Binge Eating Disorder (B.E.D.) Discussion Guide

Making conversations with adults you suspect of having B.E.D. more comfortable and productive
Two studies demonstrated that discussing eating behaviors can be difficult for adult patients\(^1,^2\)

Patients are often embarrassed by and ashamed of their eating behaviors\(^1,^3\)

Because adult patients may find it difficult to initiate or even take part in a conversation about eating behaviors, Shire developed this Discussion Guide to help you address patients’ hesitancy. The approaches included may help you conduct more comfortable and productive conversations. General suggestions include:

1. Initiate a conversation about binge eating disorder (B.E.D.) in a manner that sets your patient at ease\(^1,^2\)
2. Maintain a considerate, sensitive tone throughout the conversation\(^1\)
3. Consciously use judgment-free language and demeanor\(^1,^2\)

**Patients with eating disorders may need your help to get the conversation started**

Diagnosis should be based upon a complete evaluation of the patient.

B.E.D. is the most common eating disorder in US adults\(^4\)

- B.E.D. is more prevalent than bulimia nervosa and anorexia nervosa combined\(^4,^5\)
- B.E.D. occurs in both men and women\(^4\)
- B.E.D. is observed across racial and ethnic groups in US adults\(^13,^6\)
- In an online survey of 22,397 US adults, 344 met *DSM-5\(^\circledR\)* diagnostic criteria for B.E.D. in the past 12 months (level of severity not specified). Of those, 3.2% (11 of 344) reported ever receiving a diagnosis of B.E.D. by a health care provider\(^7\)

---

\(^1\) Both studies were sponsored by Shire and had a combined study population of 63 (N=25 and N=38).

\(^2\) Estimated 12-month and lifetime prevalence among an eating disorder–assessed subsample (n=2,980) of the National Comorbidity Survey Replication, a nationally representative face-to-face household survey of English-speaking adults aged ≥18 years.\(^4,^5\)

\(^3\) Sample from a combined data set of 3 nationally representative US samples (non-Latino whites, Latinos, Asians, and African Americans).\(^6\)

\(^4\) Data from a 2013 online survey of US adults aged ≥18 years.\(^7\)
Initiating a conversation about B.E.D.

Managing adult patients’ reluctance to talk
- Adult patients with B.E.D. may be uncomfortable discussing their eating behaviors and thus unlikely to initiate a conversation about them.

3 approaches that may make adult patients more comfortable

Theme—“You aren’t alone”
- Patients may find it easier to discuss their eating behaviors and associated feelings once they understand that B.E.D. is the most common eating disorder among US adults.

CONSIDER: “B.E.D. is actually the most common eating disorder among adults in the United States—you are not alone.”

Theme—“B.E.D. is a real condition”
- Because it is a psychiatric disorder, adults with B.E.D. may feel that it is not the type of ailment they can or should discuss with a physician.

CONSIDER: “Please don’t feel uncomfortable about this. B.E.D. is a real medical condition and I’m here to help you with it.”

Try asking permission
- One way to help adult patients feel more comfortable is to give them the sense that they have some control over the conversation.

CONSIDER: “I’d like to discuss your eating behaviors with you, but I recognize that this may be a sensitive topic for some people. Is it okay if I ask you some questions about your eating behaviors?”

Adults with eating issues may be waiting for you to initiate the conversation.
Helping adult patients listen, understand, and accept

Below are 3 communication points that may help patients respond positively to their diagnosis.

B.E.D. is a real medical condition

- B.E.D. is a real medical condition, a distinct eating disorder in the DSM-5®—it is much less common and far more severe than overeating

CONSIDER: “You didn’t choose to have B.E.D. It’s a real medical disorder characterized by many of the symptoms you just shared with me.”

Binge episodes can be caused by a variety of triggers

- Working with adult patients to identify their triggers can help

CONSIDER: “Certain triggers can lead to binge eating. Let’s focus on figuring out what may be triggering your binge eating episodes.”

Help diminish adult patients’ tendency to feel judged

- One of the barriers to positive and productive communication may be patients’ tendency to feel judged when discussing their bingeing behaviors

- A productive conversation may depend on your patient feeling that you are empathizing with—not judging—him or her

CONSIDER: “There’s no reason for you to feel self-conscious about this. This is not your fault—it’s a real medical condition, and I’m here to help you with it.”
Eating behaviors can be difficult to discuss\(^1\)

Adults with binge eating disorder (B.E.D.) may be waiting for you to start the conversation

Conducting comfortable, productive discussions about B.E.D. may depend on managing patients’ discomfort by\(^1,2\):

- Initiating the conversation in a way that sets patients at ease
- Using empathetic, judgment-free language throughout the conversation to lessen patients’ sensitivity

Diagnosis should be based upon a complete evaluation of the patient


\(DSM-5^\text{®}\) is a registered trademark of the American Psychiatric Association.

This information is brought to you by Shire US Inc.

1-800-828-2088
©2015 Shire US Inc., Wayne, PA 19087   S06233   06/15