



Self-Help Approaches to the Treatment of Binge Eating Disorder

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Binge Eating Disorder (BED) is by far the most prevalent eating disorder, with an estimated 1.7% of men and 2.7% of women meeting criteria for BED in their lifetimes (Deloitte Access Economics, 2020). Despite the fact that BED is more prevalent than anorexia nervosa and bulimia nervosa combined, it is less well known than those eating disorders, and individuals with binge eating symptoms often don't fit the stereotypes that both healthcare professionals and laypeople hold about how eating disorders present.

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As a result, BED often goes undetected by healthcare professionals, and many individuals with BED are reluctant to seek help for their eating difficulties. Only about half of individuals who have BED have gotten any treatment for emotional problems in their lifetime, and only about a quarter of individuals who have had BED within a given 12-month period have gotten support specifically for their eating disorder during that time period (Hudson et al., 2007).

IDENTIFYING BED

The first step towards recovery from BED is identifying that treatment is needed. That process can be complicated by the fact that there is no one definition of what constitutes

a binge, and it can be hard to distinguish between a binge and more normative overeating. The key points to consider when determining whether a binge occurred are that the amount of food consumed in a given time period was much larger than what most people would eat under similar circumstances, and that the individual felt a loss of control over eating during the episode (American Psychiatric Association, 2013). Often, this looks like eating several meals' worth of food at one time and feeling unable to stop. It's important that binges be distinguished from instances in which someone has simply broken an overly rigid diet rule.

Although many people binge eat from time to time, for some people binge eating becomes frequent (at least weekly) and starts to cause significant problems. People may experience both physical consequences from binge eating, such as discomfort from feeling too full or from eating when not hungry, or emotional consequences such as feeling disgusted with oneself, depressed, or guilty. Binge eating can also start to cause interpersonal problems,

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as people may start to eat alone due to embarrassment and may go to great lengths to hide their binge eating episodes from those around them. When this pattern of frequent binge eating and physical, emotional, or social consequences persists for at least three months, it fulfills the diagnostic criteria for BED (American Psychiatric Association, 2013).

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Often, individuals with BED describe being stuck in a repetitive cycle of binge eating followed by a promise to stop binge eating, diet, and/or avoid any triggering foods. The problem with those promises, however well intentioned, is that binge eating is not a failure of willpower, and willpower alone is not the solution. Indeed, the tendency to restrict after a binge can itself increase the likelihood of future bingeing, starting the cycle over again. The good news is that there are a number of treatments that are highly successful in leading to remission of BED once the need for treatment has been identified.

EVIDENCE-BASED TREATMENTS FOR BED

Cognitive-behavioural therapy (CBT) is considered the first line psychotherapy for binge eating (National Institute of Clinical Excellence, 2017). This approach focuses on regularizing eating patterns, changing unhelpful thoughts about food and body image, and helping people to manage stress and difficult emotions more effectively. Meta-analyses of both randomized controlled trials conducted in laboratory settings (Linardon, 2018) and effectiveness studies conducted in routine clinical practice (Linardon, Messer, & Fuller-Tyszkiewicz, 2018) suggest that about half of all individuals who complete this form of treatment are able to completely stop binge eating.

Although the vast majority of research trials for BED have studied CBT-based interventions, a small but compelling body of research suggests that interpersonal psychotherapy and dialectical behaviour therapy (DBT) are also highly effective (Linardon, 2018). Interpersonal psychotherapy targets the interpersonal difficulties and important life transitions that are known to be triggers for binge eating

episodes (Ivanova, 2015), while DBT teaches skills for emotion regulation and mindfulness skills so that binge eating is not used in response to negative moods (Telch, Agras & Linehan, 2001). More recently, mindfulness-based interventions have been developed specifically to address binge eating, with initial findings suggesting that these programs reduce emotional eating and binge eating episodes (Katterman, et al., 2014).

The approaches that have been shown to be effective in reducing binge eating are generally weight-neutral, meaning that they do not lead to significant changes in body weight. In contrast, programs that target behavioural weight loss often do not yield long-term changes in eating disorder symptomatology and the observed initial weight loss is generally not sustained for periods longer than a year (Hilbert et al., 2020).

SELF-HELP FOR BED

Despite the existence of effective treatments, individuals who binge eat may face multiple barriers to accessing care. More than half of individuals with BED symptoms cite shame and embarrassment as significant barriers to seeking help for their eating concerns (Ali et al., 2020). Those who do seek help frequently report stigmatizing experiences interacting with healthcare providers, who are often perceived as focused only on weight loss (Herman et al., 2014).

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Fortunately, structured self-help treatments are also highly effective in the treatment of binge eating and present a private, easily accessible alternative to therapist-led treatments. A meta-analysis by Vocks and colleagues (2010) found comparable effect sizes between self-help and in-person CBT on a number of outcomes including abstinence from binge eating, as well as concerns about eating, shape, and weight. A recent follow-up meta-analysis (Hilbert et al., 2020) found that structured self-help programs, particularly those grounded in CBT principles, led to long term-gains over the next 12

months, including reduced binge eating episodes, as well as decreases in overall eating psychopathology and depressive symptoms. Self-help approaches produced approximately the same rate (roughly 50%) of participants reporting complete abstinence from binge eating as is seen in psychotherapy.

The robust evidence for the effectiveness of self-help programs for binge eating disorder is reflected in the guidance from the National Institute for Health and Care Excellence (2017) that self-help approaches based in CBT should be the initial intervention for individuals with BED, progressing only to group or individual therapy for those who do not show benefit after four weeks of supported self-help.

FIVE TIPS FOR BREAKING THE BINGE EATING CYCLE

Treatment for BED should address both the need to make sustainable changes in eating patterns as well as the need to address non-food issues, including management of difficult emotions and self-critical thinking patterns.

1. **Quit dieting.** The dieting mindset is incompatible with recovery from BED. In fact, dietary restriction, either through inadequate calorie intake or deprivation of satisfying eating experiences, is a key driver of the binge eating cycle. Shifting your focus from weight loss to overcoming binge eating is a necessary first step to breaking that cycle.

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2. **Plan for regular eating.** Intense hunger or a sense of deprivation can be a powerful trigger for a binge eating episode. Particularly in the initial stages of binge eating treatment, it’s important to eat three meals, plus two or three snacks daily. Choose a variety of foods that are nourishing, satisfying, and support your health. Planning the timing and contents of meals and snacks in advance is important, as inadvertently going too long without food can set up both the biological and psychological triggers for binge eating.

3. **Check for unhelpful thinking patterns.** All-or-nothing thinking (e.g. “If I ate two cookies, I ruined my diet, so I may as well eat the whole box”) can cause even small deviations from ideal eating to be perceived as a reason to give in to urges to binge. Similarly, beliefs that you cannot control yourself around a particular type of food can become a self-fulfilling prophecy. Try challenging these thought patterns with more balanced, effective forms of thinking. For example, you might tell yourself that even if you ate in a way you didn’t plan to, or are around food that has been a part of binge episodes in the past, you are still in charge of your choices going forward. You can get back on track with your plan not to binge right in this moment.

4. **Learn to ride the waves of emotions and cravings.** Rather than reacting to strong feelings or cravings by binge eating, first label the emotion or sensation that is arising. Recognize that this feeling will pass, and make a choice to not react right in this moment. The feeling may initially intensify, but like a wave crashing to shore, it will eventually fade. Distraction or positive coping strategies, like expressive writing or meditation, can help create some space between feeling and habitual reactions.

5. **Right-size the emphasis on eating, weight, and shape.** If you have been stuck in a war with food for a long time, it’s likely that thoughts about eating or your body have come to define how you think about yourself and your worth. Re-orienting towards your values, your deeper sense of meaning and purpose, can help you to identify more effective ways to relate to yourself and others. People who connect with their values show enhanced self-control and greater persistence in moments of difficulty. List out what matters to you about who you are in the world, and where (if at all) eating, weight, or shape falls on that list. When you feel pulled into old patterns of self-criticism or binge eating, try to instead take an action that is in line with your values.

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