Treatment Considerations for Binge Eating Disorder in Higher Levels of Care

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OBJECTIVES

- Review effective approaches and practices in eating disorder treatment
- Compare treatment of BED in a mixed milieu environment vs. a specialized environment
- Identify specific adaptations to enhance treatment of BED in higher levels of care

ASPECTS OF EFFECTIVE CARE

What we do *well* when we treat severe eating disorders

An interdisciplinary team consisting of medical and psychiatric professionals, dietitians, therapists/counselors, care coordinators, and adjunct support staff

Providing evidence-based treatments in both group formats and individual formats, including CBT, DBT and/or RO-DBT, ACT, ERP, etc.

Using a structured approach towards nutritional rehabilitation and stabilization with curated meal plans or eating plans that slowly allow for increase in independence

THE ENVIRONMENT OF CARE

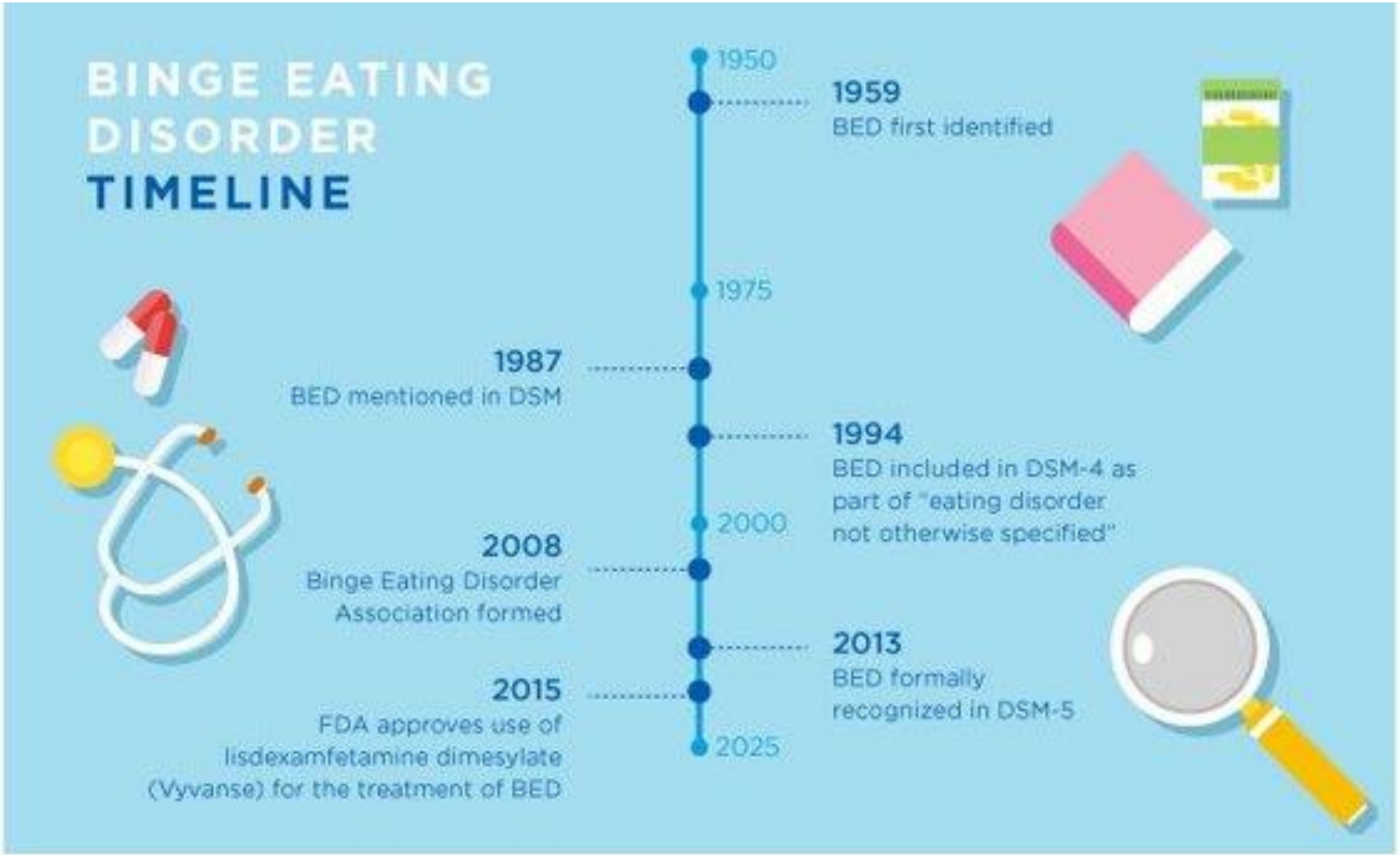
What we do *well* when we treat severe eating disorders

Safe patient-facing spaces that minimize risk of harm and allow for a stable and predictable environment in a trauma-informed fashion

Ensuring patient comfort via specifically selected furnishings, ease of access from one space to another, and creating accommodations for patients with additional support needs

Having readily available staff to meet in-the-moment needs of patients, including nursing staff, behavioral technicians, site leadership, and more

The History of Binge Eating Disorder



Let's Talk About BED

Here's what we know:

Binge Eating Disorder, according to the DSM 5, is categorized by the following:

- Recurrent episodes of binge eating at least once per week for 3 months or longer
  - A "binge" is characterized by:
    - Eating (in a discrete period of time) an amount of food that is larger than what most people would eat in a similar period of time under similar circumstances
    - A feeling of lack of control over eating during the episode
  - Binge eating episodes are accompanied by some of the following:
    - Eating more rapidly than normal
    - Until feeling uncomfortably full or perhaps sick
    - When not feeling physically hungry or sensing typical hunger cues
    - Eating alone due to feelings of embarrassment by the quantity of food
    - Feelings of disgust with oneself, depression, guilt, shame, regret, etc., afterward

Binge Eating Disorder

Psychiatric co-morbidities

- MDD 32.3%
- PTSD 26.3%
- Substance use disorder 26%
- Personality Disorders 20%
  - Cluster C (Avoidant, OCPD) > Cluster B (BPD)
- Panic disorder 13.2%
- Bipolar disorder 12.5%
- Anxiety disorder 11.8%
- OCD 8.2%
- Impulse Control Disorders 4.7%

Suicide risk

Up to 23% of individuals with BED in the US population have attempted suicide (Keski-Rahkonen, 2021)

Individuals with BED are 4.8 times more likely to have a suicide attempt than those without an eating disorder.

Increased risk of suicidality in presence of alexithymia and depressive symptoms (even subclinical) (Carano, 2012)

Let's Talk About BED

Here's what ELSE we need to know:

- Despite the fact that BED is 2x as common as AN & BN, it is the most underdiagnosed or misdiagnosed eating disorder and the most undertreated.
- Binge eating or loss-of-control eating may be as high as 25% in post-bariatric patients
- Nearly half of BED patients have a comorbid mood disorder; more than half have a cormorbid anxiety disorder; nearly 1 in 10 BED patients have a comorbid substance use disorder
- BED is just as prevalent among patients from racial or ethnic minorities as it is among white patients
- Food insecurity is associated with 1.67 higher odds of BED or subclinical BED and 1.31 higher odds of binge eating symptoms in early adolescence.
- BED has more equal impact on all genders than AN and BN do.
- BED is **highly treatable**, with more than 65% of patients able to achieve long-term remission from binge eating **with the proper treatment.**

Let's Talk About Treatment

Why a separate treatment program for BESDs might be most beneficial and effective in HLOCs

Different treatment foci compared to individuals with restrictive EDs (normalizing eating patterns and disrupting binge eating vs. weight restoration and increasing PO intake) [Matthews et al., 2020]	The average age of treatment-seeking patients with BED is often older than patients with restrictive EDs, requiring a more adult developmental focus [Latzer et al., 2008]	Patients with BESDs have been found to present with higher levels of trauma than patients with restrictive EDs [Rienecke et al., 2022b]	Some patients with BESDs have metabolic complications, such as Type 2 diabetes, that may benefit from specialized treatment [Raevuori et al., 2014]

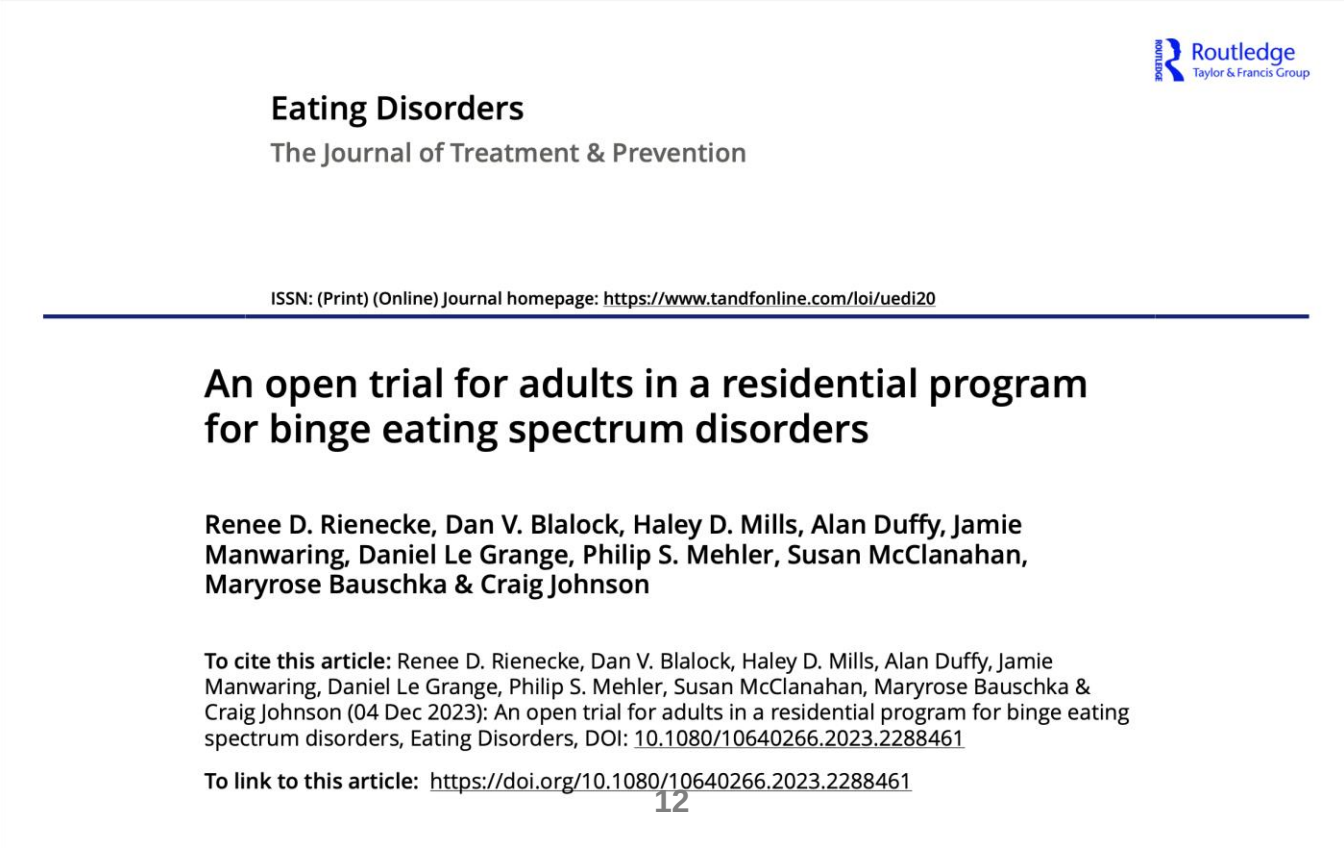
Let's Talk About Treatment

Why a separate treatment program for BESDs might be most beneficial and effective in HLOCs

Patients with BESDs often present to treatment after long-term weight cycling and diet cycling, and require targeted psychoeducation around these topics to prevent relapse	Prescribed meal plans will typically look different as they are not necessarily aimed towards increasing overall completion, but rather increasing attunement to body cues and nutritional needs	Body image curriculum will include broader discussions around weight stigma, HAES frameworks, and exploring body trauma that may underlie the eating disorder	Depending on the program, not all mixed-milieu environments will meet the size inclusion needs (furniture, bathrooms, etc.) of patients living in larger bodies

Binge Eating Treatment And Recovery Residential Program Outcomes

- Assessed treatment outcome for 99 adult admissions to a residential treatment program for binge eating spectrum disorders (BESD)
- Self-report measures completed at admission, discharge and 12 months after discharge



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An open trial for adults in a residential program for binge eating spectrum disorders

Renee D. Rienecke, Dan V. Blalock, Haley D. Mills, Alan Duffy, Jamie Manwaring, Daniel Le Grange, Philip S. Mehler, Susan McClanahan, Maryrose Bauschka & Craig Johnson

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Results related to primary outcome of eating behavior

Scores on the BES improved significantly from admission to follow up

Scores on the NEQ improved significantly from admission to discharge, with a slight increase from discharge to follow up

Four EPSI subscales (Binge Eating, Body Dissatisfaction, Negative Attitudes Toward Obesity, and Purging) improved significantly from admission to 12-month follow-up.

- Scores increased slightly from discharge to 12-month follow-up, indicating a slight worsening of symptoms after residential

Cognitive Restraint continued to decrease after treatment demonstrating the impact of the program's emphasis on the ineffectiveness of dieting.

Follow-up scores still generally remained well below admission scores, suggesting that gains were largely maintained a year later

Results related to secondary outcomes of comorbid symptoms and metabolic/physiological variables

- All comorbid psychological measures, except for obsessive-compulsive symptoms, showed improvement
  - Almost all demonstrating a curvilinear relationship, suggesting some worsening of symptoms between discharge and 12-month follow-up
  - Still, follow-up scores generally remained well below admission scores, suggesting that gains were largely maintained a year later
- Significantly higher self-esteem and QoL at one year follow-up
- Unable to examine metabolic/physiological variables due to difficulty with patients finding labs for the draws in their home locations

The BED Program

In-Person PHP and IOP programs specializing in BESDs

A milieu dedicated purely to patients with difficulties with binge eating, rather than a mixed milieu with individuals with multiple ED diagnoses. This includes an entire treatment environment that is adjusted to be weight-inclusive and size-inclusive

A unique group therapy curriculum across several modalities and focus areas, including Body Image groups and ERP groups, to target the specific needs of this treatment population

Adaptations to create patient success

Staff (therapists, dietitians, psychiatrists, PCPs) who have specific training with this population and who understand the appropriate treatment goals and interventions that are needed, as well as the medical complications that frequently present alongside BESDs

Nutritional rehabilitation that is focused on Consistency, Attuned, Regular Eating (C.A.R.E.) within prescribed meal plans to target attention to hunger/fullness cues, nourishment routines, balanced macro- and micro-nutrient intake, etc.

Thank You

Contact Me

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