The neurobiology of BED is an active area of recent investigation. Emerging work has suggested that BED is characterized by elevated sensitivity to food reward coupled with increased impulsivity and compulsivity20, 25–27, 32.

Impulsivity and compulsivity may reflect failures of “top-down” cognitive control, possibly mediated in part via interactions between prefrontal circuits and those that promote behavioral engagement like the mesocorticolimbic system32–34. A transition from impulsive, reward- driven behaviors to compulsive, habit-driven behaviors has been hypothesized to be related to both substance use disorders (SUD) and binge eating30, 35. Indeed, the degree to which eating is reported as similar to SUD (i.e., “food addiction” or addictive-like eating) may be an indicator of greater BED severity36–39. Accordingly, impulsivity-related and compulsivity-related processes may underlie BED to a greater extent than obesity20, 25–27, 32.

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