

Binge Eating Disorder (BED)

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1. Core Definition

Binge Eating Disorder (**BED**) is a significant and prevalent eating disorder characterized by recurrent episodes of eating abnormally large amounts of food, typically consumed in a rapid manner. A hallmark feature of these episodes is a profound sense of **loss of control** over eating during the binge, where the individual feels unable to stop eating or to control what or how much they are eating.

Following such episodes, individuals with BED frequently experience intense feelings of **shame, guilt, or disgust**. These emotional responses contribute to a cycle of distress, often leading to further binge eating as a coping mechanism, perpetuating the disorder. Unlike some other eating disorders, BED does not involve regular compensatory behaviors such as purging, excessive exercise, or fasting.

The disorder's impact extends beyond physical health, significantly affecting an individual's psychological well-being, social functioning, and overall quality of life. Its recognition as a distinct diagnostic entity has been crucial for improving understanding, treatment, and support for affected individuals, distinguishing it from general overeating or other eating disorder presentations.

2. Etymology and Historical Development

The concept of binge eating, without compensatory behaviors, has been observed clinically for decades, but its formal recognition as a distinct psychiatric diagnosis is relatively recent. Historically, individuals experiencing binge eating without purging were often classified under broader categories like "Eating Disorder Not Otherwise Specified" (EDNOS), which encompassed a wide range of atypical eating patterns.

The formal inclusion of Binge Eating Disorder as a diagnosable condition in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (**DSM-5**) in 2013 marked a pivotal moment in its historical development. This acknowledgment provided clear diagnostic criteria, facilitating more accurate identification, research, and tailored treatment approaches for those affected. Before DSM-5, BED was listed in the DSM-IV as a diagnosis in the "Appendix B: Criteria Sets and Axes Provided for Further Study," indicating an emerging understanding and need for more research.

This progression reflects an evolving understanding of eating disorders as complex mental health conditions, acknowledging that binge eating, even without compensatory behaviors, represents a

significant and debilitating disorder requiring specific attention. The formal classification has been instrumental in distinguishing BED from obesity, highlighting that while some individuals with BED are obese, the disorder is fundamentally a mental health condition with distinct psychological and behavioral patterns.

3. Key Characteristics

The diagnostic criteria for Binge Eating Disorder, as outlined in the **DSM-5**, establish specific characteristics that define the condition. Central to these criteria is the recurring episode of eating an amount of food that is definitively larger than what most people would eat in a similar period under similar circumstances. During these episodes, a crucial element is the subjective experience of a **loss of control**, where the individual feels unable to stop eating or to regulate the quantity consumed.

In addition to the core features of recurrent binges and loss of control, a diagnosis of BED requires the presence of three or more of the following five associated symptoms during the binge eating episodes:

Eating much more **rapidly** than normal.

Eating until feeling uncomfortably **full** or experiencing physical discomfort.

Eating large amounts of food when not feeling physically **hungry**.

Eating alone because of feeling **embarrassed** by how much one is eating, often leading to secretive eating behaviors.

Feeling disgusted with oneself, depressed, or very **guilty** afterwards.

These episodes cause marked distress and occur, on average, at least once a week for three months. It is critical to note that the binge eating in BED is not associated with the recurrent use of inappropriate compensatory behaviors (e.g., purging, fasting, excessive exercise) as seen in Bulimia Nervosa, and it does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa. The constellation of these symptoms and the absence of compensatory behaviors define the unique presentation of BED.

4. Significance and Impact

Binge Eating Disorder holds significant clinical and public health importance due to its prevalence and widespread impact. It is recognized as the **most common eating disorder**, affecting a substantial portion of the population, with estimates ranging from 1-5%. This high prevalence underscores the broad reach of the disorder and the pressing need for effective identification and intervention strategies. Its widespread occurrence means that many individuals and families are directly impacted by its challenges.

The impact of BED extends across various domains of an individual's life. Physically, while some individuals with BED are obese, a significant portion present within a **normal weight range**. This variability in presentation can complicate diagnosis, as the absence of overt physical signs often associated with eating disorders (like extreme thinness) can lead to missed or delayed recognition. Psychologically, the cycle of bingeing and subsequent shame and guilt can lead to or exacerbate co-occurring mental health conditions such as depression, anxiety, and low self-esteem. Socially, secretive eating behaviors and body image concerns can result in isolation and impaired interpersonal relationships.

Despite its complexity, BED is considered a treatable disorder. The most common and effective forms of treatment involve various types of **therapy**, often including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and interpersonal psychotherapy (IPT). In some cases, medication may also be prescribed as an adjunct to therapy to manage symptoms such as appetite regulation or co-occurring mood disorders. Early identification and access to appropriate treatment are crucial for improving outcomes and enhancing the quality of life for individuals living with BED.

5. Debates and Criticisms

While the inclusion of Binge Eating Disorder in the DSM-5 has been widely beneficial for diagnosis and treatment, certain aspects present ongoing challenges and discussions within the clinical and research communities. One primary area of focus revolves around the diverse presentation of the disorder, particularly concerning body weight. The fact that individuals with BED can present within a normal weight range complicates diagnosis, often leading to diagnostic delays or misdiagnoses. This challenges the common misconception that all eating disorders are characterized by extreme thinness or visible weight pathology, highlighting the need for increased awareness among healthcare providers.

Another point of discussion pertains to the distinction between clinical BED and subthreshold binge eating, or even simply overeating in the general population. Defining the threshold for "abnormally large amounts of food" and the subjective experience of "loss of control" can sometimes be challenging, leading to potential debates about overpathologizing normal eating behaviors or underdiagnosing genuine cases. Researchers continuously refine diagnostic tools and criteria to ensure they accurately capture the clinical severity and distress associated with the disorder while maintaining appropriate specificity.

Furthermore, as a relatively new formal diagnosis, the long-term efficacy of various treatment modalities, especially in diverse populations, remains an active area of research. While current evidence strongly supports therapy and medication, ongoing studies seek to optimize treatment protocols, explore new interventions, and address potential barriers to care. Ensuring equitable access to specialized treatment and overcoming the stigma associated with eating disorders are

also critical challenges that continue to be debated and addressed within the broader mental health landscape.

Further Reading

American Psychiatric Association. (2022). *What are Eating Disorders?*

National Eating Disorders Association. (n.d.). *Binge Eating Disorder.*

National Institute of Mental Health. (2023). *Eating Disorders: About More Than Food.*

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