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# Weighing In September 2016 Newsletter

## Wanting Miracle weight loss but Binge Eating Gets in the Way

This month has been one of many patients telling me stories about their problems with binge eating. Binge eating affects approximately 5% of adults sometime in their lives. It is a health risk in that it can lead to obesity, depression, heart disease or diabetes. It is characterized by eating large amounts of food in a short period which is not necessarily driven by hunger or metabolic need. Binge eaters feel a loss of control and guilt about these binge eating episodes.

Binge eating is a medical problem that is seen in weight management practices throughout the world. Depression and binge eating are strongly linked. Many binge eaters are either depressed or have been before; others may have trouble with impulse control and managing and expressing their feelings. Low self-esteem, loneliness, and body dissatisfaction may also contribute to binge eating.

Binge eating was first recognized in 1959 by psychiatrist and researcher Dr Albert Stunkard. He first coined it as **nighttime eating syndrome**. However, it wasn't until 2013 that Binge Eating Disorder (BED) was recognized by the American Psychiatric Association as a specific disorder without the nocturnal aspect. Both men and women suffer from this disorder. They struggle with the emotion of disgusting guilt often along with depression and anxiety. Binge eating creates a vicious cycle that's difficult to break without professional help.

A recent University of Texas study found that overweight adolescents that report being frequently teased about their weight are at an increased risk for binge eating as compared to overweight adolescents who are not teased.


Overweight individuals are more likely to engage in binge eating than their non-overweight counterparts. In a project in 1998 binge eating behaviors were reported by only 9% of underweight girls, yet 16% of overweight girls admitted to bingeing. 19% percent of moderately overweight girls reported binge eating. A full 21% of severely overweight girls reported bingeing.

So what are some of the causes of binge eating? There is biological abnormality such as hormonal irregularities as well as genetic mutations that have been associated with compulsive eating and food addictions. The psychological component includes body dissatisfaction and low self-esteem. These patients love comfort foods which are full of carbohydrates and sugars which, as we all know, are one of the leading causes of obesity. There are also social and cultural causes. People, who are subject to critical comments about their bodies and their weight are especially vulnerable to eating disorders, specifically binge eating.

When an individual who is suffering from binge eating disorder experiences the embarrassment or shame of their eating habits, they may all too often hide their symptoms and without probing are difficult to disclose. Some of the following are behavioral and emotional symptoms and signs of Binge Eating Disorder.

1. Continual eating when full.
2. Inability to stop eating or control what is being eaten. ("Just one more brownie—that's all I'm going to have!")
3. Stockpiling food to consume secretly at a later time. ("I can hide the cheesecake in the freezer.")
4. Eating normally in the presence of others, but gorging when no one is around.
5. Experiencing feelings of stress and anxiety which can only be relieved by eating what the binge eater considers comfort foods.

Continued on page 2.....



6. Feeling numbness or experiencing a lack of sensation when bingeing.
7. Never experiencing satiation no matter how much food is consumed.
8. Feelings of stress or anxiety that can only be relieved by eating.

The consequences of Binge Eating Disorder involve many physical and emotional difficulties with multiple complications that patients seldom realize until it's too late. One of the hallmarks is cardiovascular disease, also type II diabetes, insomnia, sleep apnea, hypertension, muscle or joint pain, depression or anxiety, and gastrointestinal difficulties such as diarrhea, irritable bowel syndrome, and constipation.

At The Weigh Station, we can help you along with other health professionals such as a psychiatrist, a registered dietitian, and a psychologist to help you overcome your binge eating. Each of these professionals works in an area of specialty that can help you to address your Binge Eating Disorder. Be aware though that we can only help you if you allow us to; you must be open and honest with us about your problem. There are integrated mindfulness techniques in treating Binge Eating Disorder that has been shown to successfully reduce binge eating. Professional treatment involves a collaboration of multiple professionals to help you face the problem. We know it is not easy.

Eating out at restaurants, for example, can be a challenging experience for the person attempting to recover from binge eating. The combination of a restaurant environment coupled with the overwhelming food sources can lead to catastrophe without treatment.

A perception in America is that eating disorders affect only Caucasian women, but eating disorders affect men as well as women of equal races and nationalities. Binge Eating Disorder is not only common in adults, it is also seen in children. Many adolescents have come through the office with obesity problems.

Binge eating is a form of self-harm which has proven to be linked to traumatic events. We have one patient who we'll call Bob who each time he has a breakup with a significant other, he drives himself to Krispy Kreme where he dines on a dozen of donuts. This has happened to him multiple times over the last five years. However, we are making headway. Bob is further along now than he's been in years.

So if you're having any of these problems we are here to help you. Please do not hide from us. We only want the best for you. I'll leave you with this verse of Scripture on the transformed life from the book by Oswald Chambers, My Utmost for His Highest. "If any man is in Christ, he is a new creature; old things have passed away and behold all things become new." 2 Corinthians 5:17

You too can have a transformed life. Allow us to get you the help you need.

Blessings to all,

Chuck Shaffer MD



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## Why not liquid calories?

So often we hear from patients that they are tired of eggs and a simple smoothie in the morning would be great. Unfortunately, liquid calories are not the same as whole foods and can disrupt weight loss.

Increased evidence shows that the brain has a difficult time registering calories from liquids as food. This means that instead of feeling full and satisfied, you are left hungry and normally will end up eating more.

One study from Penn State served women diet soda, regular soda, water, orange juice, milk or no drink with lunch. The women given the calorie beverages consumed about 100 more calories than the women who drank the calorie free beverages.

Another study, coined the “jelly bean” study gave subjects 450 calories of either soda or jellybeans for 30 days. They then switched the two groups and followed them for another month while tracking their total consumption. They found that while the subjects were eating the jellybeans, they ate less food. This meant that they were compensating for the extra calories they ate. However, the soda drinkers ended up eating more throughout the day not compensating at all for the empty calories.

A final study by Richard Mattes and Wayne Campbell of Perdue University investigated the effects of food form (solid, semi-solid or liquid) on appetite. Subjects consumed either a whole apple, applesauce or apple juice having the same caloric value. They found that the apple juice reduced hunger the least, the whole apple reduced hunger the most and the applesauce response was intermediate. The subjects that had the apple juice were hungry for their next meal nearly an hour sooner than those that had a whole apple.

The premise as to why this happens is based on the fact that liquids require less chewing, and travel faster through the stomach and the intestine, resulting in less satiety. But there is a second factor, our brain.

A newer study led by Bridget Cassady and published in the *American Journal of Clinical Nutrition* took fifty-two healthy adults and gave them a pre-lunch “appetizer”, consisting of 10 percent of their daily caloric needs. Each participant experienced 4 different appetizer scenarios, all containing the same amount of calories:

- **Liquid to liquid:** participants consumed a clear, cherry flavored drink. Research assistants then showed participants what happens in the body by mixing the drink with what they called “gastric acid”, (AKA ordinary tap water). The mix didn’t change the liquidity of the pre-meal, therefore participants drank a liquid, and understood it stayed liquid in their stomach.
- **Liquid to solid:** participants consumed the same clear, cherry flavored drink. Study administrators demonstrated what happens in the body by mixing the drink with what they called “gastric acid”, (this time it was actually calcium chloride), which formed a solid mass upon mixing, therefore subjects drank a liquid, but thought it turned solid in their stomach.
- **Solid to liquid:** Subjects ate cherry flavored gelatin cubes. The study administrator imitated what happens in the stomach by mixing the gelatin cubes with “gastric acid” (AKA- warm water), which melted the cubes, leading participants to think that although they swallowed a solid, it was liquid in their stomach.

**Solid to solid:** Subjects ate cherry flavored gelatin cubes. The research assistants showed what happens in the stomach by mixing the gelatin cubes with “gastric acid” (which in this case was cold water and didn’t affect the cubes’ solidity, leading participants to believe that they swallowed a solid, and their stomach is digesting a solid.

Continued on page 4.....

Hunger, fullness and appetite were evaluated after each appetizer, as well as objective measures like blood glucose, insulin and ghrelin, stomach emptying, intestinal transit time and caloric intake in the meal following the test pre-meals.

The results showed that those who had liquid meals and perceived liquid meals had more hunger and were less full. Participants' responses to liquid to liquid and solid to liquid pre-meals included: "this didn't fill me up at all" and "it hardly feels I ate anything". On the other hand, the solid meal (solid to solid) and perceived solid meal (liquid to solid) elicited responses such as "I can't remember ever being so full" and "it feels like I swallowed a rock".

In addition, participants ate more (in the post-test meal) when they **thought** they had liquids (22 percent more), which amounted to about 160 additional calories.

Stomach emptying and transit time in the colon were faster when taking in liquid or when **believing** the solid turned into liquid.

Insulin and other hormones signaling satiety had a slight rise when consuming liquids. Ghrelin, a hormone, which is suppressed after meals, was less suppressed by the liquid pre-meals.

### **Thinking about liquids is enough to diminish satiety**

It is interesting to think that hunger is closely tied to our thought process. When participants believed that they took in liquid calories it resulted in less satiety. This demonstrated that simply thinking about food in liquid form increases not only hunger levels but also measurable physiologic responses such as the rate of stomach emptying and the levels of hormones that affect appetite.

Why does our body seem unaware of the calories in drinks? Perhaps one hypothesis is taking a look at human history: 1000 years ago people ate food when they were hungry, and drank water when they were thirsty. Beverages with calories were unusual.

Fast forward to today, sugary beverages make up about 1/5 of our calorie intake daily! They are easy to grab and pleasing to the eye thanks to sneaky food marketing practices. So, the next time you are tempted –remember mind over matter and walk away!

- Tricia Foley, MS, RD

**Citation:** [http://herbalwater.typepad.com/ayalas\\_herbal\\_water/2012/01/study-shows-liquid-calories-trick-body-and-mind-to-overeat.html](http://herbalwater.typepad.com/ayalas_herbal_water/2012/01/study-shows-liquid-calories-trick-body-and-mind-to-overeat.html)

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## **Savory Low-Carb Marinade for Chicken, Pork, or Beef– recipe from Kaylyn's Kitchen**

Makes enough marinade for 6-8 pieces of meat

### **Ingredients:**

1/2 cup olive oil  
1/4 cup white wine vinegar  
3 T full fat mayo  
1-2 T Worcestershire sauce  
1 T lemon juice  
1 tsp. salt  
1 tsp. fresh ground black pepper  
1 T Poultry Seasoning  
1 T garlic puree or garlic powder  
1 T sweet paprika, preferably Hungarian paprika  
1/2 T onion powder  
1 tsp. dried thyme (optional, but recommended)

### **Instructions:**

Put all ingredients in a bowl or glass measuring cup and whisk together, or you can combine ingredients by shaking in a jar. (Don't worry if there are some beads of mayo that don't combine; they will dissolve when you're marinating the meat.)