

Background of Binge Eating Disorder:

Binge Eating Disorder (BED) is characterized by eating a much larger amount of food than what most people would eat under similar circumstances. These binge eating episodes can last up to two hours, and are accompanied by severe emotional distress (Mahan, 2007). People with BED often feel powerless over food. Disgust, guilt, and depression are common after a binge. The American Psychiatric Association Diagnostic and Statistical Manual states that binge eating episodes must occur at least 1 day per week for 3 months in order for someone to be diagnosed with BED. About 3.5% of women, 2% of men, and 30% of people seeking weight loss treatment have BED, and it is the most common eating disorder in the United States (Hudson, 2007). Onset of BED typically occurs during late adolescence or early twenties, with women being 1.5 times more likely to develop it than men (Mahan, 2007).

Some other signs of BED include eating until physically uncomfortable or even nauseated due to the amount of food just consumed, eating very quickly during binge episodes compared to non-binge episodes, eating when depressed or bored, rapid weight gain, or eating alone due to feeling embarrassed about consuming food. There is evidence to suggest that people with BED experience greater impairment in work and social functioning, greater concern with body shape and weight, increased general psychopathology, and higher incidences of alcohol and drug abuse (Eldridge, 1998). Many patients with BED are also obese or overweight, and have difficulties moderating food intake even during non-binge eating episodes (Garner, 1997). People with BED may also have type-2 diabetes, which makes it more difficult to stabilize blood glucose levels and results in increased medical complications (Mahan, 2007).

Treatment of eating disorders such as BED requires a multidisciplinary approach that includes psychological, medical, and nutrition interventions. Treatment approaches vary, and depend on severity of illness (Mahan, 2007). Guided self-help based on cognitive behavior therapy is a first-line treatment option, while interpersonal therapy is used for patients with low self-esteem and high eating disorder psychopathology. Remission rates were found to be lower in patients engaging in these

treatments one and two years post-treatment compared to patients received behavioral weight loss therapy (Wilson, 2010). There is also evidence to suggest that while BED is the most prevalent eating disorder, it may also have the best prospects of recovery outcomes (Fairburn, 2000).

Goals of treatment for BED include self-acceptance, improved body image, increased physical activity, normalization of eating, and better overall nutrition. Weight loss is not a goal of treatment for BED. A dietician should perform a nutritional assessment, and note meal spacing, length of time allotted for a meal, and any unusual or ritualistic behaviors (Mahan, 2007). Many BED patients eat quickly, which reflects their difficulty interpreting physical internal hunger signals, such as feelings of fullness. Patients may also have an all-or-nothing approach to foods that “trigger” binge eating episodes. Although the patient may prefer avoidance of these foods, reintroduction of controlled amounts of these foods at regular time intervals is helpful in normalizing eating patterns. Patients with eating disorders often regard specific foods or food groups as only “good” or “bad.” These irrational beliefs, and good vs. bad thinking about food choices in general, should be identified and challenged throughout the treatment process (Mahan, 2007). The combination of binge eating episodes and unhealthy beliefs about dieting, shape, and weight is harmful, but can be treated.

Rationale for dietary approach:

For patients with BED, food is like an addiction. Unlike other addictive disorders, it isn't possible to give up food altogether. Healthy eating patterns must be established in order to overcome BED. When there is no structure, and calories are consumed in binges, the body loses its ability to sense fullness and hunger. Planned meals consisting of a balanced diet need to replace chaotic eating habits in response to emotional cues. Over time, this will allow the body to regain its ability to sense hunger and fullness. Therefore, structure is needed to normalize eating patterns. The first step to structuring eating habits is consuming appropriate numbers of calories and dispersing these calories throughout the day.

To assess a patient's true caloric needs, there is a technique that can be used. It involves estimating the number of binge days, moderate intake days, and restrained intake days they've had in the past week. Then the patient can describe food intake on each of these days, and estimate 50% of the caloric intake on the binge days and 100% of the caloric intake on non-binge days in order to calculate average total caloric needs over a 7-day period (Mahan, 2007). Calorie counting is generally discouraged, but in patients with BED, it can be a useful tool to demonstrate "normal" food intake guidelines, especially during the initial stages of treatment (Garner, 1997). A food diary, in which you create an entry every time you eat something, including what time you ate, how you felt before and after eating, where you ate, and who you ate with, can be a helpful tool to help you keep track of how many calories you eat.

Patients are encouraged to consume enough calories to maintain weight, not lose weight, until eating patterns are normalized. It is common for patients with BED to seek weight loss, but eating patterns must be normalized first. Attempts to restrict caloric intake may only increase the risk of binge eating, and the pattern of restrained intake followed by binge eating does not facilitate weight loss, and may in fact lead to further weight gain (Mahan, 2007). Therefore, caloric intake for weight maintenance, not loss, is recommended. Most patients do not gain weight when normalization of eating is attained, but elimination of binge episodes does not, on average, lead to weight loss, either (Garner, 1997). After adoption of a regular eating plan and elimination of binge episodes occurs, the unhealthy thoughts and beliefs that contribute to eating problems can be addressed (Garner, 1997). For full recovery, it is important to normalize eating behavior and develop a healthier relationship with food (Volkow, 2007).

Bingeing and restrained intake impair recognition of hunger and satiety cues. In patients with Bulimia Nervosa, maladaptive thoughts about dieting, shape, and weight play a critical role in the perpetuation of eating problems. However, in patients with BED, it is actually the contrast between patients' maladaptive thoughts about dieting, shape, and weight, and the actual eating behaviors they display that contributes to the perpetuation of eating problems (Garner, 1997). The reasonable daily

distribution of calories, with three meals and prescribed snacks, is instrumental in strengthening these biologic cues. Balanced macronutrient intake, including sufficient carbohydrate to prevent cravings and adequate protein and fat to feel satisfied after a meal, is essential for developing regular meal patterns. A balanced diet consists of about 55% of calories from carbohydrate, 20% from protein, and 25% from fat (Mahan, 2007).

Patients with BED tend to be physically inactive, but exercise has been shown to be an effective tool for stress management, mood enhancement, and long-term weight management (Garner, 1997). Beginning an exercise regimen that starts slowly with 15 minutes of walking 3 days per week and increases to 45 minutes 5 days per week can be helpful in reducing binge-eating episodes.

Dietary plan:

A dietician and psychologist can give you professional nutritional and medical help to overcome BED. Psychotherapy can help you understand and change core dysfunctional thoughts, attitudes, motives, conflicts, and feelings related to BED. Associated psychiatric conditions, including deficits in mood, impulse control, and self-esteem, as well as relapse prevention, should be addressed in your psychotherapeutic treatment plan. You should consult licensed psychologists or psychiatrists specializing in eating disorders (the internet or your insurance company can provide references) if you think you have BED.

Creating a schedule for meals, and sticking to it, can help retrain your body to respond to physical internal hunger cues, such as fullness. These meals should be consistent with nutrients found in a balanced diet to avoid bingeing. Food restriction and strict dieting can trigger food cravings and the urge to overeat, so forbidding certain foods, or classifying foods as altogether “bad” or “good,” should be avoided. Small amounts of sugary and fatty foods are part of a balanced diet. Plan structured eating episodes, avoid skipping meals, and eat for health and nutrition rather than out of low self-

esteem, boredom, loneliness, or depression. Getting enough sleep, managing stress, exercising, and getting emotional support from friends and family can also help avoid binge-eating episodes.

If you feel overwhelmed by all the changes you'd like to make in your life, make one small change at first. Choose just one thing you'd like to do differently tomorrow. For example, if you typically skip breakfast, set your alarm clock 15 minutes earlier than you normally wake up, and be sure to eat something, such as yogurt. Sit at the kitchen table while eating; do not eat in the car, in front of the television, or at your desk. If you can accomplish this one change, that is a great start! You've begun to overcome binge eating. And, if you can do it once, you can do it again. Stick with this one change for 7 days. For one week, try to wake up each day 15 minutes earlier with the goal of eating yogurt at the kitchen table for breakfast. Over time, you will begin to feel hungry in the morning. This means your body is regaining hunger cues, and your eating patterns are normalizing. You can then change this simple yogurt to a more balanced meal by adding granola and fresh fruit to the yogurt, or try other breakfast options. Gradually add other small changes. See how these small changes make you feel, and think about how great you'll feel after you have fully structured meals.

If waking up early is difficult for you, and you tend to have binge episodes when you get home from work or school, make other plans that will get in the way of your binges. Try to interfere with actions that typically lead chaotic eating patterns. Exercise, reading, drawing, or other hobbies can be scheduled during the time you usually have binge-eating episodes. For example, bring sneakers with you to work or school, and go for a walk before you go home. You should also find other ways of incorporating physical activity into your day, such as taking the stairs or parking further from the entrance to a building. Exercise doesn't have to be a formal activity, and doesn't need to take place in a gym. Be sure to drink enough water throughout the day. Increasing your level of physical activity may mean you need to replenish lost fluids more often.

For the second week of introducing more structure to your eating habits, sit down and plan each meal in advance. Create a schedule for yourself. You can do this using a spreadsheet on the computer or by simply writing in an agenda book. Write down each meal you will consume during the

next week. Plan to eat three meals and two-three snacks every day. Record where and what time will you be eating. Organizing meals on a calendar like this, and sticking to the plan you set out for yourself, are very important to normalizing your eating patterns.

Things to consider while planning each meal include ingredients will you need and which nutritious foods you enjoy eating. Go grocery shopping with these variables in mind. Planning the foods you will purchase in advance will help prevent impulse buys as you walk the aisles of the grocery store. You can also consider your chaotic eating patterns while buying groceries. If you love chocolate, then buy a smaller individually wrapped piece instead of a large bar of chocolate. If you love pretzels, buy snack pack sizes instead of large bags of pretzels. Incorporating small portions of sugar and fat is part of a balanced diet, and completely cutting yourself off from these foods can trigger a binge. Remember that no individual food is all “good” or all “bad,” and consuming sugary or fatty foods in moderation is normal. Some days are more hectic than others, but making time for each meal, rather than eating at your desk or in the car, can help prevent unplanned or unstructured eating episodes. Pace yourself and savor the foods you eat. Eating slowly can also help normalize your physical internal hunger signals.

Continue your third week by evaluating how you did during the second week. Did you stick with each meal as planned? If not, what got in the way of your meals? Think about the environments, or the emotions, that led you off track. How can you avoid these in the week ahead? Don't worry if you still had episodes of unplanned eating last week. This is a new week. Refine your meal schedule and keep working towards eliminating binge-eating episodes. If you relapse and fall back into your old habits, don't get upset with yourself. We're only human and stressors can trigger a binge even though we've made progress in stopping the cycle of chaotic eating patterns. Think about that first change you made, and how it led to positive improvements in your life. It all starts with just one change. You can make that change again, and continue to work towards a healthy relationship with food if you get off track.

Recommended weekly behavior change plan:

Week 1:

Eat breakfast every day. Start a food diary. Record all eating occasions, including what, how much, when, and how quickly you ate, as well as how you were feeling before, during, and after you ate.

Week 2:

Plan all meals in advance for the week ahead according to the 50-55% of calories from carbohydrate, 15-20% from protein, and 25-30% from fat guidelines. Go to the grocery store with a list of ingredients you will need for all of these meals. Think about each day in the week ahead in order to plan meals in advance. Be sure to consider where you will be, who you will be with, and what time you will eat each meal while planning. Continue recording related information in the food diary.

Week 3:

Assess what worked in last week's meal plan, and what didn't. Modify the plan so that you will not be tempted to binge eat, or be hungry during the following week. Keep recording eating episodes in the food diary.

Week 4:

Look back at the food diary you kept. Note when your binge-eating episodes occurred, if any, and schedule some activity for yourself that would interfere with those times for the upcoming week. If your binges typically occurred at 8pm on weeknights, meet with a friend, read a book, exercise, or do household chores during that time instead.

Week 5:

Continue to monitor your progress in reducing and eliminating binge-eating episodes. Assess what changes have worked, and what hasn't. Think about ways to further modify your behavior to reduce temptations or opportunities to binge eat. Be sure you are eating three meals and two snacks per day. Ensure that you get enough sleep and stay hydrated.

Week 6:

Look back at your food diary and see how much progress you've made! You should be proud of yourself if you've been able to steadily increase your levels of exercise and plan meals and activities to reduce binges.

Example/Recommended weekly dietary plan:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast 8AM	1 Low-fat, low sugar yogurt, 3 oz fresh raspberries, water	1 cup whole grain cereal with ½ cup low fat milk, 3 oz fresh blueberries, water	2 eggs, scrambled with diced tomatoes, 1 slice of toast, water	½ cup steel cut oats, boiled in water, ¼ cup chopped walnuts, 1 apple, water	1 Low-fat, low sugar yogurt, 3 oz fresh raspberries, water	1 cup whole grain cereal with ½ cup low fat milk, 3 oz fresh blueberries, water	2 eggs, scrambled with diced tomatoes, 1 slice of toast, water
Snack 10:30AM	1 apple, glass of water	1 banana, glass of water	12 baby carrot sticks, glass of water	1/3 cup raw almonds, glass of water	1 apple, glass of water	1 banana, glass of water	12 baby carrot sticks, glass of water
Lunch 1 PM	1 oz of turkey or chicken, on whole grain bread, with lettuce, tomato, mustard. Water.	Minted Orzo and Zucchini Salad. Water.	Fusilli with goat cheese, peas, and prosciutto. Water.	Spinach Salad with Plums and goat cheese. Water.	Smoked salmon sandwich with cream cheese and chives. Water.	Minted Orzo and Zucchini Salad. Water.	Fusilli with goat cheese, peas, and prosciutto. Water.
Snack 4PM	1/3 cup raw almonds, water.	1 low-fat yogurt, water.	1 apple, water.	1 banana, water.	12 baby carrots, water.	1 low-fat yogurt. Water.	1/3 cup raw almonds. Water.
Dinner 7PM	Kale, carrot, and avocado salad. Water.	Quinoa with Roasted Mushrooms. Water.	Avocado and grapefruit salad. Water.	Poached salmon with fresh horseradish sauce. Water.	Kale, carrot, and avocado salad. Water.	Quinoa with Roasted Mushrooms. Water.	Avocado and grapefruit salad. Water.

Recipes:

From Whole Foods: <http://www.wholefoodsmarket.com/recipes>

Minted Orzo and Zucchini Salad

Serves 4 to 6

Make sure to let this salad chill for a few hours before serving. Over time, the orzo, tomatoes and zucchini will become infused with the flavors of mint, garlic and Kalamata olives. Broiling the zucchini is easy, but it's equally delicious grilled or served raw.

Ingredients

- 1 cup dried orzo
- 2 large zucchini, thickly sliced
- 3 tablespoons extra virgin olive oil, divided
- 2 tablespoons lemon juice
- 2 tablespoons chopped mint
- 1 clove garlic, finely chopped
- 6 ounces feta cheese, cut into cubes
- 1/2 cup pitted Kalamata olives
- 2 ripe tomatoes, chopped
- Ground black pepper to taste

Method

Bring a large pot of water to a boil. Add orzo and cook until al dente, 8 to 10 minutes. Drain well, rinse in cold water and drain again.

Meanwhile, arrange a rack about 6 inches from the heating element and preheat broiler. Brush zucchini with 1 tablespoon oil and arrange on a baking sheet. Broil, flipping halfway through, until tender and deep golden brown, 6 to 8 minutes. Set aside to let cool and then roughly chop and transfer to a large bowl. Add remaining 2 tablespoons oil, orzo, lemon juice, mint, garlic, feta, olives, tomatoes and black pepper and gently toss to combine. Cover and chill for several hours until flavors blend.

Nutrition

Per serving (about 7oz/203g-wt.): 260 calories (120 from fat), 13g total fat, 5g saturated fat, 9g protein, 28g total carbohydrate (3g dietary fiber, 5g sugar), 20mg cholesterol, 370mg sodium

Fusilli with Goat Cheese, Peas and Prosciutto

Serves 6

With 5 ingredients and about 25 minutes, this is a very simple, yet company-worthy pasta dish. Lemon zest, green peas and a hint of rich flavor from the cheese lighten the hearty whole grain pasta.

Ingredients

1 pound whole grain fusilli pasta
2 cups frozen peas
8 ounces Humboldt Fog goat cheese, rind removed
3/4 teaspoon freshly grated lemon zest
4 ounces thinly sliced prosciutto, cut into 1/2-inch wide strips

Method

Bring a large pot of salted water to a boil. Add fusilli and cook until al dente, about 12 minutes. Three minutes before the pasta finishes cooking, add peas. Reserve 1/2 cup pasta cooking water, then drain pasta and peas well.

Meanwhile, place cheese in a large bowl and crumble it into small pieces. Add lemon zest. Stir in drained pasta and peas and toss until cheese has melted and evenly coated the pasta. If cheese doesn't melt completely, add a few tablespoons of reserved pasta cooking water and continue tossing. Stir in prosciutto and serve.

Nutrition

Per serving: 460 calories (110 from fat), 12g total fat, 6g saturated fat, 30mg cholesterol, 710mg sodium, 64g total carbohydrate (9g dietary fiber, 6g sugar), 24g protein

Spinach Salad with Plums and Goat Cheese

Serves 4

The tanginess of Humboldt Fog gives additional flavor to this elegant summer salad. Feel free to substitute other stone fruit like peaches or nectarines for the plums.

Ingredients

2 tablespoons sherry vinegar
1/8 teaspoon sea salt
1/8 teaspoon freshly ground black pepper
2 tablespoons extra-virgin olive oil
1 (5-ounce) package baby spinach
3 plums, pitted and thinly sliced
3 ounces Humboldt Fog or other fresh goat cheese, crumbled
2 shallots, thinly sliced
1/2 cup toasted sliced almonds

Method

In a large serving bowl, whisk together vinegar, salt and pepper. Gradually whisk in oil until vinaigrette thickens. Add spinach, plums, cheese, shallots and almonds and toss gently until evenly coated.

Nutrition

Per serving: 240 calories (60 from fat), 17g total fat, 4.5g saturated fat, 10mg cholesterol, 210mg sodium, 16g total carbohydrate (4g dietary fiber, 6g sugar), 8g protein

Poached Salmon with Fresh Horseradish Sauce

Serves 6 to 8

Secret Ingredient: Wild Salmon

Chilled poached salmon with a refreshing horseradish sauce makes a lovely summer lunch dish. Use leftover salmon on sandwiches or in quick pasta meals. It's also delicious when added to a composed salad of blanched green beans, boiled small potatoes, tomatoes, hard-cooked eggs, fresh herbs, feta, olives and shallots. To learn how to make this recipe, watch the [Secret Ingredient cooking show](#).

Ingredients

1 (3-pound) skin-on salmon fillet
Salt and pepper to taste
1 cup white wine
1 yellow onion, sliced
1/2 teaspoon peppercorns
1/4 cup chopped dill, plus 8 whole sprigs
1 (1-inch) piece horseradish root
1 teaspoon lemon juice
1 cup crème fraîche
1 cucumber, peeled (1/2 seeded and chopped, 1/2 sliced)

Method

Season salmon with salt and pepper. Put 1 cup water, wine, onions, peppercorns and 4 sprigs of the dill into a roasting pan or fish poacher large enough to hold the fillet. Add the salmon. If not covered by liquid, add just enough water to barely cover the fillet, then gently bring it to a simmer. Cover and simmer about 10 minutes, until salmon is just opaque in the center. (Allow about 10 minutes of cooking time per inch thickness of fish.) Remove from heat and let salmon cool slightly in liquid. Transfer salmon to a large platter and set aside to cool slightly. Cover and refrigerate for several hours.

Meanwhile, make the horseradish sauce. Peel and grate the horseradish. Depending on desired heat level, wait 2 to 3 minutes before tossing it in a bowl with lemon juice and salt. (The longer you wait, the hotter the horseradish will be.) Stir in crème fraîche, chopped cucumber and chopped dill. Taste and adjust seasoning with salt, pepper and lemon juice. Chill until ready to serve.

Peel skin off salmon once cooled. Garnish platter with remaining 4 dill sprigs and cucumber slices. Serve with horseradish sauce on the side.

Nutrition

Per serving (about 10oz/287g-wt.): 480 calories (240 from fat), 27g total fat, 10g saturated fat, 150mg cholesterol, 290mg sodium, 5g total carbohydrate (1g dietary fiber, 1g sugar), 46g protein

Smoked Salmon Sandwiches with Cream Cheese and Chives

Serves 3

The Italians call these sandwiches, made with soft white bread, Tramezzini. This twist pairs smoked salmon and light cream cheese with a touch of lemon zest.

Ingredients

3 ounces Neufchâtel or other light cream cheese, softened
6 slices white sandwich bread, crusts removed
1 teaspoon lemon zest
1 tablespoon chopped chives
1/4 pound (4 ounces) sliced smoked salmon

Method

Spread cream cheese on one side of each slice of bread then sprinkle with zest and chives. Top with slices of salmon, then remaining slices of bread. Cut sandwiches in half and transfer to plates. Serve immediately or wrap tightly with plastic wrap and refrigerate until ready to serve.

Nutrition

Per serving (about 4oz/120g-wt.): 340 calories (110 from fat), 12g total fat, 5g saturated fat, 80mg cholesterol, 400mg sodium, 29g total carbohydrate (1g dietary fiber, 3g sugar), 29g protein

Avocado and Grapefruit Salad

Serves 4

For beautiful results, use both pink and white grapefruit in this refreshing salad.

Ingredients

2 grapefruits
2 avocados, peeled, pitted and chopped
1/4 small red onion, thinly sliced
1 head Bibb or butter lettuce

Method

Using a large knife, carefully peel grapefruits, making sure to remove all of the white pith. Working over a large bowl to catch any juice, cut along the side of each membrane to release the segments and let them drop into the bowl. Add avocados and onion, and toss well. Arrange lettuce leaves on a platter, spoon salad over the top and serve.

Nutrition

Per serving (about 11oz/300g-wt.): 230 calories (130 from fat), 15g total fat, 2g saturated fat, 0mg cholesterol, 10mg sodium, 25g total carbohydrate (9g dietary fiber, 12g sugar), 4g protein

Quinoa with Balsamic Roasted Mushrooms

Serves 6

Mushrooms roasted in a simple oil-free pear balsamic dressing are delicious tossed with quinoa, spinach, green onions and almonds. Serve this dish warm, room temperature or cold, as a side dish or the main event.

Ingredients

1/4 cup balsamic vinegar
2 teaspoons Dijon mustard
1 small pear, peeled, cored and cut into chunks
1 garlic clove, halved
2 pounds portobello mushrooms, stemmed and gills scraped out
1 cup red or white quinoa
3 cups tightly packed spinach, chopped
4 green onions, thinly sliced
1/2 cup slivered almonds, toasted
1/8 teaspoon sea salt
1/2 teaspoon freshly ground black pepper

Method

Preheat oven to 475°F.

Put vinegar, mustard, pear and garlic in a blender with 1/3 cup water and blend until smooth, about 1 minute. Cut mushrooms into chunks and combine in a large mixing bowl with 1/4 cup of the pear balsamic dressing. Spread mushrooms in a single layer on a rimmed baking sheet. Roast mushrooms until tender, stirring occasionally, 20 to 30 minutes. Remove from the oven and let cool slightly.

While mushrooms roast, prepare quinoa. In a medium pot, bring 1 3/4 cups water to a boil. Stir in quinoa, cover pot, reduce heat to low and simmer for 15 minutes. Remove pot from heat and set aside, covered, 10 minutes more. Uncover and fluff quinoa with a fork.

Combine mushrooms, quinoa, spinach, green onions, almonds, salt, pepper and 1/2 cup more pear balsamic dressing in a large, wide serving bowl. Stir to mix well. Serve with remaining dressing on the side.

Nutrition

Per serving: 280 calories (60 from fat), 7g total fat, 0g saturated fat, 0mg cholesterol, 120mg sodium, 43g total carbohydrate (7g dietary fiber, 9g sugar), 12g protein

Kale, Carrot and Avocado Salad

Serves 4

Avocado provides rich flavor and creamy texture in this simple salad.

Ingredients

1 bunch kale, stemmed and finely chopped
2 cups grated carrots
1/2 avocado, peeled and pitted
1/4 cup thinly sliced red onion
2 tablespoons lemon or lime juice
2 tablespoons sesame seeds, toasted
1/2 teaspoon reduced sodium soy sauce

Method

Toss all ingredients together in a large bowl. Use your hands or the back of a large spoon to thoroughly mash avocado into kale. Set aside at room temperature for 30 minutes before serving to allow kale to soften.

Nutrition

Per serving (about 8oz/234g-wt.): 160 calories (60 from fat), 7g total fat, 0.5g saturated fat, 0mg cholesterol, 115mg sodium, 23g total carbohydrate (6g dietary fiber, 3g sugar), 6g protein

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Recommended Resources:

<http://mindlesseating.org/>

<http://www.theendofovereatingbook.com/>

<http://www.rodale.com/>

<http://www.amazon.com/Handbook-Treatment-Eating-Disorders-2nd/dp/1572301864>

<http://www.mayoclinic.com/health/binge-eating-disorder/DS00608>

The Binge Eating & Compulsive Overeating Workbook: An Integrated Approach to Overcoming Disordered Eating. By Carolyn Ross.

50 Ways to Soothe Yourself Without Food. By Susan Albers.

Eating the Moment: 141 Mindful Practices to Overcome Overeating One Meal at a Time. By Pavel Somov.

Crave: Why You Binge Eat and How to Stop. By Cynthia M. Bulik Ph.D.