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Psychopathological classification and provisions (BMHP6029- LON)

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Binge eating disorder (BED)

Introduction

Binge Eating Disorder (BED) is the most prevalent or common disorder globally, yet it remains one of the most misunderstood. Characterized by recurrent episodes of consuming large quantities of food with definitive 'loss of control' (NIDDK, 2019) BED was formally recognized as a standalone diagnosis recently.

- The core paradox despite its high prevalence, BED receives significantly less research funding and clinical attention than anorexia or Bulimia (Nedc, nd).
- Purpose; To examine how socio-political structures and historical stigmas have delayed the provision of equitable care.



Stigma, Discrimination and Inequality

Delivery of Healthcare is Not Equitable

- Gender Bias: While BED has a more gender ratio than others, it is culturally coded as a 'female' issue, leading to under-diagnosis in men (Guardjikova et al, 2014).
- Racial and Economic Barriers: Research shows that Black and Latino individuals are less likely to be asked about eating disorder symptoms by doctors, despite having similar or higher rates of BED compared to white populations (Sala et al, 2013).
- Diagnostic Shadowing: Patients in larger bodies often experience "diagnostic shadowing" where every health complaint (including BED) is attributed to weight, leading to a denial of specialized mental health support.

The Evolution of diagnosis and Political

The journey from 'gluttony' to clinical disorder reflects shifting medical programs.

Pre-1950s: Primarily viewed through a lens of lack of willpower.

- 1959 Binge eating identified as a distinct behavioural pattern. First clinical description by Albert Stunkard (Giel et al, 2022).
- 1994: Recognized as needing further study; relegated to an appendix, listed as 'EDNOS' in DSM-IV (Fairburn and Bohn, 2005).
- 2013 Formal diagnosis (DSM-5/ICD-11) (Claudino et al, 2019).



Contemporary Provision of Care

Current treatment typically follows NICE outline or ICD-11 frameworks:

- Guided Self-Help: Often the first line of treatment (CBT-GSH).
- Specialist CBT: Cognitive Behavioural therapy adapted for BED.
- Pharmacy therapy: Use of lisdexamfetamine or SSRIs (controversial) (Hoo and Duggan, 2017).
- Critical Gap: Specialised eating disorder services are often structured around BMI criteria originally designed for anorexia. This can exclude patients with binge



Socio-Cultural and Political Contexts

The 'Obesity' Narrative: The political framing of larger bodies as a 'public health crisis' often also conflates BED with weight management (Nedc-support, 2010). This leads to weight stigma, where clinicians focus on weight loss rather than psychological recovery.

Neoliberalism and personal Responsibility: Political ideologies that emphasized 'individual choice' – often ignore the biological and environmental drivers of BED. Further entrenching the 'glutton' myth.

The 'ideal' Body: Cultural obsession with thinness creates a barrier where those with BED who may not 'look' like they have an eating disorder are dismissed by primary care (Shawaker, 2023).

RECOMMENDATIONS FOR FUTURE POLICY AND PRACTICE

ABOLISH BMI - Centric Access:

Policy must shift so that access to eating disorder services is based on psychological weight or BMI thresholds.

Mandatory Anti-weight Stigma Training:

Healthcare providers require training to decouple BED from 'weight management' to ensure patients feel safe seeking help.

Integrated Care Models:

Move towards a 'Health at Every Size' (HAES) informed approach within the NHS and global health systems (Penney and Kirk, 2015).

Diverse Representation In Research:

Funding must be prioritized for studies focusing on marginalized groups and men to dismantle the stereotype of eating disorders.

Conclusion:

The evolution of Binge Eating Disorder is a direct result of a society that prioritizes body size over mental well-being. By utilizing the broader, more inclusive criteria of the ICD-11, we have a political and clinical opportunity to rectify decades of inequality and provide compassionate, evidence-based care for all.

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