

AUSTRALIAN CASE STUDY: BINGE EATING DISORDER IN BARIATRIC SURGERY PATIENT; TO SNACK OR NOT TO SNACK? THAT IS THE QUESTION

Background:

Individuals with binge eating disorder[BED] often report snack consumption, with loss of control[LOC] cited as a core feature. Bariatric metabolic surgery[BMS] *might* be a suitable therapeutic intervention, in selected individuals.

Given binge eating behaviour as defined by DSM-V may not be possible due to post-surgical anatomical changes, many reports in the medical literature have examined LOC eating instead.

Introduction:

Aim to (i)emphasize importance of pre-op BED screening and (ii)update HCPs on managing individuals with BED post BMS

In 2022, a 42yo female patient with bipolar disorder,ADHD, PTSD, depression and anxiety presented for routine bariatric aftercare. She had undergone the RYGBP in 2019, with a preop BMI 42.3 (112kg) and nadir BMI 20 (53kg) in 2020. She had *not* maintained clinical contact during the covid pandemic and was distraught she had regained 12kg (BMI 24.7). She described symptoms of a pathological relationship with food. After scoring high on EDE-Q and being assessed by a psychiatrist, a diagnosis of BED was made.

Of note, the eating disorders unit recommended (i)against regular self-weighing (ii)regular snacking(2-3/day) (iv)avoidance small cutlery; antithesis to bariatric unit recommendations. This case was the clinical impetus for this medical literature review.

Methods:

Pubmed was utilized to review the literature between 2015–2023. Key terms 'binge eating disorder and bariatric surgery', "management of BED' and 'bariatric surgery and eating disorders'.

Results:

Primary goal of BED treatment is to achieve abstinence from binge eating, followed by sustainable weight loss. Target education to(i)adopt healthier eating/lifestyle habits (ii)modification of dysfunctional thoughts, (iii)increase ability to deal with negative emotions, and (iv)relapse prevention.

Cognitive-Behavioral, Dialectic-Behavioral and Interpersonal Psychotherapy (IPT) have been evaluated as have adjunct pharmacological therapy specifically focused on reducing eating impulsiveness, binges and negative feelings.

Conclusion:

Multi-modality and multi-disciplinary approaches appear to emerge as the best treatment strategy for long-term management of BED in BMS individuals.