectrum eating disorders.

To consolidate existing evidence and address inconsistencies was conducted to compare the therapeutic effects of ICBT *versus* non-active control groups in treating these disorders. The aimed to enhance statistical power and provide more robust regarding the efficacy of ICBT. By synthesizing data from various studies with different methodologies and sample sizes, this approach seeks to offer clearer insights into the benefits of ICBT for individuals struggling with binge spectrum eating disorders.

In conclusion, ICBT represents a valuable innovation in the treatment landscape for binge spectrum eating disorders, offering a flexible, cost-effective, and accessible alternative to traditional therapy. As research continues to evolve, further investigation into the long-term efficacy and scalability of ICBT across diverse populations will be crucial. Ultimately, promoting the integration of ICBT into clinical practice can help optimize treatment outcomes and support the broader goal of improving mental health care for individuals affected by these challenging disorders.