Binge Eating Disorder
and the myths that surround it

Presented by
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THREE GREAT MYTHS OF BINGE EATING

• #1 Binge Eating is the same as overeating

• #2 People who binge are lazy & self-indulgent; they simply lack the strength of character & motivation to change

• #3 “If I could just find the right diet and exert enough will-power, I could solve my problem”
Myth #1
Binge Eating is the Same as Overeating

• Three main components of binge eating
  • Eating what most people would consider an inappropriately large amount of food
  • Feeling loss of control
  • Extreme distress

• Other common elements of binge eating
  • Soothed & comforted
  • Euphoria & relief
  • Frenzied & accelerated
  • Numb & disconnected
  • Alone & in secret
  • Shame & remorse

• Reading*
Binge eating disorder (BED) is an eating disorder in which a person binges, on average, once a week over a three-month period (American Psychiatric Association’s DSM-5).

- More common than anorexia and bulimia combined
- 8 million Americans meet this criteria
- Another 8-10 million don’t meet the criteria for BED but are, nonetheless, affected by binge eating
- BED is the only eating disorder that affects men in large number
Myth #2
People who binge are lazy & self-indulgent; they simply lack the strength of character and motivation to change

• Deep down, most of us who binge feel that our secret eating is the result of some dark character flaw, some moral failing
• Obese individuals, especially those who binge eat, have a sense of worthlessness instilled early
• Studies with 5th graders & preschoolers*
• People with BED are often highly competitive perfectionists who are extremely self-critical
• One study examined perfectionism and BED and found that the obese binge-eating group scored significantly higher on perfectionism than the obese, non-bingeing group and the normal weight group
• The high standards that we set for ourselves may help us become successful, but they actually contribute to our bingeing behavior
• So if it’s not a character flaw, what causes a person to develop BED?
Factors That Contribute to the Development of BED

• Early Childhood Trauma
• Psychological & Emotional Factors
• Genetics
• Dieting
Factors that Contribute to the Development of BED

• Early Childhood Trauma*
  • High correlation between an unsafe home & the development of BED. Why?
  • Amygdala: the primitive part of the brain responsible for triage & emergency action (fight-or-flight)
  • Being constantly vigilant to danger in the early years changes the physical architecture of the brain. The route through the amygdala becomes rutted & we develop a hair-trigger fight-or-flight response
  • The amygdala learns that certain sights, sounds, and smells in our environment are danger cues (these are especially imprinted during our early years)
  • As tensions rise, we are forced to seek immediate relief, and food is the earliest and most primal of soothing behaviors
  • Plus, dangerous homes give us little opportunity to learn self-soothing skills in those early years
Factors That Contribute to the Development of BED

• Early Childhood Trauma

• Psychological & Emotional Factors
  • Depression
  • Anxiety
  • Suicidal thoughts & actions
  • Poor self-esteem
  • Poor & inaccurate body image
Poor body image is damaging

I’m so fat!
Factors That Contribute to the Development of BED

- Early Childhood Trauma
- Psychological & Emotional Factors
- Genetics
  - Some families are simply more prone to certain eating disorders
  - Twin studies show the inheritability of binge eating
    - BED is 3X stronger between identical twins than fraternal twins
    - Several studies show bingeing is about 50% heredity & 50% environment
  - High correlation between BED and alcohol & drug abuse
    - 10% in the general population vs. 50% in BED patients
- Brain scans
  - Studies suggest there is a genetic trait for impulsivity and risk-taking that is common to both BED & other impulsive behaviors (like gambling, shoplifting, sexual addiction, compulsive shopping, alcoholism, drug addiction)
- Fred
• Patients with BED and their families tend to be impulsive, unrestrained, stimulus-seeking people who go after the exciting, novel, intense experience. Our homes are often loud and rancorous. We are often risk-takers, which can sometimes lead to dangerous behaviors.
• This is likely why you find many who have these impulsive traits among inmates in prisons and among patients in rehab centers
• BUT...
• It’s also why you find many with BED and other addictions among entrepreneurs and business leaders (especially since often paired with perfectionism)
• There is a connection between addictive personality and successful leaders*
• On the other hand, patients w/anorexia and their families are often highly averse to risk-taking and show much more emotional control, follow the rules, and avoid conflict and confrontation
• One study examined the genetic makeup of 1000’s of severely obese individuals (who became obese before the age of 10)
  • 1 in 20 had a variation in the *MC4R* gene
  • People with this variation are missing certain neurochemical receptors that control satiety. Their brains simply never get the message that they are full.
  • First study that directly linked genes to the *behavior* of bingeing
  • Paired those with the gene variation to an equally matched persons in the study (age, gender, ethnicity, BMI, % body fat, etc.) but without the variation
    • 100% of those with this variation met the criteria for BED
    • Only 14 % of those without it met the criteria for BED
Variations in dopamine and opioid receptor genes tremendously affect a person’s likelihood of developing BED (ex: DRD2, OPRM1).

The genetic connection is still in its infancy, but holds promise for all sorts of addictions—and their treatment.

Ex: naltrexone is an opioid blocker sometimes used for alcoholism & certain drug addictions.

Studies show that alcoholics who have a certain variation in their OPRM1 gene are more likely to respond to treatment with naltrexone.

One researcher told me he was getting a reduction in bingeing with some BED patients when he used naltrexone.
  \[... those with a personal or family history of alcoholism.\]

Naltrexone is one of the ingredients in Contrave (a obesity drug). The other ingredient in that medication is the anti-depressant Wellbutrin (well known for it’s use in nicotine addiction).
Factors That Contribute to the Development of BED

- Early Childhood Trauma
- Psychological & Emotional Factors
- Genetics
- Dieting
  - Definition of diet
    - *Diet*: the usual food or drink of a person or animal
    - *Diet*: restrict oneself to small amounts or special kinds of food in order to lose weight
  - Dieting is the most immediate trigger for a binge
  - Leads us to the next myth
Myth #3
“If I could just find the right diet and exert enough will-power, I could solve my problem.”

Dieting, especially chronic, stringent, low-calorie dieting, is ABSOLUTELY the wrong approach to solving a binge problem. WHY?

• Hunger & deprivation
• Chronic, stringent dieting over a period of time changes the brain chemistry
• Reduces certain neurochemicals that control satiety; dampens our innate signals of hunger and fullness
• In BED, food is not being used to nourish the body but rather to manage emotional needs
• Food is simply our drug of choice

Dieting is our worst enemy!!
...so what solutions did I use?
Anatomy of a Binge Cycle

- **Diet Fails**: Hunger, deprivation, depression
  - “This time I’ll be perfect.”

- **Negative Emotions**: Eat something to relieve increasing tension
  - All-or-nothing: “I’ve blown it…”

- **Binge**: Relieved, soothed, euphoria, numb, disconnected

- **Resolve: New Diet**: Exhausted, humiliated, embarrassed
  - “I have no will power...I’m such a failure...What a loser...”
Conclusion

Take-away
Overcoming binge eating is about so much more than stopping the behavior of bingeing or losing weight*

It is about transformation and peace
In the Labyrinth of Binge Eating

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