

Binge-eating disorder patients respond well to major forms of treatment

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A new systematic review by the RTI International-University of North Carolina (UNC) Evidence-based Practice Center (EPC), published today in the *Annals of Internal Medicine*, identified several effective options for treating patients with binge-eating disorder.

Binge-eating disorder (BED), the most common eating disorder in America, affects 3 percent of adults in their lifetime. Recently recognized as a distinct eating disorder by the American Psychiatric Association, BED is characterized by recurrent psychologically distressing binge-eating episodes; during which individuals experience a lack of control and consume larger amounts of food than most people would under similar circumstances. Unlike other eating disorders, such as anorexia nervosa and bulimia nervosa, BED is not associated with regular purging, fasting, or excessive exercise.

The review reported strong support that therapist-led [cognitive behavioral therapy](#) (or CBT), lisdexamfetamine (brand name Vyvanse, a central nervous system stimulant), and second-generation antidepressants (as a class of drugs) help BED patients to reduce their frequency of binge eating and achieve abstinence. The study also found more limited support for similar benefits with the anticonvulsant topiramate and from less therapist-intensive approaches to delivering CBT (partially therapist-led and guided self-help).

Eating-related psychological symptoms, such as obsessions and compulsions, and susceptibility to hunger, also responded well to these

treatments. Symptoms of depression were improved only through treatment with second-generation antidepressants. Lisdexamfetamine and topiramate were associated with reductions in weight. Across medication trials, various negative side effects such as nervousness, sweating, and faster heart beat were commonly reported problems. Serious side effects from treatment were extremely low.

"Our review shows promising signs in today's medical evidence base for both psychological and medication interventions," said Kim Brownley, PhD, associate professor at the UNC Center of Excellence for Eating Disorders and lead author on the paper. "Additional studies are needed for examining approaches to providing psychological treatments to patients who have limited access to BED-trained psychotherapists, treatments that combine psychological interventions and medications, and longer term outcomes of care."

As Nancy Berkman, Ph.D., senior research analyst at RTI and co-author of the paper, noted: "despite the positive findings about successful options for BED patients, how well the results can be applied may be limited for some populations. Current research often did not include men; adults over 40 years of age; racial and ethnic minorities; individuals with various coexisting medical conditions; and those with higher levels of depression and anxiety. Also, although [binge eating](#) is implicated as a treatment-limiting factor in bariatric surgery patients, we found no treatment studies in this population."

In January 2015, lisdexamfetamine became the first medication approved by the US Food and Drug Administration for treating patients with BED.

Funded by the US Agency for Healthcare Research and Quality (AHRQ), the current review updates and extends the EPC's 2006 AHRQ review on [eating disorders](#) by examining 34 randomized controlled trials

of treatment for BED. This is nearly twice as many trials as in the earlier review. The authors were also able to apply meta-analytic (statistical) techniques to measure more precisely the effectiveness of some of these interventions.

More information: Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis. [DOI: 10.7326/M15-2455](https://doi.org/10.7326/M15-2455)

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