Chapter 24
Unmasking the Binge–Purge Cycle:
A Comprehensive Review

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ABSTRACT

Binge-eating (BE), a severe life-threatening eating disorder characterised by consuming enormous amounts of food quickly and feeling out of control, is discussed in the chapter. A binge eater struggles with relationships, work, social life, stress, and depression. After eating, remorse, disgust, and embarrassment often follow—binge-eating harms those who do it. Early detection and evidence-based treatment benefit binge eaters. Most binge-eaters do it privately, without medical assistance, and rarely with evidence-based therapies. Patients and doctors must realise that many quick-fix binge-eating treatments work. The study used qualitative research to understand. The chapter discusses binge-eating history, symptoms, problems, and treatment that affect binge-eating disorder potentialities and cognition.

INTRODUCTION: BINGE-EATING DISORDER

Complex eating disorders involve persistent weight and eating changes. They vary in complexity, severity, and duration and affect all socioeconomic groups. Eating disorders were associated with lower employment rates, higher health care and informal care costs, and lower lifetime earnings. Binge-eating disorder involves eating a lot of food quickly. Binge-eating episodes involve eating faster than usual, eating

DOI: 10.4018/979-8-3693-3230-6.ch024

until one is uncomfortably full, eating a lot of food when one is not hungry, and feeling dissatisfied or depressed. Private or discreet binge eating is common. Binge-eaters gain weight and may be overweight or obese because they do not purge. Binge-eating is linked to obesity, but most obese people rarely binge.

Almost everyone overeats on occasion, and depending on the circumstances (such as a celebration), eating a lot of food may be culturally acceptable. Such occurrences are rare, social, and celebratory. Compulsive overeating, or binge-eating, involves recurrent episodes of gorging that cause significant distress and depression, disgust, or shame. Bingeing also involves eating a lot of food quickly, to the point of discomfort, in private, and when not hungry.

Binge eating behaviours have a number of names over the years: emotional eating, compulsive overeating, and more recently, binge eating disorder (BED). Although the terms are often used interchangeably in the media, distinguishing between them is important for understanding the severity of BED and ensuring effective treatment. It is the most prevalent negative psychological and social eating disorder worldwide. Following a binge, individuals frequently experience shame or self-hatred, as well as anxiety, depression, and loneliness (Flett et al., 2011). Emotional eating and compulsive eating are both periodic, episodic uses of food to cope with intense emotions during stressful times. They are very common behaviours when there is plenty of food. They are relatively short-lived, and the episodes are partially intentional. Consider eating a carton of ice cream after a breakup, or a box of cookies in one sitting when stressed about a work situation or a disagreement with a friend. Such life events may elicit a desire to soothe or distract with food. However, once the stressor has passed, eating returns to normal levels. The person feels little guilt about the episode, his or her mood remains mostly positive, and this hiccup in the coping process has a minimal psychological impact. Most people do not experience anxiety from such episodes, nor do they occur frequently enough to warrant intervention. If they do seek assistance, learning new self-talk skills and strategies for a more peaceful relationship with food and weight is usually enough to bring about significant change. Binge eating disorders are fundamentally different. It is more deeply ingrained in a person's life than emotional or compulsive eating. BED is typically much longer in duration, starts earlier in life, and is more difficult to change. Eating episodes are more severe and frequent. There is a higher incidence of stressful life experiences that influence the development of behaviours. There is a much greater sense of being out of control during the binge; episodes feel more impulsive. Those with BED are more "checked out" during a binge (clinically known as "dissociation"). They may experience significant depression and anxiety, histories of trauma or loss, and profound struggles with body image (regardless of size). BED binge cycles are more difficult to treat with simple techniques for challenging negative thinking or changes focused solely on food. Something more in-depth and comprehensive is required for change to occur and stick.

An estimated 4 million Americans have binge-eating disorder, the most common eating disorder. US women are more likely than men to have it, and all races and ethnicities are affected. Patients seeking weight loss treatment are more likely to have the condition. Mildly obese people, including those who try to lose weight on their own or with commercial products, may have the disorder.

Obese people, especially those with severe obesity, are more likely to suffer from binge eating disorder, although it can impact people of average weight as well. It should be noted, though, that binge eating disorders are not present in most obese individuals. People in their twenties and thirties are at increased risk for developing binge eating disorders. But it can happen to anyone, even the elderly.

People who have both type 1 and type 2 diabetes are more likely to suffer from binge eating disorder (Moskovich A A., Dmitrieva N O., et al., 2019; Raevuori A, Suokas J., et al., 2015). This association may be explained by the fact that people with diabetes experience distress due to the constant need