

To binge or not to binge? (Goossens & Braet)

- Conceptualization of binge eating: 2 main criteria
 - Loss of control over eating (LC)
 - Amount of food that was eaten during the episode: objectively (OBE) versus subjectively (SBE) large
- **LC** seems most important criterion: associated with elevated levels of eating- and psychopathology and poor quality of life in obese children and adolescents (→ adds to burden of obesity)
- As a **symptom** or part of a syndrome (eating disorders)
- Reliable and validated **instruments** to assess OBE and SBE: ChEDE-Q for screening, ChEDE for diagnoses

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- Prevalence of LC in obese children and adolescents
 - **Differences** accross studies, depending on:
 - definition: OBE vs. LC
 - instruments: self-report vs. Clinical interview
 - sample: normal weight vs. overweight; treatment seeking vs. non-treatment seeking
 - **Interesting trends**
 - non-treatment seekers: 14.6 – 20%
 - treatment seekers: up to 36%
 - associated with higher degree of overweight
 - gender –and age differences less pronounced

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- Development and maintenance of binge eating: two main theories
 - **Cognitive Behavioral Theory:** Role of concerns about eating, weight and shape and dietary restraint
 - **Interpersonal Vulnerability Theory:** Role of insecure attachment, social problems, low self-esteem, and affective dysregulation
- cross-sectional, experimental and longitudinal evidence for the role of these psychosocial variables
- Important to include these variables in psychological assessment of obesity

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- Course and prognosis of binge eating:
 - < few longitudinal studies
 - BE predicts increased weight gain over time
 - BE predicts increased eating disorder attitudes and even partial of full blown binge eating disorder
 - BE predicts increased psychopathology (anxiety, depression)

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- Implications for obesity practitioners:
 - Binge eating (BE) may serve as important component of screening and treatment of overweight in children and adolescents
 - Also crucial to be alert for psychosocial characteristics of BE: dietary intentions, emotional eating, low self-esteem, social isolation
 - Timely referring for more in-dept assessment and treatment by specialized psychologist