THE BALANCE

Binge-Eating Disorder

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Binge-eating disorder involves recurrent, distressing episodes marked by loss of control, without the regular compensatory behaviors associated with bulimia nervosa.

02 Assessment considers eating patterns, restriction, medical and psychiatric factors, medication, weight stigma, safety risks, and co-occurring conditions rather than body size alone.

03 Care may combine specialist psychotherapy, nutritional support, regular flexible eating, psychiatric or medical input, and continuing care, with residential treatment considered selectively.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Understanding binge-eating disorder

Diagnosis considers recurrent binge episodes, loss of control, associated features, distress, frequency, duration, and absence of regular compensatory behavior. Body size does not determine whether the disorder is present.

How binge-eating disorder May Present

The central experience is often loss of control rather than the exact amount another person observes. Shame may lead the person to hide episodes or alternate them with rigid attempts to compensate informally.

- Eating rapidly or beyond comfortable fullness during episodes
- A strong sense of being unable to stop or choose what and how much to eat
- Eating in secrecy or when not physically hungry
- Marked distress, shame, guilt, disgust, or withdrawal afterward
- Cycles of restriction, dieting, rules, and renewed binge eating
- Food acquisition, delivery, disposal, or financial patterns organized around episodes
- Depression, anxiety, trauma symptoms, ADHD, sleep disruption, or substance use
- Physical-health concerns that deserve appropriate care without assuming weight is the sole cause

Clinicians should ask about weight stigma, dieting history, food insecurity, medication, culture, and prior treatment. A moralizing or weight-centered approach can increase shame and reduce disclosure.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment clarifies binge characteristics, nutrition, restriction, psychiatric and medical factors, and the role of weight-focused treatment history.

Frequency, duration, amount, loss of control, triggers, and consequences of episodes

Restriction, dieting, fasting, exercise, purging, or other compensatory behavior

Mood, anxiety, trauma, ADHD, OCD, substance use, sleep, and suicide risk

Goals, consent, readiness, and access to specialist continuing care

Safety and the appropriate setting

Suicidal intent, severe depression, acute medical symptoms, uncontrolled diabetes or other serious health concerns, purging, severe restriction, or inability to remain safe requires the appropriate urgent or specialist service. Medical care should be evidence-based and respectful. Physical symptoms should not be dismissed as psychological or attributed entirely to body size.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment may include evidence-informed psychotherapy, nutritional support, regular eating, work on restriction and cues, psychiatric care, and treatment of co-occurring conditions.

Create a non-stigmatizing shared formulation of loss of control and distress Reduce restrictive cycles that increase biological and psychological vulnerability

Establish regular, adequate, and flexible nourishment Use specialist psychotherapy matched to the presentation

Treat depression, anxiety, trauma, ADHD, sleep, or substance use when present Review medication through an authorized prescriber where indicated

Address secrecy, relationships, food access, delivery, and environmental cues Arrange continuing care that does not revert to punitive dieting

Weight loss is not a guaranteed or sufficient outcome of binge-eating treatment. Restrictive diets, shame, and compulsory exercise can worsen the cycle for some people and should not be presented as standard care.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care should include a specialist therapist and dietitian where indicated, medical and psychiatric follow-up, regular eating, response to urges or episodes, and a plan for travel, work, family, and food access. Progress may include fewer binge episodes, reduced loss of control and shame, more regular and flexible eating, improved emotional and physical health, and less time organizing life around food or compensation.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is binge-eating disorder the same as overeating?

No. Diagnosis involves recurrent episodes with loss of control, associated features, distress, frequency, and duration. Occasional overeating alone is not the disorder.

Does binge-eating disorder occur only at a higher body weight?

No. It can occur across body sizes, and body size does not establish the diagnosis.

How is it different from bulimia?

Bulimia includes regular compensatory behavior such as vomiting, fasting, or excessive exercise. Binge-eating disorder does not.

Is weight loss the goal of treatment?

Treatment focuses on binge eating, health, distress, and quality of life. Weight loss is not guaranteed and should not be the sole measure of recovery.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.