

Treating Binge-Eating Disorder

A Review of the Research for Adults



Is This Information Right for Me?

This information is right for you if:

- Your health care professional* said you have binge-eating disorder (BED).
- You are age 18 or older. The information in this summary is from research on adults.

What will this summary tell me?

This summary will answer these questions:

- What is BED?
- How is BED treated?
 - » Talk therapy (talking with a trained therapist)
 - » Medicines
- What have researchers found about how well talk therapy and medicines work to treat BED?
- What are possible side effects of medicines to treat BED?
- What should I discuss with my health care professional?

* Your health care professional may include your primary care physician, nurse practitioner, physician assistant, psychiatrist, psychologist, licensed social worker-counselor, nutritionist, or dietitian.

Where does the information come from?

Researchers funded by the Agency for Healthcare Research and Quality, a Federal Government research agency, reviewed studies on treatments for binge-eating disorder published through January 2015. The report included 57 studies and one systematic review and was reviewed by health care professionals, researchers, experts, and the public. You can read the report at www.effectivehealthcare.ahrq.gov/binge-eating-disorder.



Understanding Your Condition

What is binge-eating disorder?

Binge-eating disorder (BED) is a condition in which a person often eats a much larger amount of food at one time than is normal. The person feels out of control while binge eating.

BED is not the same as overeating every once in a while. People with BED binge eat at least once a week for at least 3 months.

A person with BED experiences at least three of the following during a binge-eating episode:

- Eating much more quickly than normal
- Eating until uncomfortably full
- Eating a lot of food when not hungry
- Eating alone because of embarrassment
- Feeling disgusted, depressed, or guilty after binge eating

BED can range from mild to severe. People with BED are often overweight or obese (weighing more than what is considered healthy for your height). They are often ashamed of their binge eating and may try to hide the problem.

Note: Unlike people with some other eating disorders, people with BED generally do not try to make up for binge eating with fasting (not eating), excessive exercise, or purging. Purging may include throwing up, overusing laxatives (medicines that produce bowel movements), or taking water pills.

What health problems may be related to BED?

People with BED may have:

- Overweight/obesity
- Stress
- Digestive problems
- Trouble sleeping
- Headaches
- Depression
- Joint pain
- Problems with the menstrual cycle (monthly period) in women
- Muscle pain

How common is BED?

BED is the most common eating disorder in the United States.

- Out of every 100 women in the United States, a little more than 3 women will have BED in their lifetime.
- Out of every 100 men in the United States, about 2 men will have BED in their lifetime.



Understanding Your Options

How is BED treated?

Treatment for BED usually includes talk therapy (talking with a specially trained therapist about your mood, feelings, thoughts, and behaviors). Your health care professional may also suggest a medicine for your BED in addition to talk therapy. The treatment your health care professional recommends may depend on other health conditions you have.

Talk Therapy To Treat BED

Types of Talk Therapy

Cognitive Behavioral Therapy (CBT)

- This type of therapy helps you understand how negative thoughts and behaviors can lead to binge eating.
- The therapist can help you learn how to change your negative thinking and behaviors.
- CBT usually involves meeting with a therapist one-on-one or in a group.
- CBT self-help books are available.

Dialectical Behavioral Therapy (DBT)

- This type of therapy helps you understand how negative feelings can lead to binge eating.
- The therapist helps you learn skills to become more mindful (focused on the present moment), to better control your emotions, and to cope better with distress.
- DBT usually involves meeting with a therapist one-on-one or in a group.

Interpersonal Psychotherapy (IPT)

- This type of therapy helps you understand how problems in the way you interact with others can cause negative feelings that may lead to binge eating.
- The therapist can help you learn how to cope better with these negative feelings.
- The therapist can help you learn skills to improve the way you interact with others.
- IPT usually involves meeting with a therapist one-on-one or in a group.

What have researchers found about talk therapy for BED?

- Researchers found that cognitive behavioral therapy (CBT) with a therapist helps improve BED.

Does CBT with a therapist help people with BED:	What Researchers Found:
Stop binge eating?	Yes
Binge eat less often?	Yes
Have fewer eating-related thoughts and urges?	Yes
Have fewer symptoms of depression?	No

- More research is needed to know how well other promising types of talk therapy, including dialectical behavioral therapy and interpersonal psychotherapy, work to treat BED.

What about behavioral weight-loss therapy?

- This type of therapy helps you develop behaviors to lose weight, such as following a nutrition plan and doing more physical activity.
- Researchers found that although it may help you lose weight, behavioral weight-loss therapy alone does not clearly help binge-eating behaviors.



Medicines To Treat BED

Medicine (Brand Name)*	About the Medicine	How the Medicine Works
Lisdexamfetamine (Vyvanse®)	<ul style="list-style-type: none"> This is the first medicine approved by the U.S. Food and Drug Administration (FDA) to treat BED. It is a stimulant and is also used to treat attention deficit hyperactivity disorder (ADHD). 	<ul style="list-style-type: none"> It works by changing the amount of certain chemicals in the brain.
Topiramate (Topamax®, Trokendi XR®, Qudexy® XR)	<ul style="list-style-type: none"> This medicine was made to treat seizures and prevent migraine headaches. It is now used to treat many different conditions. 	<ul style="list-style-type: none"> It helps rebalance chemicals in the brain and helps correct the electrical activity of brain cells.
Second-generation antidepressants	<ul style="list-style-type: none"> These medicines were made to treat depression, but they are also used to treat other conditions. Examples of second-generation antidepressants include bupropion (Wellbutrin®), citalopram (Celexa®), duloxetine (Cymbalta®), escitalopram (Lexapro®), fluoxetine (Prozac®), fluvoxamine (Luvox®), and sertraline (Zoloft®). 	<ul style="list-style-type: none"> These medicines help improve the way your brain uses certain chemicals that control mood, stress, and appetite.

* Some of these medicines come in a generic form. The generic form may be cheaper.

What have researchers found about medicines for BED?

- Researchers found that lisdexamfetamine (Vyvanse®), topiramate (Topamax®, Trokendi XR®, Qudexy® XR), and second-generation antidepressants help improve BED in the short term (when taken for 6 to 16 weeks).
- More research is needed to know how well these medicines work to treat BED in the long term.

Does the medicine help people with BED:	Lisdexamfetamine (Vyvanse®)	Topiramate (Topamax®, Trokendi XR®, Qudexy® XR)	Second-generation antidepressants
Stop binge eating?	Yes	Yes	Yes
Binge eat less often?	Yes	Yes	Yes
Have fewer eating-related thoughts and urges?	Yes	Yes	Yes
Lose weight?	Yes	Yes	No*
Act less impulsively and have less disruptions to social life?	Not reported	Yes*	Not reported

*More research is needed to know this for sure.

What are possible side effects of the medicines?

Below are possible side effects listed by the FDA. Just because a side effect is possible does not mean you will have it.

Lisdexamfetamine (Vyvanse®)

- Dry mouth
- Increased heart rate
- Anxiety
- Trouble falling or staying asleep
- Constipation
- Headache
- Decreased appetite
- Feeling jittery

Warning: The FDA warns that lisdexamfetamine (Vyvanse®) has a risk of abuse (taking more of the medicine than your health care professional has prescribed) and dependence (feeling like you have to take the medicine and cannot stop).

The FDA also warns that lisdexamfetamine (Vyvanse®) can cause sudden death, stroke, or heart attack in some people, but these side effects are rare. People with heart problems should talk with their health care professional before taking this medicine.

Pregnant women should also talk with their health care professional before taking this medicine.

Topiramate (Topamax®, Trokendi XR®, Qudexy® XR)

- Numbness or tingling (usually in the arms, hands, feet, or legs)
- Nervousness
- Changes in the taste of food
- Decreased appetite
- Slowing of movement and speech or other speech problems
- Upper respiratory tract infection
- Weight loss
- Vision problems
- Pain in the belly
- Nausea
- Fever
- Reduced sense of touch
- Tiredness or drowsiness
- Memory problems
- Diarrhea
- Dizziness

Warning: The FDA warns that if topiramate (Topamax®, Trokendi XR®, Qudexy® XR) is taken during pregnancy, it can cause the unborn baby to have a cleft palate or a cleft lip (the roof of the mouth or the lip is split).

Second-generation antidepressants

- Nausea and vomiting
- Sexual problems (such as low sex drive or problems ejaculating)
- Increase or decrease in appetite
- Sweating
- Dry mouth
- Feeling weak
- Trouble falling asleep or staying asleep
- Tremor (shaking that you cannot control)
- A rash

Note: The side effects listed here are common side effects of second-generation antidepressants. Each second-generation antidepressant may have slightly different side effects.

Warning: The FDA warns that second-generation antidepressants may cause thoughts of suicide or suicidal behavior in young adults (up to age 24). If you ever have thoughts of harming yourself, call your health care professional right away.

The National Suicide Prevention Lifeline is available at 1-800-273-TALK (8255), or go to www.suicidepreventionlifeline.org.

Pregnant women should talk with their health care professional before taking a second-generation antidepressant.

Making a Decision

What should I think about when deciding?

There are several things to think about when deciding which treatment is right for you. You may want to talk with your health care professional about:

- What treatment may be best for you
- The possible benefits and side effects of the treatment
- The cost of the treatment
- What your family and friends can do to support you

Ask your health care professional

- Do you think talk therapy may help me? If so, which type of talk therapy do you think might be best for me? Why?
- Can you help me find a therapist trained to help people with BED?
- How often would I need to meet with the therapist?
- Do you think a medicine may also help? If so, which medicine do you think might work best for me?
- How long would I need to take the medicine?
- What side effects should I watch for? What should I do if I have any side effects?

Sources

The information in this summary comes from the report *Management and Outcomes of Binge-Eating Disorder*, December 2015. The report was produced by the RTI International–University of North Carolina Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ).

For a copy of the report or for more information about AHRQ, go to www.effectivehealthcare.ahrq.gov/binge-eating-disorder.

Additional information came from the MedlinePlus® Web site, a service of the National Library of Medicine and the National Institutes of Health. This site is available at www.medlineplus.gov. Some information also came from the paper, “Psychological Treatments for Binge Eating Disorder,” published in the journal *Current Psychiatry Reports*, August 2012.

This summary was prepared by the John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine, Houston, TX. People with binge-eating disorder reviewed this summary.

