

Mental Health Conditions of Binge Eating Disorder

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Description

Binge eating is an example of disordered eating that involves episodes of uncontrolled, excessive food consumption. It is often seen in individuals with eating disorders such as Binge Eating Disorder (BED) and bulimia nervosa. During these episodes, individuals consume an unusually large amount of food in a short period, accompanied by a sense of losing control. It is also linked to obesity and being overweight.

Signs of binge eating disorder

One of the most noticeable signs of binge eating disorder is the rapid consumption of large quantities of food within a brief time frame. They might also adopt extreme eating patterns that they haven't followed before, such as restrictive diets that eliminate certain food groups, like no-dairy or no-carb diets. Binge eating often begins before someone attempts to follow a diet and can lead to secretive eating behaviors, like hiding food or eating in private areas. Another warning sign is an intense preoccupation with one's weight and appearance [1-4]. Some individuals may also engage in other harmful behaviors such as self-harm, substance abuse, shoplifting or excessive alcohol consumption. The onset of binge eating disorder before trying to lose weight is often linked to an increased risk of mental health issues and earlier onset. People with binge eating disorder may experience co-occurring mental health disorders, such as depression or anxiety. Although there is no single cause of binge eating disorder, factors like chronic dieting, mental health struggles and an obsession with body image have been connected to the development of the disorder. Various factors increase an individual's risk of developing binge eating disorder [5-8]. Family history plays a role, as individuals with relatives who have struggled with eating disorders are more likely to develop the condition themselves. Mental health issues, including poor self-esteem and negative body image, are common triggers for the disorder. Weight stigma has also been found to contribute to the onset of binge eating, highlighting the importance of promoting inclusive approaches to eating disorders that do not exacerbate these feelings [9].

Impact of binge eating disorder

The physical risks associated with the disorder include obesity, heart disease and other chronic health issues linked to

overeating. Emotional consequences often include depression, anxiety and feelings of low self-worth [10]. Research has shown that individuals with obesity who also struggle with binge eating tend to have a higher Body Mass Index (BMI) and elevated levels of depression and anxiety compared to those without binge eating disorder. Furthermore, binge eating disorder is closely related to two categories of risk factors: Those that increase the likelihood of obesity and those that increase the risk of mental health issues. During episodes of binge eating, individuals often feel emotionally numb and unable to stop eating. Many individuals with the disorder try to conceal their behavior, feeling embarrassed about their weight or ashamed of their compulsive eating. Those with binge eating disorder typically engage in frequent dieting, join weight loss programs and may have a family history of obesity [11,12].

Conclusion

Binge eating disorder is a serious and complex condition that affects individuals physically, emotionally and socially. While it is linked to factors like dieting, mental health struggles and body image issues, it is important to remember that it is not solely caused by one element. Treatment should be comprehensive, addressing both the physical and mental aspects of the disorder. Support from healthcare professionals, family and friends is vital in helping individuals regain control over their eating behaviors and work towards a healthier relationship with food.

References

1. Sahebnasagh A, Ghasemi A, Akbari J, Alipour A, Lashkardoost H, et al. (2017) Successful treatment of acute radiation proctitis with aloe vera: A preliminary randomized controlled clinical trial. J Altern Complement Med 23: 858-865.
2. Kang KM, Kang YN, Choi IB, Gu Y, Kawamura T, et al. (2011) Effects of drinking hydrogen-rich water on the quality of life of patients treated with radiotherapy for liver tumors. Med Gas Res 1: 11.
3. Sun H, Zhu X, Li D, Cheng T (2019) Effects of a compound vitamin B mixture in combination with GeneTime® on radiation-induced oral mucositis. J Int Med Res 47: 2126-2134.
4. Yao D, Zheng L, Wang J, Guo M, Yin J, et al. (2016) Perioperative alanyl-glutamine-supplemented parenteral nutrition in chronic radiation enteritis patients with surgical intestinal obstruction: A prospective, randomized, controlled study. Nutr Clin Pract 31: 250-256.

5. Nakao A, Toyoda Y, Sharma P, Evans M, Guthrie N (2010) Effectiveness of hydrogen rich water on antioxidant status of subjects with potential metabolic syndrome: An open label pilot study. *J Clin Biochem Nutr* 46: 140-149.
6. Kajiyama S, Hasegawa G, Asano M, Hosoda H, Fukui M, et al. (2008) Supplementation of hydrogen-rich water improves lipid and glucose metabolism in patients with type 2 diabetes or impaired glucose tolerance. *Nutr Res* 28: 137-143.
7. Okunieff P, Xu J, Hu D, Liu W, Zhang L, et al. (2006) Curcumin protects against radiation-induced acute and chronic cutaneous toxicity in mice and decreases mRNA expression of inflammatory and fibrogenic cytokines. *Int J Radiat Oncol Biol Phys* 65: 890-898.
8. Javvadi P, Segan AT, Tuttle SW, Koumenis C (2008) The chemopreventive agent curcumin is a potent radiosensitizer of human cervical tumor cells *via* increased reactive oxygen species production and overactivation of the mitogen-activated protein kinase pathway. *Mol Pharmacol* 73: 1491-1501.
9. Bhaumik S, Anjum R, Rangaraj N, Pardhasaradhi BVV, Khar A (1999) Curcumin mediated apoptosis in AK-5 tumor cells involves the production of reactive oxygen intermediates. *FEBS Letters* 456: 311-314.
10. Galati G, Sabzevari O, Wilson JX, O'Brien PJ (2002) Prooxidant activity and cellular effects of the phenoxy radicals of dietary flavonoids and other polyphenolics. *Toxicology* 177: 91-104.
11. Liakopoulou E, Blau CA, Li Q, Josephson B, Wolf JA, et al. (1995) Stimulation of fetal hemoglobin production by short chain fatty acids. *Blood* 86: 3227-3235.
12. Carr EL, Kelman A, Wu GS, Gopaul R, Senkevitch E, et al. (2010) Glutamine uptake and metabolism are coordinately regulated by ERK/MAPK during T lymphocyte activation. *J Immunol Res* 185: 1037-1044.