

GP guide to binge eating disorder

Binge eating disorder (BED) is a serious mental illness in which people experience a loss of control and eat large quantities of food over a short period of time, without regularly using purging methods afterwards. Beat, the UK's eating disorder charity, developed this factsheet to ensure patients concerned they have BED can get help quickly. This information follows the NICE recommendations for eating disorders.



How serious is binge eating disorder?

BED can affect all areas of a person's life, disrupting employment and education, causing social withdrawal, and leading to low confidence and self-esteem. As well as causing significant emotional distress, BED can seriously impact physical health. Eating disorders can be fatal due to physical effects or suicide.

BED was defined relatively recently, having previously come under the umbrella of Eating Disorder Not Otherwise Specified (EDNOS). However, it has a clear, evidence-based treatment pathway recommended by NICE.

The NICE guidance that "People with eating disorders should be assessed and receive treatment at the earliest opportunity" applies in all cases. (NICE recommendations 1.2.1.) The earlier someone can get treatment for their illness, the better their chance of recovery.

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Self-help and support groups

Self-help and peer support groups can be useful to both sufferers and their families throughout treatment and in sustaining recovery. If you'd like to find local face-to-face support, you can visit helpfinder.beateatingdisorders.org.uk to see what's available.

Alternatively, Beat runs online support groups for people with eating disorders, including one specifically for people with BED.

What support can Beat offer?

Beat's free, confidential Helplines are open 365 days a year 9am – 8pm Monday to Friday and 4pm – 8pm weekends and bank holidays.

Adult Helpline: 0808 801 0677 | help@beateatingdisorders.org.uk

Youthline: 0808 801 0711 | fyp@beateatingdisorders.org.uk

Studentline: 0808 801 0811 | studentline@beateatingdisorders.org.uk

You can also join our online support groups, which allow you to speak to people with similar experiences.

Visit beateatingdisorders.org.uk/support-services/online-groups to see the groups we have available.

General enquiries

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[@beatED](https://twitter.com/beatED) [beat.eating.disorders](https://www.facebook.com/beat.eating.disorders)

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Seeking treatment for binge eating disorder?

The first step is a GP appointment.

This leaflet contains information about binge eating disorder, as well as guidance to share with your GP. This is based on the NICE guideline for eating disorders, which GPs should use when making decisions about their patients' healthcare.

Binge eating disorder (BED) is a serious mental illness that can affect anyone of any age, gender, or background. People with BED experience a loss of control and eat large quantities of food over a short time period (called bingeing).

BED is not about choosing to eat large portions or "overindulging" – a binge is more food than most people would eat under similar circumstances, and far from being enjoyable, binges are very distressing. Sufferers often feel unable to stop during a binge even if they want to, and some people describe feeling disconnected from what they're doing, or struggling to remember what they've eaten afterwards.

Certain emotions, undereating throughout the day, or being alone may trigger binges. Often people binge on foods they would usually avoid. Binges usually take place in private. The person may eat regular meals too, or restrict their food outside the binges. Unlike those with bulimia, people with BED do not regularly use purging methods such as vomiting after a binge.

Signs include:

- Spending a lot of time thinking about food
- A sense of being out of control around food, or a loss of control when eating
- Eating very rapidly, when not hungry, or until uncomfortably full
- Organising time around binges
- Feelings of guilt and shame after bingeing
- Feeling anxious and tense, especially about eating around others
- Social withdrawal and isolation
- Irritability and mood swings
- Low confidence and self-esteem
- Tiredness
- Difficulty sleeping
- Weight gain
- Impact on education or employment

“ Sometimes I just feel that I’ve lost all control, that nothing in the world can feel as bad as I do after a binge...”

“ I spent all my time thinking about food. I even woke up at night thinking about it.”

You can find out more at beateatingdisorders.org.uk/types

Going to the GP

If you’re worried you or someone you know has binge eating disorder, it’s important to get treatment as early as possible to ensure the best chance of recovery. The first step is usually to book a GP appointment. It can be hard to talk about your illness with a doctor, but remember, it is an illness, and as serious as any other eating disorder. It’s not your fault, and you deserve help to get better.

Evidence-based guidelines from the National Institute of Health and Care Excellence (NICE) are clear on best practice when treating BED. Healthcare professionals should consider these guidelines when looking at your needs and deciding on treatment.

Going to the doctor can be daunting. If you’re worried, you could consider:

- Booking a double appointment so you don’t feel rushed.
- Bringing along someone who can speak to the GP on your behalf if you’re struggling, or talk about changes they’ve noticed in the way you act or feel.
- Writing down concerns, questions, symptoms you’ve experienced, etc., before you go, so you’re not put on the spot in the appointment.

GPs don’t specialise in eating disorders, so may not fully understand BED. You can give your GP the tear-off section to address some issues you may come across and get a positive outcome from your appointment.

What to expect from treatment

Recommended treatments for BED are mainly based on cognitive behavioural therapy adapted for eating disorders (CBT-ED), a talking therapy that aims to help you deal positively with the thoughts and feelings causing the illness. It helps you to change negative patterns to improve the way you feel.

NICE first recommends guided self-help focused on BED. This should use self-help materials based on CBT, and involve supportive sessions throughout.

If guided self-help isn’t appropriate, NICE recommends group CBT focused on eating disorders.

If group CBT isn’t available, or doesn’t suit you, NICE recommends offering individual CBT focused on eating disorders.

Recommended treatment is based on evidence of what is most often effective. You can read more about it at nice.org.uk. But no two people are the same, so if you don’t find these treatments are helping, let the healthcare professionals managing your care know. This isn’t criticising them, but should help them find the treatment that best suits you.

Most treatment for BED takes place in outpatient services. Inpatient treatment is usually only necessary when someone is at risk of suicide or severe self-harm.

Remember, you have a right to good quality treatment. If you’re struggling to get it, it’s okay to ask to see a different GP. You can also look into self-referral in your area.

“ I might have times when I want to go back to the old me and I might still do it, but I am aware of how and why I am doing it and I can fight with a healthier mental attitude, and no more self-punishment.”

GP guide to binge eating disorder (cont.)



Is low weight necessary for diagnosis of an eating disorder?

Whether someone has an eating disorder doesn’t depend on their weight or changes to it. Weight loss is not a given, and people with BED may experience weight gain. The NICE guidelines mention several possible signs, including “An unusually low or high BMI or body weight for [the patient’s] age.” (NICE recommendations 1.2.6.) Furthermore, someone may be a “healthy” weight and still suffering from an eating disorder.

NICE also warns against using “...single measures such as BMI or duration of illness to determine whether to offer treatment for an eating disorder.” (NICE recommendations 1.2.8.) Healthcare professionals should consider other psychological and physical signs too.



If my patient is overweight, should I encourage them to lose weight?

Binge eating disorder is a mental illness, and the weight gain a sufferer might experience is a symptom. While unrelated weight changes may be a factor in the eating disorder’s development, it’s unlikely this would be the sole and direct cause. Simply focusing on weight loss doesn’t address the root of the illness.

The NICE guidelines state that weight loss isn’t the intended goal of the therapies recommended to treat BED. (NICE recommendations 1.4.1.) In fact, NICE recommends that therapy should advise against trying to lose weight during treatment through methods like dieting, which can make people feel the urge to binge. (NICE recommendations 1.4.7.) Treatment should always address the thoughts and feelings that cause issues around food and eating.