Obesity and Binge Eating Disorder
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After lurking in the background for many years, overweight and obesity have relatively suddenly, on the scale of human disease, become a major problem affecting many countries across the world. The reason for this is the remarkably rapid increase in overweight and obesity in both children and adults. The problem in childhood is the most alarming statistic because the disease burdens associated with overweight and obesity are now projected to increase steadily in future years. Hence, obesity is a chronic disease associated with much morbidity and mortality. It is also a complex disorder with multiple biological and environmental inputs controlling energy balance. Clearly the odds are against us at present because the human condition is tipped toward energy conservation and the present food and activity environments are pushing the weight curves to the right, although whether the whole population or only a (large) proportion of the population is involved in this trend is debatable at present. The environment is in control at present. In some countries today, the situation is reversed with too many people chasing too few calories. The result is that there are few obese individuals, or to put it more accurately there are fewer individuals who used to be thin, and many thin individuals who used to be overweight or obese. Both an abundance of food and starvation are excellent examples of the environment interacting with, and overwhelming, genetic predispositions.

Does a complex disorder always demand a complex understanding of the inputs from genes to environment and their various interactions to affect a cure? As Rees pointed out in a paper titled ‘Complex disease and the new clinical sciences’ published in Science in 2002, pernicious anemia is a complex disorder. ‘Yet once mechanistic insight was obtained, treatment was simple; injection of
the missing vitamin B₁₂.’ The Achilles’ heel of the disease had been discovered.
Clearly we have not yet discovered the Achilles’ heel of overweight and obesity.
Perhaps we never will, although at least for severe obesity, bariatric surgery, as
described in this book, is close to such a simple approach, by cutting down on
available calories in a way that appears acceptable to the majority of those
affected.

Certainly, as this volume indicates, we have made many advances in our
understanding of overweight and obesity in every area from the control of feed-
ing and energy balance, to epidemiology, and to improvements in the various
treatments available for these disorders. Yet despite these advances, the ‘epi-
demic’ as some now call it, is gathering speed. One of the most persistent prob-
lems is helping individuals to control their weight for health reasons is the lack
of maintenance of weight losses in most studies that follow their participants
for long enough. This brings us back to the problem that both biology and the
environment are acting against weight loss in most developed countries.
Because we can only control the biological pressures to a small extent, the
focus should probably be on modifying the environment. If this is to be done
well it would have to involve many levels of society from government, to the
food industry, to the family. In other words, a well-organized public health
campaign, somewhat modeled after the very successful efforts made to reduce
the frequency of smoking.

The history of binge eating disorder (BED) is both separate and inter-
twined with that of obesity. Basically, once anorexia nervosa (AN) and bulimia
nervosa (BN) were clearly defined, including their subclinical variants
presently denoted as eating disorder not otherwise specified (EDNOS), it
became recognized that there may be another eating disorder, often but not
exclusively associated with overweight or obesity, characterized by binge eat-
ing without compensatory behaviors. The pros and cons of designating BED as
a disorder are well covered in the chapter by Tuschen-Caffier and Schlüssel.
The evidence seems to point towards designation as a new eating disorder
although whether it causes obesity, or is caused by obesity, or is simply a sepa-
rate but associated condition is unclear. Because BED has only been relatively
recently recognized, as opposed to AN and BN, research into its clinical course
and treatment is only now emerging as delineated in the chapters in the section
on BED. In some ways it was unfortunate that a substantial body of work on
bulimia nervosa preceded the delineation of BED. Hence, treatments for BN
were applied without much modification for the treatment of BED. One of the
problems associated with doing this was that some of the early steps in treat-
ment research such as using carefully designed control psychotherapies were
by-passed in the early work. Hence, it is still unclear whether all treatments are
similarly effective in BED, and more importantly whether any are specifically
effective for the treatment of BED. A number of studies addressing these issues are now in process and will undoubtedly lead to clarification as to the specificity of treatments such as cognitive-behavioral therapy (CBT) or interpersonal therapy (IPT).

Because the majority of patients with BED are also overweight, the problem of treating both the eating disorder and overweight arises. For the most part, there is little evidence that either CBT or IPT is associated with much in the way of weight loss, although there is some evidence that those who maintain cessation of binge eating do lose weight. This dual problem of an eating disorder accompanied by overweight has been somewhat ignored in the research literature to date, and forms an area for further research. Moreover, because of the short-circuiting of the development of treatment research in BED by applying what was already known for the treatment of BN, we may have overlooked aspects of the psychopathology of BED that may call for different and novel approaches to treatment specifically designed for BED.

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