

Obese Women with Binge Eating Disorder Define the Term Binge

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Abstract: Objective: *The purpose of this study was to provide information regarding the criteria used by women with binge eating disorder (BED) to classify an eating episode a binge.* **Method:** *Sixty women who met DSM-IV research criteria for BED were interviewed and asked to define binge eating in their own words. Two independent raters classified subjects' responses according to a structured classification scheme.* **Results:** *Loss of control over eating was the only criterion used to define binge eating by a majority (82%) of our subjects. Large amount of food and eating to relieve negative affect were reported less frequently, but appeared to be important criteria.* **Discussion:** *The findings from this study are important to consider in an evaluation of the proposed DSM-IV research criteria for BED.* © 1998 by John Wiley & Sons, Inc. *Int J Eat Disord* 24: 313–317, 1998.

Key words: *binge eating; diagnostic criteria; binge eating disorder*

INTRODUCTION

Binge eating disorder (BED) is a serious and prevalent eating disorder, usually associated with overweight and with comorbid psychopathology (Spitzer et al., 1993; Yanovski, Nelson, Dubbert, & Spitzer, 1993). BED is included in the appendix of the 4th ed. of the *Diagnostic and statistical manual of mental disorders* (DSM-IV; American Psychiatric Association [APA], 1994) as a proposed new diagnostic category warranting further study, and the research criteria set are considered tentative pending further investigation. The purpose of this descriptive study was to provide information regarding the proposed research criteria set for BED.

The essential feature of BED, binge eating, is defined in the DSM-IV by both (a) eating, in a discrete period of time, an amount of food that is definitely larger than most indi-

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viduals would eat in a similar period of time under similar circumstances and (b) a sense of lack of control over eating during the episode. Although there appears to be a consensus among researchers in the field that the sense of loss of control is central to binge eating, there has been controversy regarding whether or not the consumption of a large amount of food should be required to define an eating episode a binge (Garner, Shafer, & Rosen, 1992; Wilson, 1992). The issue of the large amount of food criterion seems particularly relevant to BED. An analysis of the food diaries of BED subjects revealed that on average subjects consumed 602 kcal during their eating binges (Rossiter, Agras, Telch, & Bruce, 1992), and laboratory studies have reported that BED subjects apparently consume substantially fewer calories during binges than do patients with bulimia nervosa (Yanovski et al., 1992; Goldfein, Walsh, LaChaussee, Kissileff, & Devlin, 1993).

Surprisingly little attention has been paid as to how individuals who binge eat define the term *binge*. Beglin and Fairburn (1992) investigated the use of the word "binge" in a community sample of young women. The data from the entire sample of 243 young women revealed that a greater emphasis was placed on loss of control when defining a binge and less on the quantity eaten. However, when a subsample ($N = 40$) of these women were interviewed in more depth, 93% agreed that a binge involved eating a large amount of food and 90% agreed that a sense of loss of control is required. Whether or not women who binge eat would define a binge in terms similar to this community sample is not known.

To our knowledge, no studies have been conducted that directly ask BED patients to define a binge. Hence, the purpose of this study was to provide information regarding the criteria used by women with BED in defining a binge. This information could then be used to evaluate the accuracy and clinical utility of the proposed DSM-IV research criteria.

METHOD

Sixty women who met DSM-IV research criteria for BED were interviewed for the purposes of the present study. Written informed consent was obtained after the procedures had been fully explained. The women had participated in a laboratory study of eating that was *not* offering treatment for BED (Agras & Telch, 1997). The BED diagnosis was determined in a clinical interview utilizing the Questionnaire on Eating and Weight Patterns (QEWP; Spitzer et al., 1993) prior to acceptance into the laboratory study.

The subjects were interviewed for the present study about 1 to 4 weeks following the diagnostic interview for inclusion in the laboratory study. To minimize the bias that could result from participation in the diagnostic interview, we emphasized that our sole objective was to understand their personal definition of a binge, and that there were no right or wrong responses to our questions. Additionally, we asked an open-ended question using a free-response format and did not prompt subjects with questions about specific DSM-IV criteria. The interviewer explained to each subject, "I'm interested in your personal definition of a binge. Not the lay definition or what others might define as binge eating, but your own personal definition. Tell me, what criteria do you use to define a binge?" The interviewer recorded each subjects' response on the interview form.

Each subject's responses were coded by two independent raters for the presence or absence of each of the 11 features said to characterize binges used in Beglin and Fairburn's study (1992; personal communication with Dr. Beglin clarified classification procedures). These 11 features included the DSM-IV criteria for binge eating episodes and associated features. The raters had been trained in the administration of the Eating Disorders Ex-

amination (Fairburn & Cooper, 1993), and therefore were familiar with making ratings of the loss of control and large amount of food criteria. There was a high level of agreement between the two raters with regard to the presence or absence of each feature, with kappa values ranging from .74 to 1.0. The percentages reported below represent agreement (consensus) between the two raters. If a particular response could not be classified within the 11 features, then a new feature was created if it was judged to be present in more than 5% of subjects' responses.

RESULTS

The average body mass index of the sample was 36.2 ($SD = 8.4$), hence, the subjects were obese women with BED. The mean number of binge days per week was 3.4 ($SD = 1.3$) and the average age of the sample was 42.7 years ($SD = 9.9$). The ethnic representation was 88% white (non-Hispanic), 8% Hispanic, 2% Black, and 2% Asian/Pacific Islander.

Loss of control over eating was the most common feature used to define binge eating by our BED subjects. Eighty-two percent of the women (49 of 60) included loss of control in their definition of a binge. Typical responses included "feeling totally out of control" and "a binge is not being able to stop eating or stop before it's all gone." Less than one half of our BED subjects (26/60; 43%) defined binge eating in terms of eating a large amount of food. Typical responses judged to indicate the consumption of a large amount of food were "a binge is when I eat huge amounts of food" and "a binge is when I finish the whole thing, like a quart of ice cream."

One third of our subjects (20/60; 33%) defined a binge in terms of eating to regulate negative affect. This feature was added to characterize the functional nature of binge eating that these patients described. Typical responses classified as affect regulation were "A binge is when I go and eat and hope it will soothe and put it's arms around me" and "A binge is to get away from my pain." These responses were judged to be different from Beglin and Fairburn's features "feeling bad before" and "feeling bad after" because the latter seem more descriptive of the state of mind before and after binge eating, rather than characterizing the motivation for or function of the binge. Fifteen percent of subjects (9/60) were judged to include "feeling bad before" and 7% (4/60) "feeling bad after" as features of binge eating.

With regard to the associated features in Criterion B of the DSM, 15% defined binge eating in terms of eating very quickly, 23% described feeling stuffed or uncomfortably full, 12% reported binges involve eating when not hungry although the amount of food eaten was not described as large, and 7% reported eating alone or in secret. Twenty-three percent reported that the type of food consumed was important to defining a binge, a feature not included in the DSM.

DISCUSSION

The aim of this descriptive investigation was to provide preliminary information regarding the criteria used by BED subjects to define binge episodes, and to compare these findings with the proposed DSM-IV criteria. When asked to personally define a binge, loss of control was the only DSM feature present in the majority of our subjects' (82%) responses, providing evidence from BED subjects that the DSM-IV criterion of loss of control is central to binge eating.

Less than one half of our BED subjects defined binge eating in terms of the consumption of a large amount of food. This may seem paradoxical given subjects had endorsed this DSM criterion on the QEWP diagnostic interview. However, even if some binges do consist of a large amount of food, apparently this feature is not central or unique to binge eating according to our subjects' personal definition. This assumption is supported by the findings from a laboratory study in which BED subjects consumed more calories at both binge and normal meals compared to non-BED subjects of comparable weight, indicating that greater caloric consumption was not unique to the binge episodes (Yanovski et al., 1992). On the other hand, research has also documented that binge episodes often consist of small or normal amounts of food (Rosen, Leitenberg, Fisher, & Khazam, 1986; Rossiter et al., 1992). Therefore, it has been argued that it is the subjective experience rather than the quantity eaten that is the critical issue in defining a binge (Garner et al., 1992).

One third of our BED subjects defined binge eating in terms of eating that was designed to mitigate negative affective states. The proposed DSM-IV criteria include feeling disgusted with oneself, depressed, or very guilty after overeating as one of the associated features of binge eating; however, this merely describes negative feelings that are presumably a consequence of the eating. Our findings suggest that many BED subjects define an eating episode a binge when the eating is intended to relieve negative feelings that preceded the binge episode. Hence, the proposed DSM criteria set might be expanded to include eating that is engaged in for the purpose of affect regulation.

Our findings may have been different had we prompted subjects regarding specific criteria believed to be important to the definition of a binge. It is interesting to note that despite subjects' prior completion of the QEWP, which contains the DSM-IV research criteria, their responses to the question regarding their personal definition of a binge did not necessarily conform to the DSM criteria. Our subjects emphasized loss of control, de-emphasized the amount of food eaten, and included emotional features not present in the DSM criteria.

In summary, it is our hope that the results of this study will help to inform the evaluation of the proposed DSM-IV research criteria for BED. Our findings support the proposed DSM criterion that loss of control is an essential feature of binge eating episodes, yet suggest that consuming a large amount of food be considered as an associated feature. The features listed in the DSM as associated with binge eating (rapid eating, eating until uncomfortably full, eating when not hungry, eating alone, and feeling bad after) require additional investigation. Furthermore, our findings suggest that two new associated features be considered for inclusion in the proposed DSM criteria set: (1) eating as an attempt to cope with or regulate negative affect and (2) eating that involves the consumption of a certain type of food usually designated as forbidden by the individual.

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