

Binge-Eating: A Life-Threatening Eating Disorder

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Abstract

This study deals with binge-eating (BE) that is a deeper negative psychological problem and a severe life-threatening eating disorder, which is characterized by eating large quantities of food within a short period of time; with a feeling of a loss of control during the eating. Binge-eating is seen common among both genders of obese people; and also common among students and irrespective of smokers and non-smokers. A person of binge-eating faces difficulties in working life, social life, and relationships. S/he often feels guilty, also disgusted and embarrassed after eating. Actually binge-eating ultimately damages well-beings of sufferers. Early detection and evidence-based treatment can recover the binge-eating patients.

Keywords: binge-eating, eating disorders, depression, risk factors

1. Introduction

Binge-eating (BE) refers to eating a large amount of food very quickly in a short period of time, and stop eating until feel uncomfortably full. It is also known as “*compulsive overeating*” that is continuous, uncontrolled, and impulsive eating. It is the most common negative psychological and social eating disorder worldwide. After a binge the individuals often feel shame or self-hatred, and often struggle with anxiety, depression, and loneliness (Flett et al., 2011).

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-4), binge-eating disorder (BED) is proposed as a new diagnostic category within the spectrum of eating disorders (DSM-4, 2000). Exact causes of BE are unknown yet. It is estimated that social, genetics, biological, long-term dieting, and psychological factors work for developing it. Long-term BE results weight gain, obesity or overweight, high blood pressure, hyperlipidaemia, hypertension, stroke, heart disease, and diabetes in some individuals (Mitchell et al., 2007; Ágh & Kovács et al., 2015).

Binge-eating (BE) disorder differs from bulimia nervosa (BN). As like BN, BE does not follow compensatory behaviors, such as self-induced vomiting, misuse of diuretics and laxative, strenuous exercise, severe dieting, and long-time fasting to prevent weight gain. But both have similar compulsive overeating habits, neurobiological hallmarks of poor cognitive control and food addiction, and biological and environmental risk factors (Allen, 2021; Mohajan & Mohajan, 2013a, h). BED is seen among all age groups, races, across all socioeconomic groups, any cultural background, and income levels, but it is most prevalent among adolescent and young. BE practice is common among sexual and gender minority populations, such as among gay, lesbian, bisexual, and transgender (Nagata et al., 2020).

In the adolescent and young adult sexual minority males BE is at higher rates than their heterosexual counterparts. BE is the most common eating disorder in adults (Gorrell & Murray, 2019). The rate of BED is same among black women and men as well as white women and men; but it is more common among black

women than among white women (Fatima et al., 2018).

2. Literature Review

In any research, the literature review is an elementary section where research works of previous researchers are introduced briefly to make familiar with the new researchers in the research area (Polit & Hungler, 2013). It serves as an indicator of the subject that has been carried out previously (Creswell, 2007). Manal M. Badrasawi and Souzan J. Zidan examine the prevalence of binge-eating symptoms and their relationship with selected variables, such as socio-demographics, nutritional status, dietary habits, and psychological factors (Badrasawi & Zidan, 2019). Stella Allen has shown that binge-eating disorder (BED) is a newly defined condition that is created to separate binge-eating, which is comparable to bulimia nervosa but does not involve purging. Patients of these two diseases have similar compulsive overeating habits, neurobiological hallmarks of poor cognitive control and food addiction, and biological and environmental risk factors (Allen, 2021).

Diane L. Rosenbaum and Kamila S. White have expanded the understanding of binge-eating by reviewing the role of aspects of negative effects. They have tried to present evidence for further investigation of the bearing that anxiety may have in binge-eating development and maintenance (Rosenbaum & White, 2013). Anne E. Becker and her coauthors have examined binge-eating (BE) and binge-eating disorder (BED) in a small-scale, indigenous society, in a community sample of Fijian women living in rural Fiji (Becker et al., 2003).

Kuan Jiang has tried to introduce the dietary restraint theory and emotional-regulation theory that indicate the roles of dieting and emotions in the binge-eating. He has discussed two reliable treatments: i) the interpersonal treatment, and ii) cognitive behavioral treatment (Jiang, 2021). Mariana Escobar and her coworkers have studied BE identification diagnosis in clinical trials (CT) with adults to identify emotional, nutritional and qualitative issues (Escobar et al., 2021). Rene D. Zweig and Robert L. Leahy have developed treatment procedures of binge-eating disorder, cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) (Zweig & Leahy, 2012). Devajit Mohajan and Haradhan Kumar Mohajan have tried to discuss various negative effects of obesity and overweight, and the measurement process of body fat percentage for physical fitness (Mohajan & Mohajan, 2023d, f). They have also analyzed on various indices, such as Body Mass Index (BMI), Ponderal Index, and Broca Index with their importance in health sciences (Mohajan & Mohajan, 2023c, e, g). They have observed that the increase in metabolism is expressed as the whole-body oxygen uptake that increases with exercise intensity to reach at $\dot{V}O_2$ max (Mohajan & Mohajan, 2023b).

3. Research Methodology of the Study

Research is a hard-working search, scholarly inquiry, and investigation that aim for the discovery of new facts and findings (Adams et al., 2007). Researchers often write a methodology section with details of the research analysis. It is considered as a way of explaining how a research work is carried out (Kothari, 2008). Methodology provides the research design and analysis procedures to perform a good research (Hallberg, 2006). Research methodology provides the principles to the researchers for organizing, planning, designing and conducting a good research (Legesse, 2014). It helps to identify research areas and projects within these areas (Blessing et al., 1998).

This study is a qualitative research method that aims to discover meaning and understanding (Parahoo, 2014). In this study we have briefly discussed historical background, basic concept, and symptoms of binge-eating. Then we have highlighted the complications and treatment of binge-eating. Throughout the study, we have tried to maintain ethical principles properly. To prepare this paper we have used the secondary data sources that are related to binge-eating. We have consulted the published journal articles, books and handbooks of famous authors, websites, etc. to complete the paper.

4. Objective of the Study

The main objective of this study is to discuss the aspects of binge-eating and its various effects. Other minor objectives are as follows:

- to focus historical background of binge-eating,
- to show basic ideas and symptoms of binge-eating, and
- to offer complications and treatment techniques of binge-eating.

5. Historical Background

In 1959, American psychiatrist and famous obesity researcher Albert J. Stunkard (1922-2014) has introduced binge-eating disorder in his seminal work *Eating Patterns and Obesity*. He has also observed that unhealthy eating habits are seen during a time period he called “*night eating syndrome*” (Stunkard, 1959). In 1987, American Psychiatric Association (APA) has mentioned binge-eating in its DSM. In 1994, the APA listed binge-eating in the DSM-4 that reflects bulimia nervosa appeared in its current form (DSM-4, 2000). In 2008,

the Binge-Eating Disorder Association (BEDA) is started its journey, which is a non-profit organization. It helps, supports, and advocates for the welfare of BED community. In 2013, the DSM-5 declared BED as its own disorder (DSM-5, 2013; Zayas et al., 2018). In January 2015, the Food and Drug Administration Trusted Source has approved the use of lisdexamfetamine dimesylate (Vyvanse) for the treatment of BED (Vyvanse, 2015).

6. Basic Concept of Binge-Eating

Binge-eating is recognized by eating abnormally large amounts of food over a limited period of time with experience feelings of loss of control (Dingemans et al., 2017). Binge-eating disorder is considered as to be the most common eating disorder. The lifetime prevalence of binge-eating is estimated to be in the range from 1.9 to 2.8% (Kessler et al., 2013). In Australia, 47% have binge-eating (57% of them are female), 3% with anorexia nervosa, 12% with bulimia nervosa and 38% with other eating disorders (Deloitte Access Economics, 2012; Hay et al., 2015).

The severity of binge-eating is calculated by the episodes of bingeing in a week. The prevalence of BE in the common people is about 1-4%; about 3.5% in women and about 2% in men, that is BE is 1.5 times higher in women than in men (Perkins et al., 2006). Severity of binge-eating disorder is mild for 1-3 binge-eating episodes per week, moderate for 4-7 binge-eating episodes per week, severe for 8-13 binge-eating episodes per week, and extreme for 14 or more binge-eating episodes per week (Sheehan & Herman, 2015).

7. Symptoms of Binge-Eating

Binge-eating individuals eat large amounts of food in a very short period of time, and seem that their eating behavior is out of control. They eat even when they are not hungry, and try to hide much food they are eating (Michalska et al., 2016). People with binge-eating often suffer from several types of anxiety disorders, such as alcohol dependence, depression, social stress, and daily activity-related stress. Binge-eating is used as a way to cope with or distract from challenging emotions, such as stress, anger, boredom, loneliness, distress, etc. (Hay et al. 2015). It is accompanied by multiple comorbidities, such as psychiatric and medical comorbidities, and a higher mortality rates in comparison to subjects without eating disorders. It has a higher risk of developing dyslipidemia, high cholesterol, heart disease, hypertension, type 2 diabetes, stomach pain, headache, etc. (Dingemans et al., 2017).

Sometimes they eat alone and in secret due to embarrassment over the amount of food consumed. Frequently they are depressed, disgusted, ashamed, guilty, and upset about their eating behavior. Sometimes they cannot remember what was eaten after the binge. They spend a lot of money and time for purchasing and enjoying binge foods (Fatima et al., 2018). The individuals with binge-eating habits are usually become overweight or obese, but some people may be at a normal weight. As a result, they often are at higher risk of metabolic syndrome (Goracci et al., 2015).

8. Complications of Binge-Eating

Binge-eating is a severe and complex mental health condition and its development is influenced by biological, psychological, and social aspects (Stice et al., 2017). Binge-eating individuals become overweighed or obese, and face psychological and physical complicates (Wassenaar et al., 2019). They often confront with various physical problems, such as joint and muscle pain problems, high blood pressure, high cholesterol, heart disease, chronic kidney problems or kidney failure, stomach pain, headache, type 2 diabetes, gastro esophageal reflux disease (GERD), menstrual problems in females, and some sleep-related breathing disorders (Pearl et al., 2014). Psychiatric problems they confront are depression, anxiety, low self-esteem and a lack of confidence, stress, boredom, troubled with relationship, and bipolar disorder. They possess poor quality of life, and face various problems at work and social life; and try to remain socially isolated and withdrawal from activities previously enjoyed. They want to do self-harm, and take attempts of substance abuse or suicide (Michalska et al., 2016).

9. Treatment of Binge-Eating

Patients with BE often suffer in silence and it becomes difficult to identify the actual number of infected people for the medical treatment. Genetic and biological factors are beyond a patient's control, and psychological factors require professional therapy (Fatima et al., 2018). The goals for binge-eating treatment are to reduce it and to support the person to eat regular meals. Sometimes community-based treatment can recover from binge-eating (Sheehan & Herman, 2015). Treatment of BE may be done in a group setting, individually, or with a combination of both of these. If right support and proper treatment are given, most patients recover from binge-eating disorder. But it takes a long-time and sufficient patient for full recover (Zweig & Leahy, 2012).

Cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are suitable treatment processes of BED that can improve binge-eating with abstinence rates of about 50%. Healthier eating behaviors also can cure BE (Westerburg & Waitz, 2013; Fatima et al., 2018). IPT is a time-limited, focused, and evidence-based approach to treat mood disorders. It is first developed in 1969 at Yale University as part of a study designed by

Gerald Klerman and Myrna Weissman to test the efficacy of an antidepressant with and without psychotherapy as maintenance treatment of depression (Markowitz & Weissman, 2012). It is an empirical treatment for eating disorders originally developed from treating depression, and it is an effective way to cope with the negative effects (Grilo, 2017). CBT was started by American psychiatrist Dr. Aaron T. Beck (1921-2021) in the 1960s (Beck & Fleming, 2021). It is a talking therapy that is most commonly used to treat anxiety and depression. It is considered one of the primary binge-eating disorder treatment methods. It helps the patients to construct normal eating patterns (Fairburn, 2008). If a person has been living with the BE illness for many years, the way of recovery will be long and challenging. But proper treatment and right support are given recovery is possible. Some people after recovery feel their lives fruitful and enjoyable (Hay et al., 2014).

10. Conclusions

In this study we have briefly discussed binge-eating (BE) and its related some difficulties. Binge-eating symptoms are associated with psychosocial factors, such as depression, stress, and anxiety. Binge-eating is more prevalent among women than men. It reduces quality of life as well as weakens social functioning. There is no alternative of healthy balanced diet for healthy life. Good nutrition combined with physical activity, helps us to reach and maintain a healthy weight to promote overall health. For worldwide healthy environment, every parent should teach their children healthy eating habits with balanced diet, non-emotional movements, regular physical exercise, healthy washing processes, etc.

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