

Binge Eating Disorders in Indian Adults - How Can We Address It

Manjunatha R

ICMR – National Institute of Nutrition, Hyderabad, India

Abstract: ***Introduction:** There is a widespread belief that disordered eating behaviours are less prevalent in Asian countries, but recent reviews indicate that Binge Eating Disorders (BED) are increasing in India due to increased industrialization and globalization as well as due to Socio-cultural practices. This trend underscores the urgent need for a more comprehensive understanding of BED within the Indian population. **Methodology:** This review involves scrutinizing both quantitative and qualitative research to identify key sociodemographic and clinical correlates, and ways of addressing BED in Indian context. **Results:** The understandings gathered from existing research findings suggest that BED commonly occurs in Indian context. Research into dietary intake and nutritional adequacy among individuals with BED, particularly in non-Western contexts, remains remarkably limited. The strategies to address this should prioritize the early identification of at-risk individuals through biomarker research and the development of culturally resonant preventative measures, thereby reducing the overall disease burden. In particular, exploring the effectiveness of higher-intensity, longer-duration, interpersonally focused, and self-reflection-emphasizing treatments, such as Cognitive Behavioural Therapy, Interpersonal Psychotherapy, and Dialectical Behavioural Therapy, is crucial for improving outcomes in this population. **Conclusions:** BED commonly occurs in Indian context and understandings on Socio-cultural practices will pave the way for a more detailed and effective public health strategy. Implementing gender-specific intervention programs is vital to address disparities in eating disorder prevalence and presentation. The development of such initiatives necessitates collaboration among academicians, mental health professionals, and policymakers to integrate these programs within existing healthcare and educational frameworks, promoting systemic changes that foster resilience and holistic well-being.*

Keywords: Binge eating, Socio-cultural practices, Urbanization, Eating disorders, Psychological

1. Introduction

India is a Country of Festivals and celebrations, practice of gatherings, sponsoring and feeding guests with a strong belief as 'Athithi Devo Bhava' - meaning 'A Guest is like a God' is deeply rooted in the culture of Indians. Offering food to guests, relatives, friends is considered as one of the most auspicious practices in Indian culture. In addition, from a psychological perspective binge eating disorders prevails unrelating to any systemic or cultural reasons. Binge Eating Disorder is a complex eating disorder characterized by recurrent episodes of consuming an unusually large amount of food in a short period, accompanied by a sense of loss of control¹. While this definition generally holds, the manifestation and prevalence of such disorders exhibit significant variability across different cultural contexts, necessitating a focused examination within populations like that of India². Despite a rising trend in the prevalence of eating disorders in India, research in this area remains sporadic and under-reported, highlighting a critical gap in understanding their etiology and cultural practices^{3,4}. Specifically, distinguishing Binge Eating Disorder from other eating disorders is crucial, as BED involves recurrent binge-eating episodes without the compensatory behaviours often seen in bulimia nervosa, leading to marked distress and concerns regarding body weight and shape⁵. This distinction is critical for accurate diagnosis and effective intervention, particularly given the associated comorbidities such as depression and impaired social functioning⁶. Moreover, the diagnostic criteria for BED, as outlined in the DSM-5, emphasize specific features like rapid consumption, eating past satiety, and secretive eating, further delineating it from general overeating⁷.

The existing literature on Binge Eating Disorder primarily focuses on Western populations, with a notable scarcity of studies specifically investigating its prevalence and correlates among adults in India⁸. This lacuna in research is particularly significant given the increasing urbanization and lifestyle changes occurring in India, which could contribute to the emergence of eating disorders⁹. For instance, studies in Western countries indicate that approximately one in seven adults seeking obesity treatment may present with BED, underscoring its significant co-occurrence with weight-related issues¹⁰. However, research into dietary intake and nutritional adequacy among individuals with BED, particularly in non-Western contexts, remains remarkably limited¹¹. This gap is further exacerbated by the challenges in refining the definition of a binge episode and establishing reliable diagnostic criteria, which often fail to adequately differentiate between truly large portion sizes and culturally influenced patterns of overeating or grazing¹². Furthermore, the concept of "unusually large amounts of food" can vary significantly across cultures and individual perceptions, complicating the diagnostic process¹³. The subjective nature of these criteria often leads to an underestimation of undiagnosed or untreated BED, especially in individuals with comorbid medical conditions such as type 2 diabetes or metabolic syndrome¹⁴. This diagnostic ambiguity is further compounded by the potential for other maladaptive eating behaviours, such as emotional eating or disorganized eating, to be conflated with loss of control eating, thereby obscuring accurate BED identification¹⁵. This diagnostic challenge is particularly salient given the high rates of psychiatric comorbidity observed in BED, with conditions such as mood, anxiety, and impulse control disorders often co-occurring and exacerbating its clinical presentation¹⁶⁻¹⁸. Additionally, the absence of compensatory behaviours distinguishes BED from bulimia nervosa, highlighting the importance of precise

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diagnostic application¹⁹. Despite the widespread belief that disordered eating behaviours are less prevalent in Asian countries, recent reviews indicate that the differences in disordered eating, dieting, and body image concerns, when compared to Western countries, are diminishing, possibly due to increased industrialization and globalization⁸. This trend underscores the urgent need for a more comprehensive understanding of BED within the Indian population, particularly considering its frequent comorbidity with other mental disorders like depression and anxiety, as well as its association with overweight/obesity²⁰. The portrayal of idealized body images on social media platforms, prevalent among young adults aged 18 to 24, further intensifies body dissatisfaction and contributes to disordered eating behaviours, potentially narrowing the gender gap in BED prevalence seen in Western contexts²¹. Given this evolving landscape, it becomes imperative to rigorously investigate the prevalence, risk factors, and clinical manifestations of BED among Indian adults, especially considering the cultural variations in perceptions of body weight and dietary practices that could influence its presentation. Therefore, this paper aims to address these research gaps by systematically reviewing existing literature and presenting new insights into the epidemiological characteristics, associated comorbidities, and potential cultural adaptations for diagnostic criteria and treatment modalities for BED in Indian adult populations.

2. Methodology

To achieve this, a systematic methodology will be employed, encompassing a comprehensive literature search, critical appraisal of relevant studies, and thematic synthesis of findings pertinent to the Indian context. This will involve scrutinizing both quantitative and qualitative research to identify key sociodemographic and clinical correlates, and explore the nuanced cultural interpretations of eating behaviours. Specifically, the systematic review will include studies focusing on Indian adults aged 18 and above, utilizing established diagnostic criteria for BED, and published in peer-reviewed journals. The search strategy will incorporate keywords such as "binge eating disorder," "India," "adults," "prevalence," "risk factors," and "treatment" across major electronic databases including PubMed, Scopus, and PsycINFO²².

3. Results

The extraction of relevant data will focus on study design, sample characteristics, diagnostic methods, reported prevalence rates, and identified correlates of BED. A critical analysis of these findings will then be performed to identify methodological strengths and limitations, as well as to synthesize the current understanding of BED in the Indian adult population. This comprehensive approach will facilitate the identification of crucial knowledge gaps and inform future research directions, particularly concerning culturally sensitive interventions and diagnostic adaptations for BED. This systematic review will synthesize existing evidence on the epidemiology and clinical presentation of BED in Indian adults, addressing a critical need for data in a population where research on eating disorders remains sparse²³. Moreover, the absence of systematic empirical support regarding the comorbidity between binge eating and alcohol

use disorder further highlights a significant research gap²⁴. This review aims to delineate these associations and offer insights into potential culturally informed interventions^{25, 26}. The synthesis of this evidence will also inform policy recommendations for public health initiatives aimed at early detection and prevention strategies tailored for the Indian context. Furthermore, particular attention will be given to studies employing robust diagnostic instruments and representative sampling methodologies to enhance the generalizability of findings regarding the prevalence and correlates of BED within this population. This will involve a detailed analysis of studies that have investigated the co-occurrence of BED with other psychiatric conditions, particularly focusing on the specific challenges and implications for clinical practice within the Indian cultural framework. This includes an examination of how cultural factors, such as traditional dietary practices and societal pressures regarding body image, may influence both the manifestation and treatment seeking behaviours for BED in India. Additionally, the review will consider how traditional Ayurvedic concepts, such as 'Bhutonmada', might intersect with contemporary understandings of eating disorders, given their broad classification of psychiatric conditions²⁷. This comparative analysis will shed light on whether traditional medical frameworks offer insights into culturally nuanced presentations of BED or inform potential adaptations for Western diagnostic criteria. Such an investigation into indigenous frameworks could potentially reveal unique cultural idioms of distress related to eating behaviours that are not fully captured by Western diagnostic constructs²⁸. This will involve a deep dive into historical and anthropological texts to understand the evolution of dietary norms and body perception in India, identifying cultural variations that might predispose certain communities to specific eating pathologies or protective factors. Furthermore, it will explore the influence of rapid globalization and Westernization on traditional Indian dietary patterns and their potential impact on the prevalence and presentation of binge eating disorder²⁹. This review also endeavours to assess the efficacy and cultural applicability of existing intervention strategies for BED, particularly those that may be adapted to address the unique socio-cultural and economic determinants prevalent in India. This will encompass an evaluation of culturally tailored therapeutic approaches, such as integrating family-centered care and community-based interventions, which may prove more effective given the collectivistic nature of Indian society. It will also consider the challenges associated with implementing Western-derived diagnostic criteria and treatment protocols in a diverse cultural landscape, highlighting the need for culturally sensitive adaptations³⁰. Therefore, exploring the applicability and necessary modifications of cognitive group treatments, which have shown promise in other contexts for managing obesity, is crucial for addressing the increasing prevalence of obesity and related psychological factors in India³¹. This includes an assessment of how traditional Indian mental well-being practices, such as those found in ancient texts like the Vedas and Ayurveda, could be integrated into contemporary BED interventions to provide a more holistic and culturally resonant approach³². This integration would necessitate careful consideration of how such practices align with evidence-based psychological treatments while respecting the diverse spiritual and philosophical perspectives within India

³³. Moreover, the review will investigate the potential for developing hybrid models that blend modern psychological therapies with indigenous healing traditions, examining their synergistic potential for improving treatment outcomes and patient adherence in the context of BED. This synthesis will also explore how socio-environmental factors, such as the increasing availability of high-sugar and high-fat foods, might interact with genetic predispositions and cognitive-behavioural vulnerabilities to elevate the risk of BED in the Indian population ³⁴. This will provide a comprehensive understanding of the multifaceted etiology of BED, paving the way for more targeted and culturally relevant preventative and interventional strategies ³¹. Finally, this review will identify key research priorities and gaps to guide future investigations into BED in Indian adults, thereby facilitating the development of evidence-based practices and policies to mitigate the burden of this disorder ⁴. This includes an examination of the effectiveness of digital interventions, which could enhance accessibility and continuity of care for young adults dealing with obesity, a population often exhibiting binge eating behaviours ³⁵. Such interventions could leverage the widespread mobile penetration in India to deliver culturally adapted cognitive behavioural therapy or mindful eating techniques, which have demonstrated efficacy in addressing binge eating episodes and body image dissatisfaction in other populations ^{34,36}. Personalized digital health interventions, utilizing features like tailored messages and reminders, could particularly enhance engagement and motivation among Indian adults seeking support for BED ³⁷. Furthermore, the role of perceived stress and self-acceptance, identified as significant mediators and moderators in similar populations, warrants exploration within the Indian context to refine intervention strategies for binge eating and associated body image dissatisfaction ³⁸. This comprehensive approach would facilitate the development of robust, culturally congruent screening tools and therapeutic modalities, moving beyond direct transposition of Western frameworks to address the unique complexities of BED in India. Given that binge eating affects individuals across diverse socioeconomic strata, genders, and ethnic identities, equitable and inclusive digital interventions are crucial to address the treatment gap ³⁹. Specifically, the development of contextually relevant and accessible digital platforms could offer scalable solutions for early detection and intervention, bridging geographical and socioeconomic barriers to care in a large and diverse nation like India. Further research is needed to investigate how AI chatbots might support treatment alliance establishment within digital eating disorder interventions, particularly for underrepresented populations in India, to ensure these tools are designed inclusively from the outset ⁴⁰. Moreover, an investigation into the psychological factors associated with binge eating among diverse cultural and gender groups within India is essential for developing positive coping strategies for regulating emotional stress ⁴¹. A cross-sectional study in North India found that negative body image is associated with higher BMI, lower self-esteem, and increased neuroticism and conscientiousness among young women, underscoring the importance of considering individual differences in personality traits and self-esteem when understanding body image concerns and eating disorder behaviours ⁴². Future studies should explore the longitudinal impact of these personality traits on the development and maintenance of

BED within the Indian population, potentially revealing critical periods for targeted preventative interventions.

4. Discussion

This section synthesizes the findings and arguments presented throughout the paper, critically evaluating the current understanding of BED in Indian adults and proposing directions for future research and clinical practice. It will emphasize the necessity for culturally sensitive diagnostic tools and treatment protocols, moving beyond mere adaptation of Western models to incorporate indigenous perspectives on mental health and well-being. This includes an assessment of how existing measurement tools, like the Binge Eating Scale, might be refined to differentiate between objective and subjective binge episodes in an Indian context, and how gender biases in these tools could be addressed ⁴³. Furthermore, the efficacy of web-based interventions for BED, which have demonstrated promising results in other populations, needs to be rigorously evaluated within the Indian demographic, considering the potential impact of digital literacy and access disparities on treatment outcomes ⁴⁴. Such evaluations should also consider the development of treatment procedures that integrate cognitive behavioural therapy and dialectical behaviour therapy, as these approaches have shown efficacy in addressing various emotional and nutritional issues related to binge eating ⁴⁵. This could involve a systematic investigation into the perceived self-esteem and cultural body image ideals prevalent among Indian adults, especially given the socio-cultural pressures influencing body dissatisfaction and unhealthy eating patterns ^{46,47}. Moreover, understanding the interplay between personality traits and the propensity for night eating syndrome among Indian adults with BED could inform more holistic treatment approaches ⁴⁸. Future research should also delve into the neurobiological underpinnings of BED in this population, exploring how genetic predispositions and epigenetic modifications interact with environmental stressors to influence disease manifestation. A critical aspect requiring attention is the differentiation between BED and overweight/obesity, along with associated health risks and metabolic implications, to avoid misdiagnosis and ensure appropriate intervention ⁴⁹. Further, an examination of preferences for loss of control and weight descriptions among non-treatment-seeking community samples with BED could elucidate factors contributing to treatment avoidance ⁵⁰. These investigations are crucial for developing targeted, culturally informed diagnostic criteria and therapeutic strategies that are specifically tailored to the nuances of the Indian context, moving beyond direct transposition of Western models. Moreover, the integration of traditional Indian healing practices, such as Yoga and Ayurveda, with evidence-based psychological therapies warrants exploration to ascertain their potential synergistic effects on symptom reduction and overall well-being in Indian adults with BED. This holistic approach aligns with the growing recognition that effective interventions must address the complex interplay of biological, psychological, and sociocultural factors ⁵¹. In particular, exploring the effectiveness of higher-intensity, longer-duration, interpersonally focused, and self-reflection-emphasizing treatments, such as Cognitive Behavioural Therapy, Interpersonal Psychotherapy, and Dialectical Behavioural Therapy, is crucial for improving outcomes in

this population⁵². Furthermore, longitudinal studies are essential to track the long-term efficacy and sustainability of these interventions, particularly concerning relapse prevention and the maintenance of healthy eating patterns⁵³.

5. Conclusion

The understandings gathered from existing research findings suggest that BED commonly occurs in Indian context and understandings on Socio-cultural practices will pave the way for a more detailed and effective public health strategy aimed at mitigating the prevalence and impact of BED in India. This strategy should prioritize the early identification of at-risk individuals through biomarker research and the development of culturally resonant preventative measures, thereby reducing the overall disease burden. Additionally, implementing gender-specific intervention programs is vital to address disparities in eating disorder prevalence and presentation. The development of such initiatives necessitates collaboration among academicians, mental health professionals, and policymakers to integrate these programs within existing healthcare and educational frameworks, promoting systemic changes that foster resilience and holistic well-being. Furthermore, acknowledging the diversity within India, future epidemiological research should disaggregate data to understand the regional and demographic variations in BED prevalence and presentation, enabling the creation of localized and more effective interventions. Moreover, addressing systemic factors such as media influence and fostering supportive environments are crucial for enhancing self-perception and resilience among vulnerable populations. This expanded understanding would also facilitate the development of culturally specific health and well-being models rooted in Indian social support systems, thereby improving patient outcomes and controlling costs.

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