Binge Eating Disorder (BED): A Comorbid Conundrum

Psychiatric Comorbidity in BED

- BED has elevated risk of psychiatric comorbidity.
- National Comorbidity Replication survey found that among adults with BED
  - 79% had at least 1 additional psychiatric diagnosis.
  - 49% had at least 3 additional psychiatric diagnoses.
- In the NCR survey, BED was associated significantly with anxiety, mood, impulse control, and substance use disorders (even after controlling for age, sex, and race/ethnicity).
- NCR survey found significantly elevated rates of
  - Anxiety disorders (65%).
  - Mood disorders (46%, including 32% major depressive disorder [MDD]).
  - Impulse control disorders (43%; OR = 2.5).
  - Substance use disorders (23%; OR = 2.1).
- Similar rates of evaluated specific psychiatric comorbidities are reported in other community-based studies and in treatment-seeking clinical studies.

Medical Comorbidity in BED

- BED is *associated strongly with severe obesity*, in both the NCR and World Health Organization studies (ORs = 4.9 and 6.6, respectively).
- BED has elevated risk for medical comorbidities.
  - Many associations may be due to obesity.
  - Cross-sectional data are stronger than prospective.
- Diabetes, hypertension, and pain conditions are associated with BED (after controlling for other diagnoses).
- Metabolic syndrome is observed in approximately 50% of people seeking treatment with BED.

Comorbidity Impact on BED Outcomes

- Few data exist regarding prognostic significance of psychiatric comorbidity on medical prescription outcomes for BED.
- Available data suggest that *psychiatric comorbidity does not predict or moderate medical prescription outcomes.*
- Few predictors of BED outcome have been identified.
  - Higher negative affect (Beck Depression Inventory scores, not MDD)
  - Overvaluation of shape/weight
- Medical comorbidity impact on medical prescription outcomes for BED is unknown. Body mass index is not predictive.

References

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