

Recurrent weight gain and disordered eating (loss of control eating post MBS)

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Weight recurrence (WR) and disordered eating: Loss of control (LOC) eating

- WR is related to postoperative eating disordered behaviours including binge eating, LOC eating, grazing/picking and nibbling, eating in absence of hunger and night eating (Ivezaj et al., 2021; Mauro et al., 2019).
- LOC eating has been focused on most extensively in the MBS literature (Catania et al., 2023).
- LOC of eating is believed to be a more accurate marker of binge eating in patients post MBS (Ivezaj et al., 2018; Mauro et al., 2019)

“.... feeling like they cannot stop or limit the amount or type of food eaten; having difficulty stopping eating once they have started; or giving up even trying to control their eating because they know they will end up overeating (ICD-11)”

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DSM-5-TR

Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), **an amount of food that is definitely larger than what most people** would eat in a similar period of time under similar circumstances.
2. **A sense of lack of control over eating during the episode** (e.g., a feeling that one cannot stop eating or control what one is eating).

The binge-eating episodes are associated with three (or more) of the following:

1. Eating much more rapidly than normal.
2. Eating until feeling uncomfortably full.
3. Eating large amounts of food when not feeling physically hungry.
4. Eating alone because of feeling embarrassed by how much one is eating.
5. Feeling disgusted with oneself, depressed, or very guilty afterward.

Marked distress regarding binge eating is present.

The binge eating occurs, on average, at least once a week for 3 months.

The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa. .

ICD-11 (6B82)

Binge eating disorder is characterised by frequent, recurrent episodes of binge eating (e.g. once a week or more over a period of several months).

A binge eating episode is a distinct period of time during which the **individual experiences a subjective loss of control over eating, eating notably more or differently than usual, and feels unable to stop eating or limit the type or amount of food eaten.**

Binge eating is experienced as very distressing and is often accompanied by negative emotions such as guilt or disgust.

However, unlike in Bulimia Nervosa, binge eating episodes are not regularly followed by inappropriate compensatory behaviours aimed at preventing weight gain (e.g. self-induced vomiting, misuse of laxatives or enemas, strenuous exercise).

There is marked distress about the pattern of binge eating or significant impairment in personal, family, social, educational, occupational or other important areas of functioning

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Assessment/Screening of LOC eating

Table 1 Descriptions of experiences during LOC and non-LOC eating episodes reproduced from (Berner et al., 2020)

From: [Patient descriptions of loss of control and eating episode size interact to influence expert diagnosis of ICD-11 binge-eating disorder](#)

Non-LOC Descriptors

“I’ll be watching TV while I’m eating, so I don’t really taste the food or notice what’s happening, but I just keep going back for more. Before I know it, all the food is gone, and I’ve eaten more than I planned.”

“I’ve never tried to stop myself; I like the taste of it, so I just keep eating.”

Based on

- Chen & Safer, 2010
- Mindful Eating Questionnaire

Clinical descriptions from adults seeking weight loss treatment

LOC Descriptors

“During times like those, I feel helpless to control my urges to eat.”

“I feel this drive to keep eating once I get started.”

“It’s hard for me to stop eating when I eat like that.”

“I feel like I can’t stop or limit the amount of food or the type of food I’m eating.”

“I don’t really try to control my eating anymore. Eating like that is pretty much inevitable.”

Based on

Binge Eating Scale

Eating Disorder Examination

Eating Disorder Inventory-3, Three-Factor Eating Questionnaire & Eating Disorder Examination

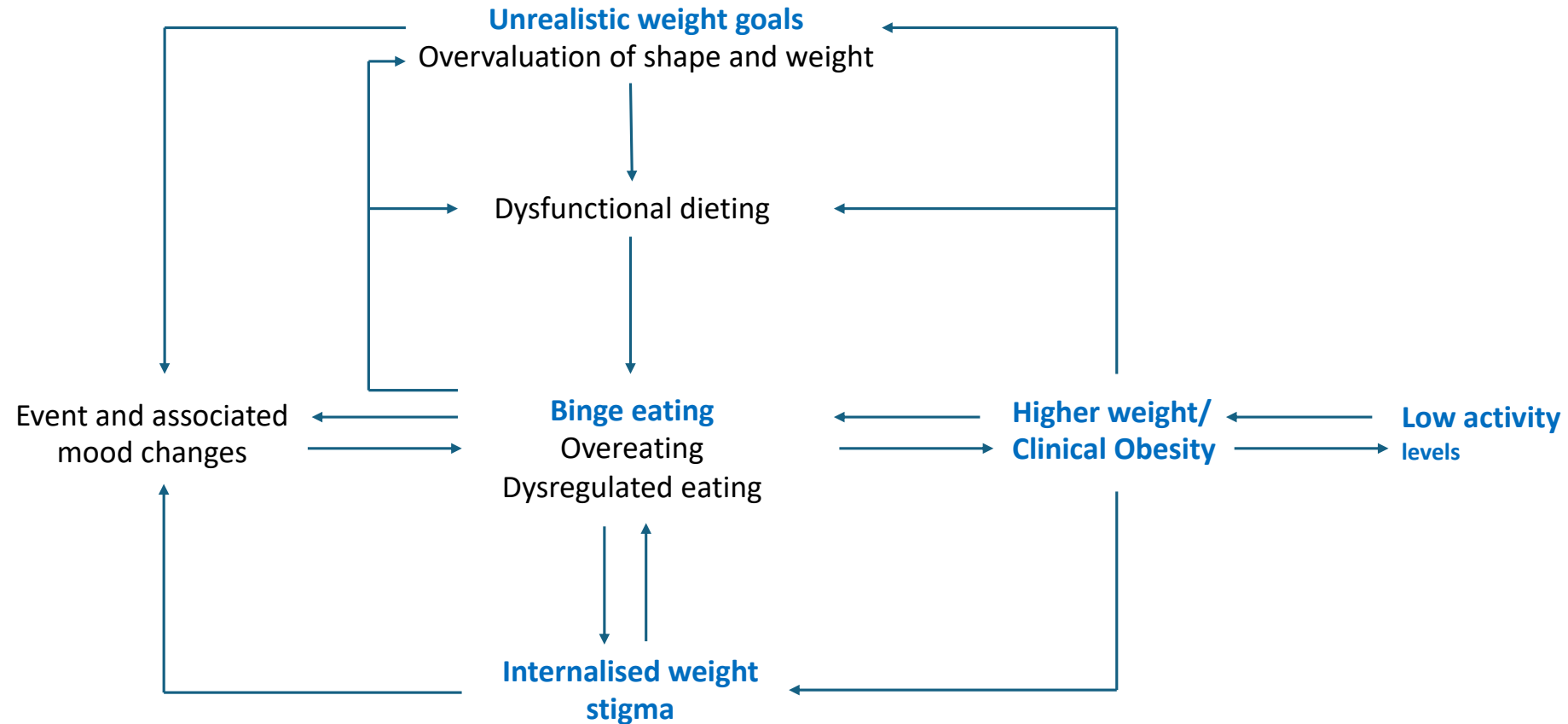
Questionnaire on Eating and Weight Patterns-5 & DSM-5

Eating Disorder Examination

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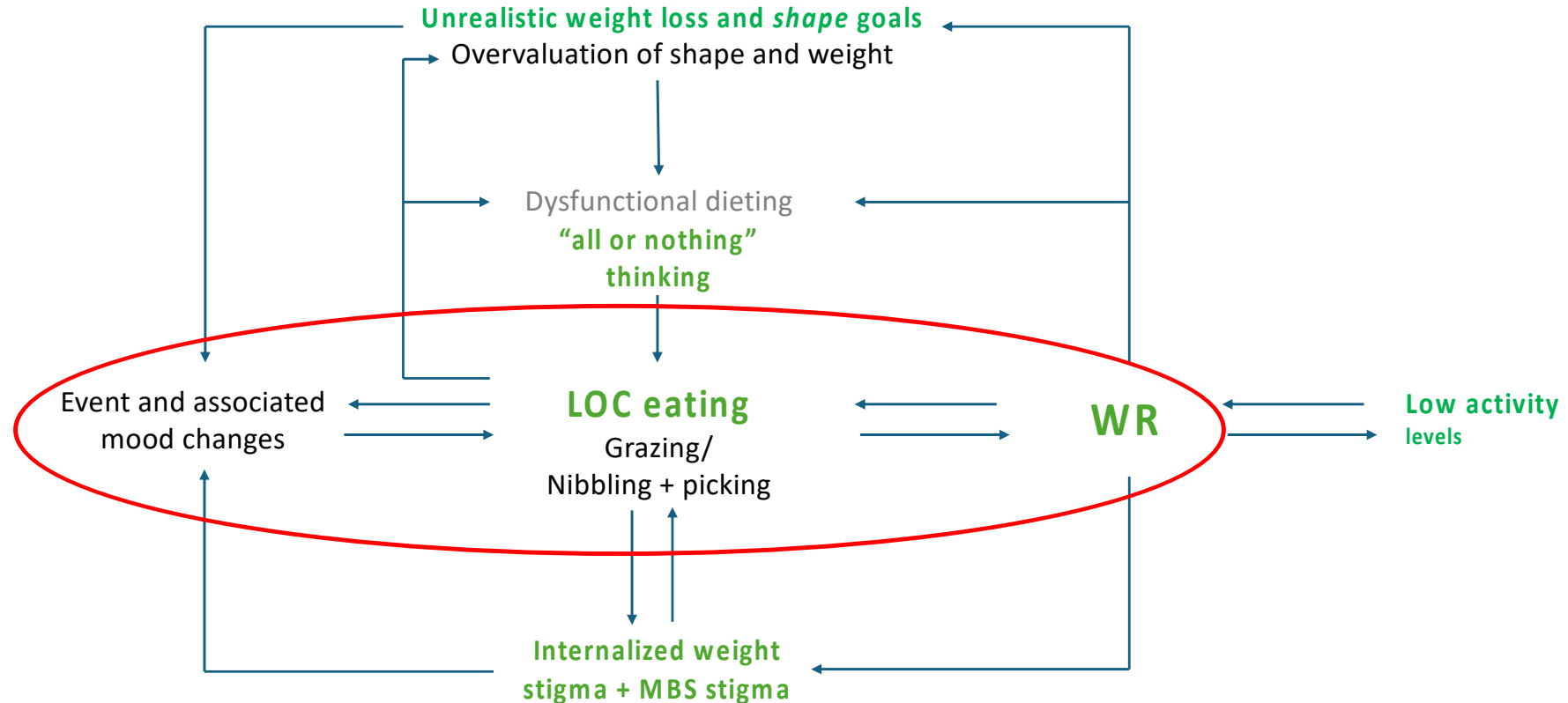
The Cognitive Behavioural Theory of Binge Eating Disorder (BED) (Dalle Grave, Calugi & Sartiran, 2025)



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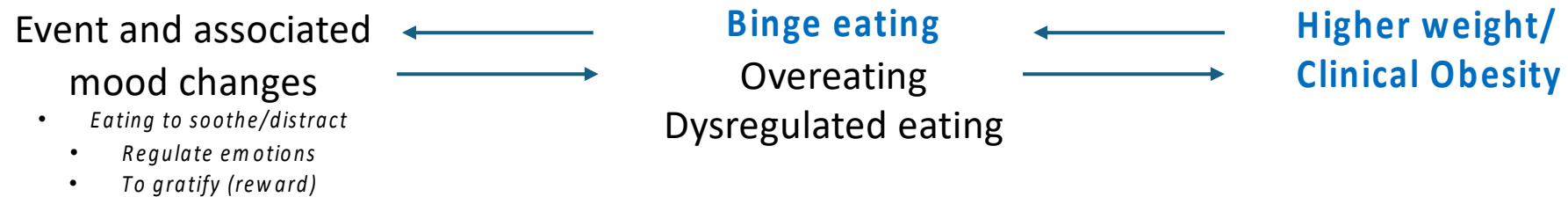


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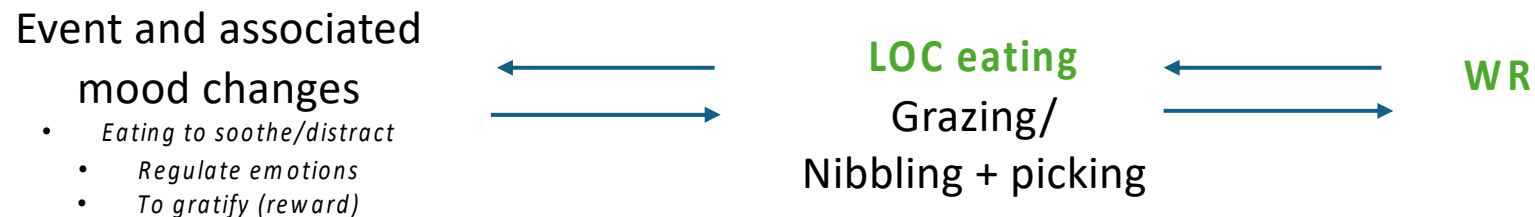
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Binge eating disorder



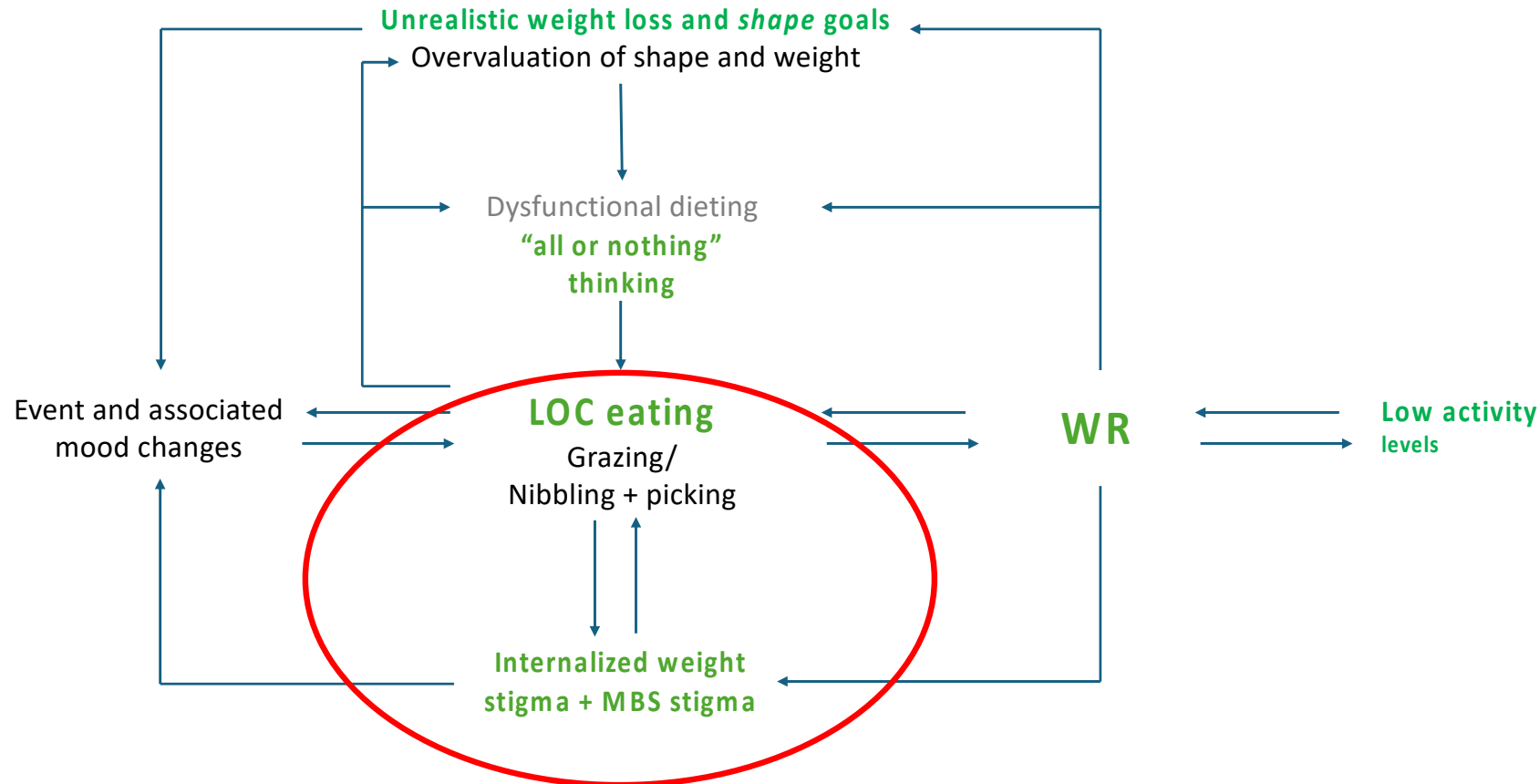
LOC eating/Binge eating disorder post MBS



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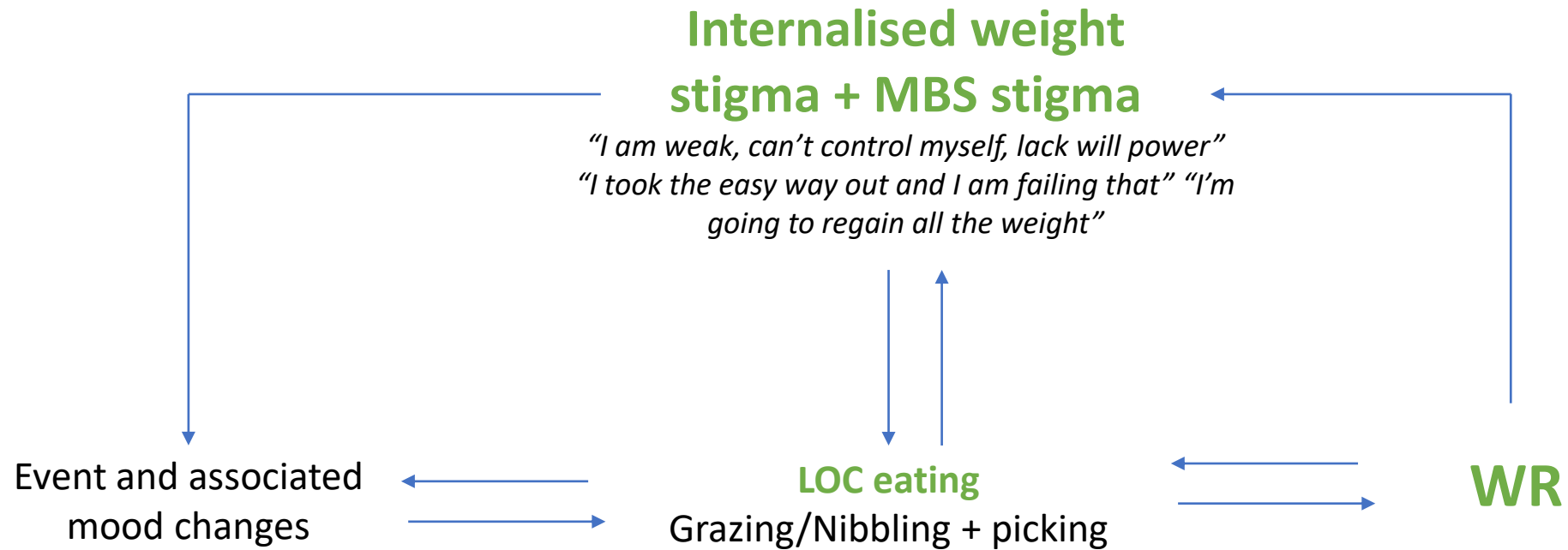
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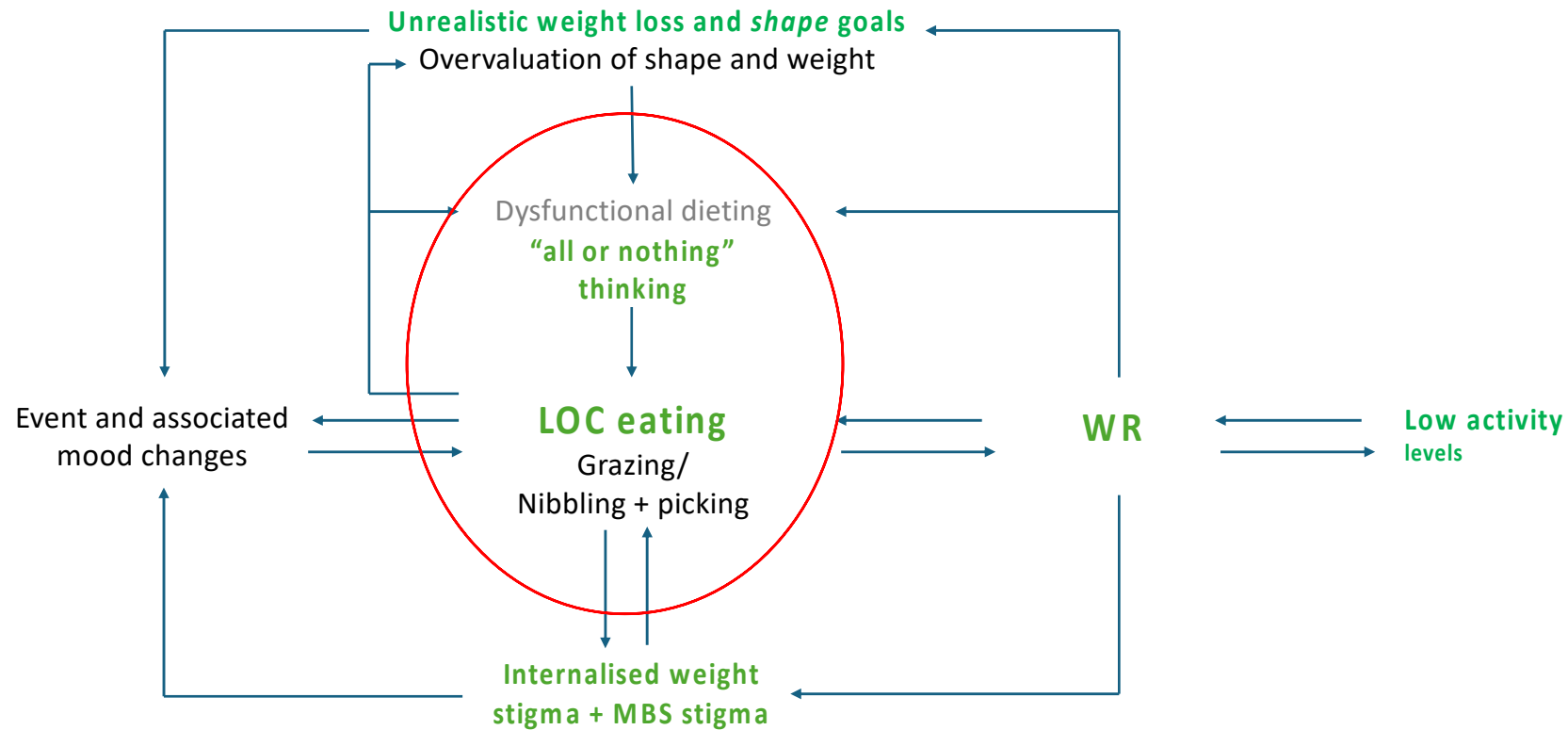
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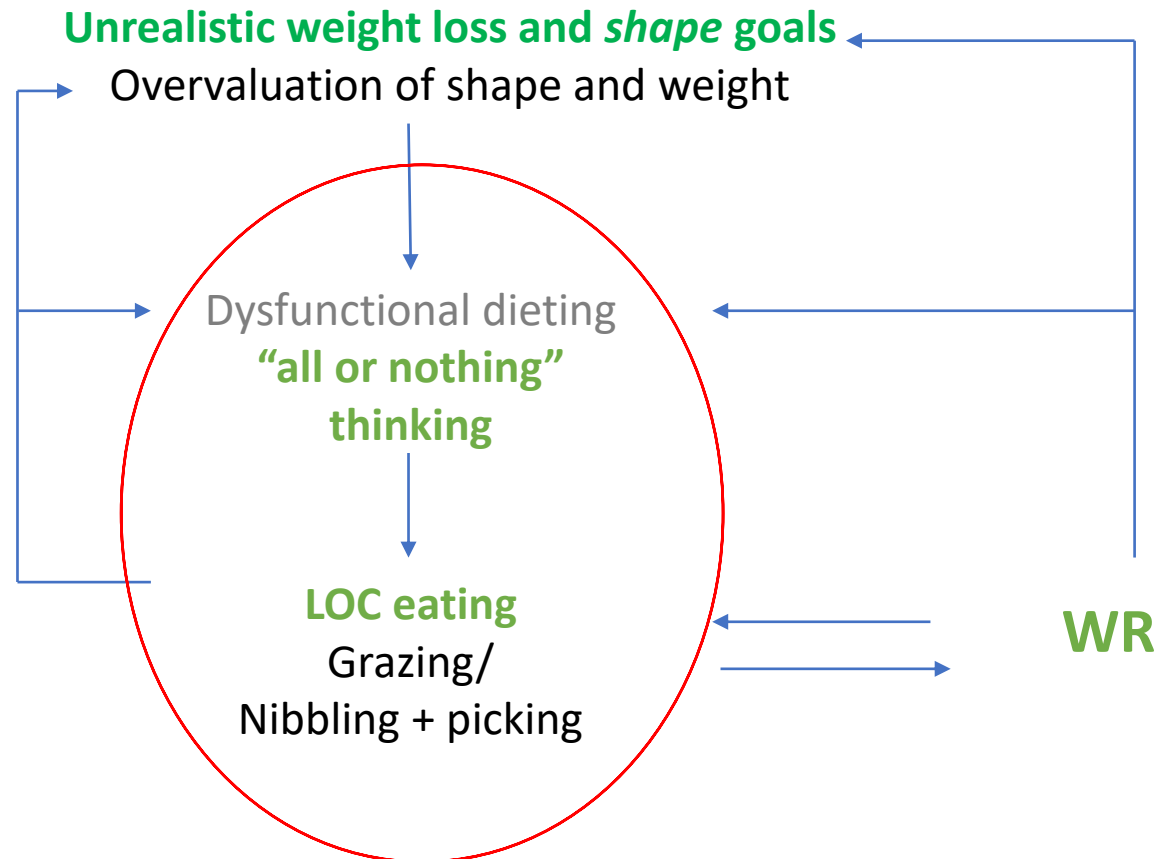
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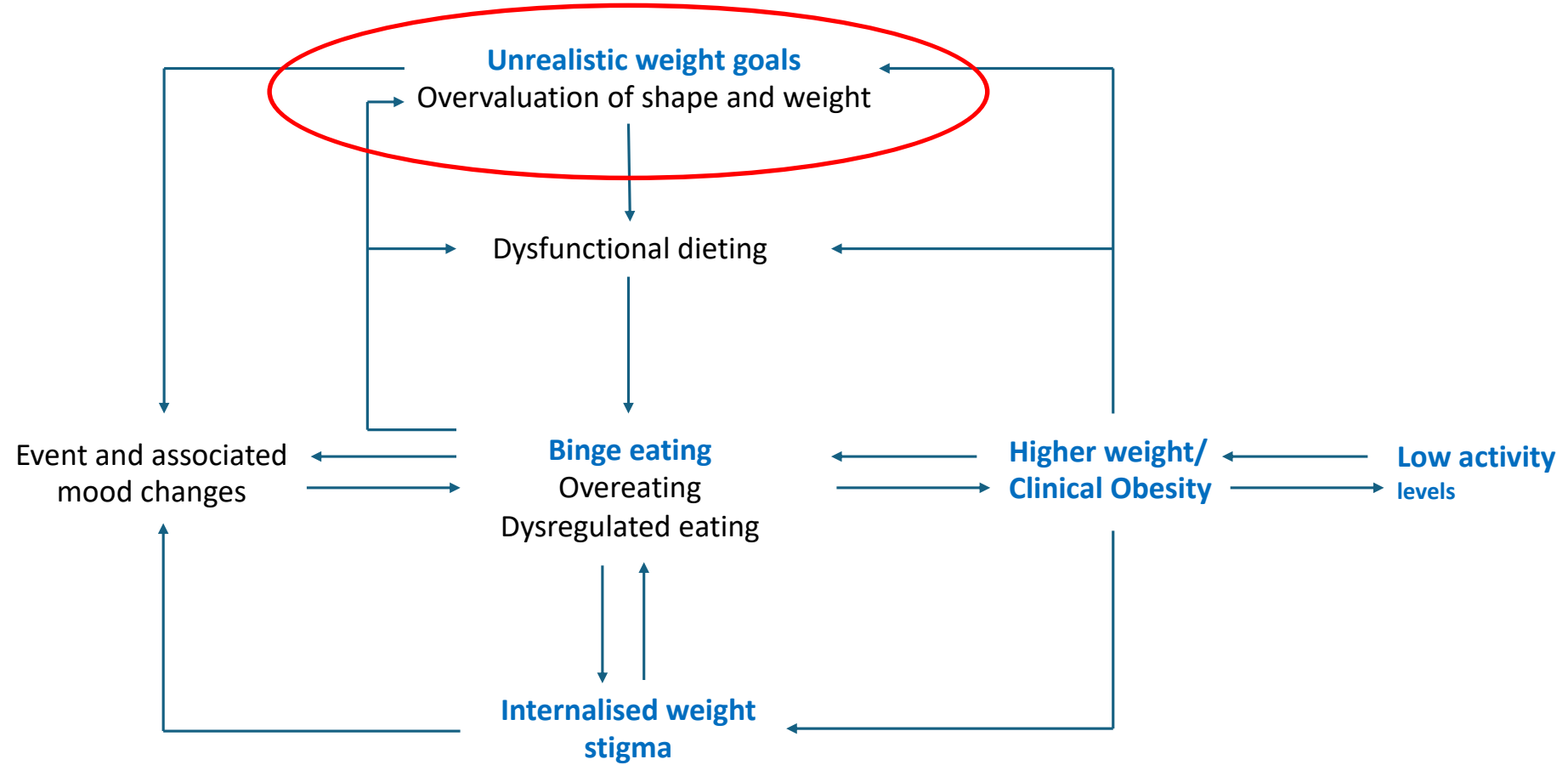


- Dichotomous “all or nothing thinking” may mediate the relationship between dysfunctional restraint and worse weight loss outcomes (Marshall et al., 2024).

Dichotomous Thinking in Eating Disorders Scale-11 (DTEDS-11) Eating subscale (Byrne et al., 2008)

1. I think of food as either “good” or “bad”
4. I view my attempts to diet as either successes or failures
6. When dieting, if I eat something that I had planned not to, I think that I have failed
8. When dieting, I view my eating as having been either good or bad

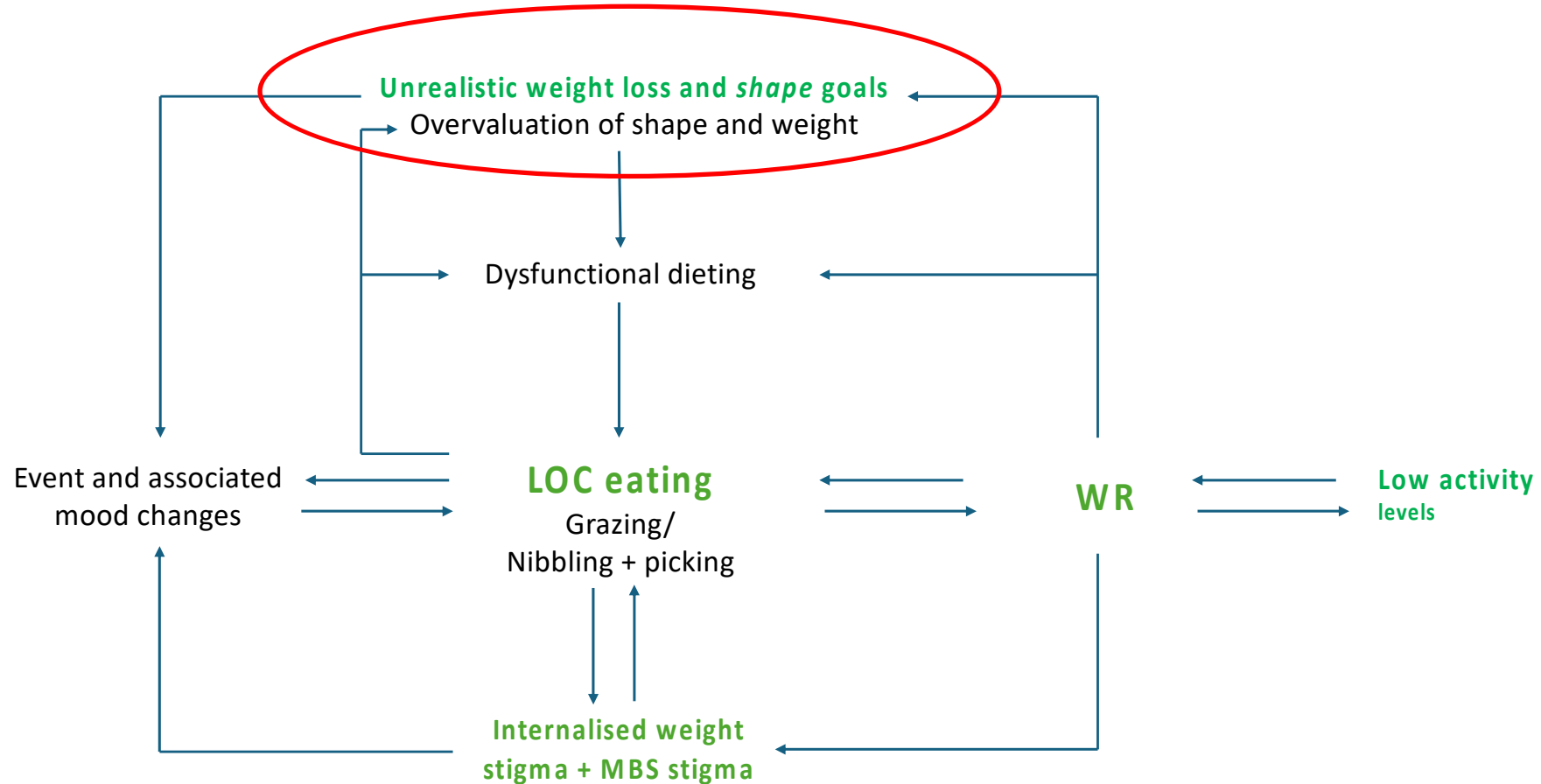
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Summary

- There is a known relationship between LOC eating and weight loss outcomes (Catania et al., 2023).
- The ICD-11 diagnostic criteria allow for diagnosis of BED post MBS, due to the emphasis on LOC eating and the absence of reference to size (amount of food consumed).
- Emphasis has been placed on the importance of identifying these patients at risk of LOC and providing appropriate timely intervention (Meany et al., 2014).
- The maintenance relationships that exist in BED psychopathology, appear to hold up for LOC eating post MBS within the (albeit limited) evidence base currently available, but in support of the broader eating disorder literature.
- It is recommended they are referred to a psychologist for Cognitive Behavioural Therapy (Ivezaj et al., 2018) to improve outcomes.

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