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Researchers to Study Binge Eating Disorder Treatment in Veterans

Department of Defense awards more than \$3 million grant to study treatment options for binge eating and obesity in military services

For the first time, the United States Department of Defense (DOD) has awarded a grant to researchers at University of California San Diego School of Medicine to study binge eating disorder treatments in veterans and active duty military.

“Binge eating and obesity cost the DOD a significant amount of money in health care costs and absenteeism, which impacts the readiness and ability of our men and women who serve,” said Kerri Boutelle, PhD, principal investigator of the study and professor of pediatrics and psychiatry at UC San Diego School of Medicine.

Data suggest that rates of binge eating are high in the military, with approximately 19 percent of women and 14 percent of active duty personnel meeting the criteria for binge eating disorder. In addition, approximately 65 percent of female and 45 percent of male veterans report one or more symptoms of binge eating. The majority of these individuals are overweight or obese, defined by the Centers for Disease Control and Prevention as a measured body mass index of 25 or higher.

Binge eating disorder (BED) is a complex condition that affects the brain and the body. It is characterized by recurrent episodes of consuming large quantities of food, often quickly and to the point of discomfort. BED is the most prevalent of eating disorders and is associated with significant psychiatric and medical comorbidities, including obesity.

“Veterans and active duty service members may be at increased risk for BED due to conditions during military service that encourage eating food quickly with increased stress and pressure and periods of deprivation,” said Boutelle. “Even though there is a high prevalence of binge eating in the military, current treatment options are limited.”

Among the most established treatments for BED is cognitive behavior therapy (CBT), which focuses on changing thoughts and behaviors to reduce harmful acts. CBT results in remission rates of 40 to 60 percent, said Boutelle, but “fails to produce significant weight loss, which results in these individuals continuing to struggle with obesity and the medical and psychological comorbidities.”

With the more than \$3 million in funding from the DOD, Boutelle and her collaborators at UC San Diego School of Medicine and Veterans Affairs San Diego Healthcare System will study a novel treatment model called Regulation of Cues (ROC), which targets two underlying mechanisms associated with binge eating and obesity: decreased sensitivity to internal hunger signals and increased sensitivity to external food cues.

ROC trains participants to detect their hunger and fullness to stop eating earlier and to resist tempting foods in the environment through education and learning through experience.

“Our data suggests that ROC can reduce weight and obesity in civilians but has never been compared to CBT for binge eating disorder. While CBT focuses on changing thoughts and avoiding triggering cues to binge, ROC trains participants to tolerate physiological and psychological cravings and to stop eating when full,” said Boutelle. “We believe ROC can potentially provide a more effective and durable treatment for both BED and obesity for veterans. The goal is to help them manage their reaction to food when they are not hungry.”

The clinical trial will enroll 120 veterans with clinical or subclinical diagnoses of BED and obesity. Participants will be randomized to a five-month ROC or CBT program and complete assessments at baseline, mid-treatment, end-of-treatment and six months post-treatment.

“We predict that participants in ROC will decrease their binge eating, nutritional intake and will lose more weight than participants in CBT immediately after treatment and at the six month follow up,” said Boutelle.

With no effective treatments or clinical practice guidelines currently in place for BED in the military, Boutelle says, “this study has the potential to substantially change the treatment model for BED and comorbid obesity. The ROC program is well-developed and could easily be disseminated to veterans and active service personnel through mental health providers.”

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