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Binge Eating among Women Veterans in Primary Care: Comorbidities and Treatment Priorities

Diane L. Rosenbaum, PhD [a,b,*], Rachel Kimerling, PhD [a,c], Alyssa Pomernacki, MPH [a], Karen M. Goldstein, MD [d,e], Elizabeth M. Yano, PhD, MSPH [f,g], Anne G. Sadler, PhD, RN [h,i], Diane Carney, MA [a], Lori A. Bastian, MD, MPH [j,k], Bevanne A. Bean-Mayberry, MD [f,l], Susan M. Frayne, MD, MPH [a,m]

[a] *VA Palo Alto Health Care System, Health Services Research & Development, Center for Innovation to Implementation, Palo Alto, California*
[b] *Department of Psychology, Drexel University, Philadelphia, Pennsylvania*
[c] *VA Palo Alto Health Care System, National Center for PTSD, Palo Alto, California*
[d] *Durham VA Medical Center, Health Services Research and Development (HSR&D) Center for Health Services Research in Primary Care, Durham, North Carolina*
[e] *Department of Medicine, Duke University, Durham, North Carolina*
[f] *VA Greater Los Angeles Healthcare System, Health Services Research and Development (HSR&D) Center for the Study of Healthcare Innovation, Implementation and Policy, Los Angeles, California*
[g] *Department of Health Policy and Management, UCLA Fielding School of Public Health, Los Angeles, California*
[h] *Iowa City VA Health Care System, Health Services Research and Development (HSR&D) Center for Comprehensive Access and Delivery Research and Evaluation, Iowa City, Iowa*
[i] *Department of Psychiatry, University of Iowa Hospitals and Clinics, Iowa City, Iowa*
[j] *VA Connecticut Healthcare System, Health Services Research and Development (HSR&D) Pain Research, Informatics, Multi-Morbidities, and Education Center, West Haven, Connecticut*
[k] *Internal Medicine, Yale School of Medicine, New Haven, Connecticut*
[l] *Department of Medicine, University of California Los Angeles (UCLA) David Geffen School of Medicine, Los Angeles, California*
[m] *Division of General Medical Disciplines, Stanford University, Stanford, California*

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ABSTRACT

Background: Little is known about the clinical profile and treatment priorities of women with binge eating disorder (BED), a diagnosis new to the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders*. We identified comorbidities and patients' treatment priorities, because these may inform implementation of clinical services.
Methods: Data were collected from women veteran primary care patients. Analyses compared those who screened positive for BED (BED+), and those without any binge eating symptoms (BED−).
Results: Frequencies of comorbid medical and psychological disorders were high in the BED+ group. The BED+ group's self-identified most common treatment priorities were mood concerns (72.2%), weight loss (66.7%), and body image/food issues (50%). Among those with obesity, a greater proportion of the BED+ group indicated body image/food issues was their top treatment priority (12.9% vs. 2.8%; $p < .01$), suggesting that these patients may be more apt to seek treatment beyond weight management for their problematic eating patterns.
Conclusions: Women primary care patients with BED demonstrate high medical and psychological complexity; their subjective treatment priorities often match objective needs. These findings may inform the development of targeted BED screening practices for women with obesity in primary care settings, and the eventual adoption of patient-centered BED treatment resources.

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* Correspondence to: Diane L. Rosenbaum, PhD, Department of Psychology, Drexel University, 3141 Chestnut Street, Philadelphia, PA 19104. Phone: 215-553-7132.
E-mail address: diane.rosenbaum@drexel.edu (D.L. Rosenbaum).

Binge eating disorder (BED) is a new diagnosis in the fifth edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Diagnostic criteria include binge eating episodes

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(eating an objectively large amount of food while feeling a loss of control) in the absence of compensatory behaviors, accompanied by associated features and marked distress or impairment (American Psychiatric Association, 2013). Previously listed as a "disorder for future research" (American Psychiatric Association, 2000), inclusion of BED in the DSM-5 distinguishes this condition from other eating disorders, and from less distressing obesity-related overeating behaviors. With lifetime prevalence rates of 2.0% to 3.5% in the general population (Hudson, Hiripi, Pope, & Kessler, 2007), BED is the most common eating disorder in the United States. As a frequent comorbidity of obesity (Hudson et al., 2007), BED recently has been identified as a public health problem in need of greater clinical attention (Kessler et al., 2013). BED is particularly important as a women's health issue, because it is more common among women than men (Hudson et al., 2007) and may have distinct patterns of negative affect in women compared with men (Rosenbaum & White, 2015). Further, although there have been efforts to enhance implementation of behavioral treatments for obesity within VA (Damschoder & Lowery, 2013), there have been few published studies that may inform eating disorder interventions in VA settings. In particular, it is important to examine BED in the context of women veterans, given that they are a rapidly growing group (Women Veterans Task Force, 2012) with risk factors for the development of BED, such as high rates of trauma exposure (Brewerton, Rance, Dansky, O'Neil, & Kilpatrick, 2014; Zinzow, Grubaugh, Monnier, Suffoletta-Maierle, & Frueh, 2007).

Because there is a need to mitigate the problem of BED among this group, steps to inform effective management of binge eating among women veterans are needed, including a better understanding of the clinical profile of women veterans with BED. Mental health comorbidities—especially depression and anxiety—often are associated with BED (Hudson et al., 2007; Whiteside et al., 2007). The high rate of mental health disorders can be understood through theoretical models of binge eating, which point to negative affect as critical to the development and maintenance of BED (Fairburn, 2008; Fairburn, Cooper, & Shafran, 2003; Ivezaj, Kalebjian, Grilo, & Barnes, 2014); binge eating may reflect a patient's attempt to limit the salience of emotional distress and "escape from awareness" (Heatherton & Baumeister, 1991), for example, in the context of prior trauma (Harrington, Crowther, Henrickson, & Mickelson, 2006). Comorbid conditions that arise through shared vulnerability factors (e.g., prior trauma) or current distress may potentially complicate BED treatment.

In addition to better understanding the clinical profile of women veterans with BED, enhancing clinical care necessitates an assessment of their treatment priorities. Clinically significant BED is more common among women than men (Hudson et al., 2007; Rosenbaum & White, 2015), and evidence suggests that sensitivity to women veteran's priorities and preferences is critical to delivery of patient-centered care (Kimerling et al., 2015; Yano, Haskell, & Hayes, 2014). Therefore, understanding the extent to which women veterans with indicators of a potential to utilize mental health and/or behavioral medicine services rank BED management as one of their top mental health treatment concerns may help providers to anticipate which patients are most likely to invest their time and energy engaging in treatment for BED. This knowledge may aid clinicians in selecting specific resources and referrals to pursue with clients who may have multiple significant comorbidities, perhaps improving the efficiency of clinical care. Yet, research examining women's mental health and behavioral medicine treatment priorities in the context of BED is absent from the current literature. This paper adds to the current literature by identifying objective care needs (i.e., comorbidities) and examining them alongside patients' self-identified priorities for care.

In addition to the limited literature on treatment priorities in the context of BED, the limited examination of BED in primary care settings, where mental health conditions of any variety are most likely to present (Regier, Goldberg, & Taube, 1978; Wang et al., 2005), is a notable gap in the literature. As noted by Grilo, White, Barnes, and Masheb (2013), much of the existing BED literature draws from specialty clinical research populations (e.g., eating disorder research clinics), which is potentially problematic. Specialty research clinics may not be representative of many patients with BED owing to the greater severity of eating pathology that occur within those settings, and demographic differences (Wilfley, Pike, Dohm, Striegel-Moore, & Fairburn, 2001). Although limited data are available, primary care settings seem to be a valuable location for identifying and evaluating BED (Grilo et al., 2014; Ivezaj et al., 2014; Westerberg & Waitz, 2013). Moreover, primary care clinics are likely to serve as the gateway for treatment of obesity (Hitchcock Noël et al., 2010) and mental health issues (Post & Van Stone, 2008). However, to our knowledge, no published studies have examined patient-identified treatment priorities among women with BED in primary care.

The main goals of the current study were to characterize comorbidity in patients with BED in primary care settings and to investigate whether binge eating influences women's prioritization of eating and weight-related treatment services or services for other health issues. Among patients across four geographically dispersed Veterans Health Administration (VA) primary care clinics, we compared the 1) profile of potential treatment indicators (i.e., trauma exposure, psychological symptoms, comorbidities) and 2) patient-driven priorities for mental health care, between women with BED to those without binge eating symptoms. Because BED is associated closely with obesity (Hudson et al., 2007; Hudson et al., 2006; Tanofsky-Kraff et al., 2013), we performed additional analyses among a subset of patients with this comorbidity.

Method

Study Design and Setting

Women veterans completed interviewer-administered surveys in primary care clinics as part of a larger cross-sectional study (Kimerling et al., 2015) conducted at the four founding sites of the VA Women's Health Practice-Based Research Network (Frayne et al., 2013). The VA Women's Health Practice-Based Research Network, a partnership of clinicians and researchers across 60 sites nationally, provides infrastructure for evaluating health services-related research questions among a broad base of women veterans through multisite research endeavors. The VA Central Institutional Review Board approved this study.

Sample

To achieve a representative sample of established primary care patients (at least two visits in the prior year), we identified potentially eligible women from administrative data in the National Patient Care Database (VHA Medical SAS Outpatient Datasets and Inpatient Encounters Dataset FY2009, 2011). Potentially eligible women were notified about the study via a