



Addressing food noise and binge eating in weight management

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Objectives

1. Recognize food noise
2. Name the signs and symptoms of BED and non-clinical presentations of overeating
3. Understand the impact of weight loss medications
4. Identify the role of a health psychologist

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But first...

What comes to mind when you think of your typical patient struggling with binge eating or overeating?

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Food noise

- A psychological construct referring to food-related thoughts
- Described as:
 - Incessant brain chatter about food
 - Preoccupation with food
 - Constant, unrelenting
 - Exhausting
- Culture, religion, and individual values impact food-related thinking
 - May not necessarily be pathological or problematic

Dhurandhar et al. (2025)

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Food Noise

- “What am I going to have for lunch?”
- “Am I doing this right?”
- “Should I have had more protein?”
- “Am I going to feel hungry after this meal?”
- “I can’t believe I ate that”
- “Why don’t I have self-control”
- “What’s wrong with me”

Dhurandhar et al. (2025)

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Impact of Food Noise

Psychological impacts:

- Cognitive burden
- Difficulty concentrating
 - More difficulty adhering to dietary goals or intentions
- Poorer quality of life
- Self-stigma or self-blame
- Factors that can exacerbate food noise
 - Rigid diets
 - Perceived deprivation

American Psychological Association (2025)
Dhurandhar et al. (2025)

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Food Noise

- Fuels the binge-restrict cycle
 - Higher likelihood of food cravings and binge eating
- All-or-nothing thinking:
 - "I can't believe I ate that...today is ruined"
 - "I have to be better tomorrow"
 - "This is such an unhealthy meal"
 - "I've been good all day today - I deserve this"

American Psychological Association (2025)
Dhurandhar et al. (2025)

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The spectrum of overeating

- Mindless eating vs emotional eating vs binge eating
- Not all overeating meets criteria for a clinical episode of binge eating
- Emotional eating is a coping strategy
- Mindless eating involves a lack of awareness of how much is being consumed

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DSM-5 TR: Binge eating disorder

Recurrent binge eating characterized by both:

1. Eating a large amount of food in a discrete period of time
2. Feeling out of control

Three or more of the following:

1. Eating more rapidly than normal
2. Eating until uncomfortably full
3. Eating when not physically hungry
4. Eating alone due to embarrassment
5. Feeling disgusted, depressed, or guilty afterwards

American Psychiatric Association (2022)

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The spectrum of overeating

- More commonality than not:
 - Food noise
 - Distress
- Mild presentations are often missed
- 57% of individuals with obesity report experiencing food noise
 - Likely an underestimate if looking at the wider population

Dhurandhar et al. (2025)

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The role of a health psychologist

- Identifying and disrupting all-or-nothing thinking patterns
 - The stop sign analogy
- Identifying emotional triggers for overeating
- Teaching alternative coping strategies
- Preparing for "mistakes"
 - Food noise is a factor in weight regain after initial weight loss

American Psychological Association (2025)
Dhurandhar et al. (2025)

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GLP-1 medications

- Includes, liraglutide, semaglutide, and tirzepatide
- Tirzepatide is associated with greatest weight loss
 - Dual GLP-1/GIP RA
- Common side effects:
 - Nausea
 - Diarrhea
 - Constipation
 - Vomiting

Aoun et al. (2024)
Balantekin et al. (2024)
Ghusn and Hurtado (2024)

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GLP-1 for binge eating

- GLP-1 medications are associated with suppression of food reward
 - Foods eaten during binges are typically highly palatable (high reward)
- GLP-1 medications promote feelings of fullness and satiety
 - BED is associated with impaired satiety signaling

Aoun et al. (2024)
Balantekin et al. (2024)

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GLP-1 for binge eating

- Some evidence for liraglutide and semaglutide
 - More research is needed
- GLP-1 medications may be more effective than the current treatments (lisdexamfetamine and topiramate)
 - For clinical and subclinical binge eating presentations

Aoun et al. (2024)
Balantekin et al. (2024)

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GLP-1 medications

- Dampening effect on food noise
 - Alleviates the exhaustion from the constant mental battle
 - Allows for more mental “space” to focus on behavioral changes and goals
 - Less cravings
 - Improved quality of life

American Psychological Association (2025)
Balantekin et al. (2024)
Dhurandhar et al. (2025)

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The role of a health psychologist

- A person's relationship with food
 - Food as reward
 - Food as comfort
 - Food for numbing
- Stigma related to the use of anti-obesity medications
 - "the easy way out"

American Psychological Association (2025)
Dalle Grave et al. (2020)

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The role of a health psychologist

- Unrealistic expectations for after weight loss
- Underlying body image concerns
 - Discomfort in one's body after weight loss (i.e., "phantom fat")
 - Continuing to wear large sized clothing
 - Weight as a shield

American Psychological Association (2025)
Ammenheuser (2023)

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The role of a health psychologist

- Cultivate motivation for change
- Identify and challenge unhelpful thoughts and beliefs about food
 - “It’s rude to leave food on your plate”
 - “It’s a treat to go out to eat and should be fully enjoyed”
 - “There are starving children in Africa”
 - “Wasting food is bad”
- Enhance mindfulness

American Psychological Association (2025)
Dalle Grave et al. (2020)

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The role of a health psychologist

- Assist in effective goal-setting
- Help establish new habits
- Cognitive Behavioral Therapy (CBT)

American Psychological Association (2025)
Dalle Grave et al. (2020)

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Your typical patient revisited...

Does that patient look different now?

How might that impact your treatment plan or approach with them?

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Questions?

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Thank you

Please don't hesitate to reach out -
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