



Binge Eating Disorder

When the Compulsion to Numb Runs Deeper Than Food

What is Binge Eating Disorder?

Binge Eating Disorder (BED) is a mental health condition marked by recurrent episodes of consuming unusually large amounts of food with a complete loss of control, followed by intense shame and distress. Unlike hunger-driven overeating, binge episodes are compulsive responses to emotional pain, not appetite.

What Does it Look Like?

- **Loss of Control During Episodes**
Eating rapidly past fullness, unable to stop even when wanting to.
- **Shame and Secrecy**
Hiding food, eating alone, and feeling deep shame after every episode.
- **Emotional Eating**
Turning to food to manage anxiety, loneliness, boredom, or stress.
- **The Restriction Cycle**
Swearing off food after a binge, then repeating the same pattern days later.

How Does Binge Eating Disorder Contribute to Relapse?

For someone with BED, food and substances activate the same neurological reward pathways, meaning both compulsions reinforce each other.

- 1) Shared Reward Pathways Drive Compulsions**
BED and addiction share brain circuitry, so sobriety alone doesn't address the underlying urge.
- 2) Short-Term Programs Miss the Full Picture**
A 30-day program rarely identifies and treats BED alongside addiction before discharge.
- 3) Without Treating BED, Relapse Is More Likely**
The same emotional pain driving substance use now drives binge episodes and shame.

Prevalence:

~2.8% lifetime prevalence among U.S. adults¹

Co-Occurrence:

24% develop a substance use disorder in their lifetime²

Relapse Risk:

Significant Elevated rates of relapse and poorer treatment outcomes³

Sources: ¹ National Institute of Mental Health, *Eating Disorders Statistics (citing Hudson et al., Biological Psychiatry, 2007)*. ² Mars et al., *StatPearls, National Library of Medicine (2024)*. ³ Gregorowski et al., *BMC Psychiatry (2013)*

Long-Term Treatment for Binge Eating Disorder and Addiction


BED and addiction share the same neurobiological foundations, which means treating one without the other leaves both conditions active. Someone leaving a short-term program with unresolved binge eating carries the same compulsive drive that sustained their substance use.

Our **long-term, progress-based model** provides the time and structure needed to address both conditions together. Clients advance when they demonstrate genuine changes in managing emotional distress.



“Binge eating and substance use both hijack the brain’s dopamine reward system. Until we address the neurological drives, removing one compulsion often intensifies the other. That is why integrated, long-term treatment matters.”



 **Dr. Leslie Secrest, MD**
Medical Director, Burning Tree Ranch

Dual Diagnosis Treatment for Binge Eating Disorder

When binge eating disorder goes unaddressed, the same compulsive patterns that drove substance use remain fully intact.

- **Treating Both Compulsions Together**
Unaddressed BED keeps the same reward-seeking cycle active.
- **Building Emotional Regulation Skills**
Recovery demands new tools for managing distress without substances or food.
- **Providing Enough Time for Stability**
Compulsive patterns built over years can’t be rewired in weeks.

Dual Diagnosis:

The presence of **both a substance use disorder and a mental health condition** occurring together. Effective treatment for dual-diagnosis addictions must address both aspects simultaneously.



Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation’s only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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