

People with binge-eating disorder benefit from specific behavioral therapy and medication

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A new Yale study found that patients with binge-eating disorder (BED) and obesity can be helped quickly and benefit significantly from a

specific behavioral therapy and a specific medication.

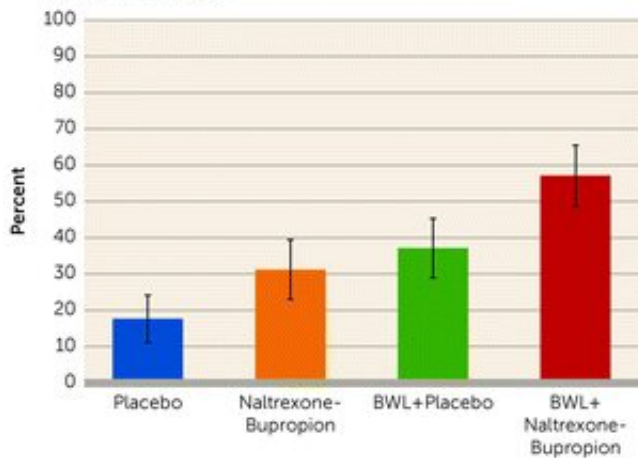
The study, published in the *American Journal of Psychiatry*, tested behavioral [weight loss](#) treatment (a behavioral therapy focused on gradual behavioral lifestyle changes, including moderate reductions in [caloric intake](#) and increases in [physical activity](#), and learning behavioral techniques, self-monitoring, and problem-solving skills to address challenges).

It also tested a specific pharmacological treatment (naltrexone-bupropion combination medication which is FDA-approved for weight-loss in persons with [obesity](#)). These treatments were tested alone and combined in 136 patients with BED and coexisting obesity.

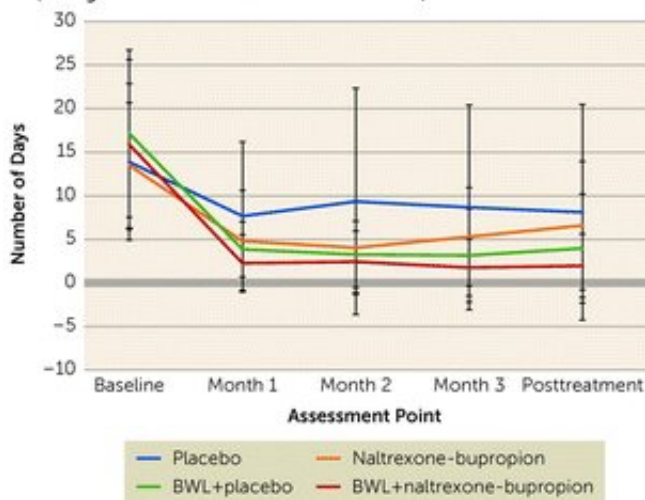
Researchers found that behavioral weight loss therapy and naltrexone-bupropion were associated with significant improvements in BED. The results showed a consistent pattern of behavioral therapy being superior to no therapy for the primary outcomes of reducing binge eating and weight loss, and for secondary measures of reducing eating-disorder psychopathology, depression, and improvement of cardiometabolic variables.

The study did not find a significant interaction for the behavioral and pharmacological therapies, suggesting little advantage to combining the treatments for persons with BED.

A. Binge-Eating Remission Rates at Posttreatment Assessment Across Treatment Conditions



B. Frequency of Past-28-Day Binge Eating, Assessed Monthly (Eating Disorder Examination Questionnaire)



Binge-eating outcomes across treatment conditions in a placebo-controlled trial of naltrexone-bupropion with or without behavioral therapy for binge-eating disorder. In panel A, remission rates are defined as zero episodes of binge eating during the past 28 days, assessed using the Eating Disorder Examination interview. The rates are based on the intention-to-treat sample (N=136) with any missing data imputed as nonremission. Behavioral weight loss therapy (BWL) was associated with significantly higher remission rates than no BWL ($p=0.006$). Naltrexone-bupropion was associated with significantly higher remission rates than placebo ($p=0.04$). In panel B, BWL was associated with significantly lower binge-eating frequency at all postbaseline time points compared with no BWL (all p values

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