

**COGNITIVE BEHAVIORAL THERAPY (CBT) IN WOMEN DIAGNOSED WITH BINGE EATING DISORDER (BED): A LITERATURE REVIEW**

**INTERVENÇÕES DA TERAPIA COGNITIVO COMPORTAMENTAL (TCC) NO TRANSTORNO DE COMPULSÃO ALIMENTAR (TCA): UMA REVISÃO DE LITERATURA**

**TERAPIA COGNITIVO-CONDUCTUAL (TCC) EN MUJERES CON DIAGNÓSTICO DE TRASTORNO POR ATRACÓN (TA): UNA REVISIÓN DE LA LITERATURA**

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**ABSTRACT**

This study aimed to understand the cognitive, behavioral, physical, and environmental aspects of binge eating disorder (BED), identifying the main cognitive behavioral therapy (CBT) interventions for this disorder and the treatment's impact on prognosis in female patients. The research followed a systematic review of qualitative literature, using databases such as PubMed, SciELO, Pepsic, Cochrane, BVS- Saúde, and LILACS, with descriptors "Binge Eating Disorder (BED)", "Cognitive Behavioral Therapy (CBT)", and "Binge Eating and Women" in Portuguese and English. Fifteen relevant articles were selected for the final analysis after applying inclusion and exclusion criteria. BED is a multifactorial disorder that can involve cognitive, behavioral, physical, and environmental aspects, influenced by dysfunctional beliefs about body image, low self-esteem, and stress. CBT proved effective in treating BED, employing techniques such as cognitive restructuring, self-monitoring, emotional regulation, mindfulness, emotional skills training, frustration tolerance strategies, psychoeducation, and problem-solving training. The effects include reduced binge episodes, improved self-esteem and quality of life, as well as a positive impact on prognosis by promoting emotional regulation and enhancing mental health. However, results varied among patients, suggesting that CBT should be combined with other interventions, such as nutritional support and physical follow-up.

**Keywords:** Cognitive Behavioral Therapy; Binge Eating Disorder; Women.

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## RESUMO

Este estudo teve como objetivo compreender aspectos cognitivos, comportamentais, físicos e ambientais no TCA, identificando as principais intervenções da TCC neste transtorno e os impactos do tratamento no prognóstico em pacientes mulheres. A pesquisa seguiu uma revisão sistemática da literatura qualitativa, utilizando bases de dados como PubMed, SciELO, Pepsic, Cochrane, BVS-Saúde e Lilacs, com descritores "Transtorno da Compulsão Alimentar (TCA)", "Terapia Cognitiva Comportamental (TCC)" e "Compulsão Alimentar e Mulheres" em português e inglês. Foram selecionados 15 artigos relevantes para a análise final, após a aplicação de critérios de inclusão e exclusão. O TCA é um transtorno multifatorial que pode envolver aspectos cognitivos, comportamentais, físicos e ambientais, com influência de crenças disfuncionais sobre imagem corporal, baixa autoestima e estresse. A TCC se mostrou eficaz no tratamento do TCA, utilizando técnicas como reestruturação cognitiva, automonitoramento, regulação emocional, mindfulness, treinamento em habilidades emocionais, estratégias de tolerância à frustração, psicoeducação e o treinamento em resolução de problemas. Os efeitos consistem na redução dos episódios de compulsão, melhora da autoestima e da qualidade de vida, além de ter impacto positivo no prognóstico, promovendo a regulação emocional e melhora no quadro de saúde mental. No entanto, os resultados variaram entre os pacientes, sugerindo que a TCC deve ser combinada com outras intervenções, como suporte nutricional e acompanhamento físico.

**Palavras-chave:** Terapia Cognitivo Comportamental; Transtorno de Compulsão Alimentar; Mulheres.

## RESUMEN

Este estudio tuvo como objetivo comprender los aspectos cognitivos, conductuales, físicos y ambientales en el trastorno por atracón (TCA), identificando las principales intervenciones de la terapia cognitivo-conductual (TCC) en este trastorno y los impactos del tratamiento en el pronóstico de pacientes mujeres. La investigación siguió una revisión sistemática de la literatura cualitativa, utilizando bases de datos como PubMed, SciELO, Pepsic, Cochrane, BVS-Salud y LILACS, con los descriptores "Trastorno por atracón (TCA)", "Terapia cognitivo-conductual (TCC)" y "Atracones y mujeres" en portugués e inglés. Se seleccionaron 15 artículos relevantes para el análisis final tras aplicar criterios de inclusión y exclusión. El TCA es un trastorno multifactorial que puede implicar aspectos cognitivos, conductuales, físicos y ambientales, influido por creencias disfuncionales sobre la imagen corporal, la baja autoestima y el estrés. La TCC demostró ser eficaz en el tratamiento del TCA, empleando técnicas como la reestructuración cognitiva, el automonitoreo, la regulación emocional, el mindfulness, el entrenamiento en habilidades emocionales, estrategias de tolerancia a la frustración, la psicoeducación y el entrenamiento en resolución de problemas. Los efectos incluyen la reducción de los episodios de atracones, la mejora de la autoestima y de la calidad de vida, además de un impacto positivo en el pronóstico al promover la regulación emocional y mejorar la salud mental. Sin embargo, los resultados variaron entre las pacientes, lo que sugiere que la TCC debe combinarse con otras intervenciones, como el apoyo nutricional y el seguimiento físico.

**Palabras clave:** Terapia cognitivo-conductual; Trastorno por atracón; Mujeres

## 1 INTRODUCTION

Eating disorders are severe psychiatric conditions that involve persistent changes in eating habits, often accompanied by intense psychological suffering and significant impairments in the daily lives of patients and their quality of life. According to the DSM-5-TR (2023), these disorders are characterized by persistent eating disorders, poor eating behaviors, and a distorted perception of one's own body, which can lead to the development of serious clinical complications such as obesity, type 2 diabetes, hypertension and cardiovascular diseases (Dalgalarrodo, 2019).

Among these disorders is Binge Eating Disorder (BED), defined by the recurrent presence of episodes of excessive and uncontrolled food intake, without subsequent compensatory practices. According to the DSM-5-TR (2023), for the diagnosis of eating disorders, these episodes must occur at least once a week, for a minimum period of three months, and be characterized by rapid food intake, in addition to a subjective feeling of loss of control over eating behavior. These episodes often provoke intense feelings of shame, guilt, and anguish, generating significant emotional distress and functional impairment in the patient's life (Dalgalarrodo, 2019).

Among the various eating disorders described in the literature, eating disorder is considered the most prevalent in the general population. It is estimated that it affects about 2.6% of the world's population, and Brazil has one of the highest global rates, with an estimated prevalence of up to 4.7% (Nazar, 2017). Epidemiological studies also indicate that eating disorders are more frequent in women, especially in the adult age group, which highlights the need for specific therapeutic approaches aimed at this audience (Nazar, 2017). According to Attia and Walsh (2022), binge eating disorder affects around 3.5% of women and 2% of men during their lifetime. The impact of the disorder is aggravated by social factors, such as stigma, misunderstanding by the family and social environment, and frequent association with other psychiatric and clinical comorbidities, such as obesity, type 2 diabetes mellitus, hypertension, anxiety, and depression (Dalgalarrodo, 2019).

The development of Binge Eating Disorder is not yet fully elucidated, but there is solid evidence suggesting a multifactorial etiology, involving genetic, environmental and psychological aspects. Studies show that the disorder may have a strong hereditary component, often observed in family groups, which suggests that genetic factors may play an important role in its manifestation (DSM-5-TR, 2023). In addition, alterations in neurobiological mechanisms related to appetite, satiety, and brain reward are also implicated in the genesis and maintenance of compulsive behaviors (Dalgalarrodo, 2019).

From a psychological point of view, patients with eating disorder often have significant emotional vulnerabilities, such as low self-esteem, anxiety, depression, impulsivity, and difficulties in emotional regulation (Azevedo, 2021). In behavioral terms, compulsive episodes may be related to the use of food as an inappropriate strategy to deal with negative feelings, such as sadness, anxiety, boredom or frustration. As pointed out by Dalgalarrondo (2019), patients with eating disorders tend to adopt strict and specific eating rules, which when broken generate extreme negative interpretations, contributing to a continuous cycle of compulsion, guilt, and new attempts at even more severe food restriction, intensifying the clinical picture.

In the context of Binge Eating Disorder (BED), the relevance of Cognitive-Behavioral Therapy (CBT) stands out, which has been demonstrating considerable efficacy in the treatment of eating disorders. According to Division 12 (DIV12) of the American Psychological Association (APA), a clinical psychology society that includes members who work in practice, research, teaching, administration, and/or study in the area of clinical psychology (APA, 2025), Cognitive-Behavioral Therapy has solid evidence for the treatment of BED (Society of Clinical Psychology, 2025).

According to Beck (2013), Cognitive-Behavioral Therapy (CBT), developed by Aaron Beck in the 1950s, understands the human being as an active agent in the way he interprets and responds to world events. In this approach, thoughts, emotions, and behaviors are interconnected, and cognitive distortions can generate emotional distress. The cognitive model of CBT proposes that the interpretation of a situation directly influences emotional and behavioral reactions. Core beliefs, intermediate beliefs, and automatic thoughts form a cognitive processing system that can become dysfunctional in contexts of psychic distress. The methodology of CBT is structured, collaborative, and present-oriented. The therapist assists the patient in identifying and reevaluating dysfunctional thoughts, promoting more realistic and adaptive interpretations. The goal is to develop effective coping strategies, strengthen autonomy, and improve the patient's quality of life.

This therapeutic approach acts directly on dysfunctional cognitive patterns and inappropriate behavior, which perpetuate the cycle of binge eating and emotional distress. According to Barlow (2023), individuals with eating disorder have compulsive episodes as an exaggerated response to breaking strict eating rules, associating small eating slips with an exaggerated perception of personal failure, which reinforces feelings of incapacity and further reduces food control. Thus, specific cognitive interventions become essential to restructure these dysfunctional thoughts and assist in the development of adaptive strategies for binge control.

The specific characteristics of eating disorders in females require special attention due to the additional factors frequently reported in this population. Women with eating disorder may have significant emotional dysregulation, impulsive symptoms, or borderline personality traits, and are often associated with additional psychiatric disorders, such as severe depression or anxiety, severe body image distortions, a history of restrictive diets, abuse of psychoactive substances, and vulnerabilities related to early traumatic or relational experiences (Azevedo, 2021).

Considering that scientific studies point to the high prevalence of eating disorder among women and the increasing effectiveness of CBT in the management of eating disorders, this study aims to understand cognitive, behavioral, physical and environmental aspects of eating disorders, identifying the main interventions of CBT in this disorder and the impacts of treatment on the prognosis of female patients.

## 2 METHOD

A Systematic Literature Review (RSL) was conducted, of a qualitative nature, with the purpose of gathering and critically analyzing the scientific production available on the subject in question. As Pereira and Bachion (2006) point out, this type of review represents a rigorous approach to synthesize accumulated knowledge, following previously defined criteria.

Thus, the electronic databases PubMed, SciELO, Pepsic, Cochrane, VHL-Saúde and Lilacs, available on the CAPES Portal, were consulted using the following descriptors: "Binge Eating Disorder (BED)", "Cognitive Behavioral Therapy (CBT)" and "Binge Eating and Women"; and in the English language, the key words were: "Binge Eating Disorder (BED)", "Binge Eating", "Cognitive Behavioral Therapy (CBT)", "Cognitive Behavioral Therapy and Binge Eating Disorder" and "Women".

In the second stage, the inclusion and exclusion criteria were applied to the articles selected in the initial search. Fully accessible journals published in the period from 2000 to 2025 were included. Books, book chapters, letters to editors, reviews, and non-scientific journals were excluded. These criteria ensure the validity and reliability of the survey, ensuring that the sample is representative of the target population and that the data collected are relevant and reliable.

The third stage consisted of reading the selected articles, in order to verify the pertinence to the investigated theme. This careful reading allowed the identification of studies that addressed cognitive, behavioral, physical, and environmental aspects related to eating disorder in women, as well as CBT interventions applied in the treatment of this disorder. In

the fourth stage, after reading the abstracts, the journals that attended were selected. After this stage, 15 articles were selected to compose the final corpus of the research.

### 3 RESULTS AND DISCUSSION

#### 3.1 COGNITIVE, BEHAVIORAL, PHYSICAL AND ENVIRONMENTAL ASPECTS OF EATING BED IN WOMEN

Binge Eating Disorder (BED) is characterized by recurrent episodes of uncontrolled intake of large amounts of food, accompanied by the feeling of loss of control and absence of compensatory behaviors typical of bulimia nervosa (vomiting and laxatives). It is a multifactorial disorder, influenced by cognitive, behavioral, physical, and environmental factors, and is more prevalent in women (Mars et al., 2025; Santos et al., 2020).

In cognitive aspects, eating disorder is related to dysfunctional beliefs and negative automatic thoughts involving weight, food, body shape, and self-esteem. Women affected by the disorder often internalize unrealistic aesthetic standards, which contributes to body dissatisfaction and feelings of guilt and shame after binge episodes (Duchesne et al., 2002, 2007; Nunes, 2024). In addition, negative automatic thoughts, perfectionism, low self-esteem, and maladaptive early schemes — such as emotional deprivation, the search for approval, and the feeling of failure — are also among the main cognitive factors implicated in the development and maintenance of the disorder (Andrade, 2019; Sales, 2021). In addition, people who suffer from eating disorder have difficulties distinguishing physiological hunger from emotional hunger, which further compromises food self-regulation (Andrade, 2019).

From a behavioral point of view, eating eating is mainly manifested by the ingestion of large amounts of food in a short period, often without physiological hunger (Mars et al., 2025). These episodes are usually driven by negative emotions such as stress, sadness, and anxiety, functioning as a maladaptive strategy of emotional regulation (Santos et al., 2020; Nunes et al., 2024). After compulsive eating, women tend to experience intense feelings of guilt, shame, and distress, which contributes to the maintenance of the binge cycle (Iacovino et al., 2012; Mars et al., 2025). In these cases, social isolation and secret eating behavior are common, motivated by shame in relation to their own food intake (Marinho et al., 2024).

Regarding physical aspects, eating disorders is associated with overweight, obesity, and a series of medical comorbidities such as type 2 diabetes, hypertension, dyslipidemias, sleep apnea, and gastrointestinal disorders (Blanchet et al., 2018; Mars et al., 2025). In addition to the metabolic and cardiovascular consequences, there is evidence of a direct impact on mental health, with a high prevalence of symptoms of depression, anxiety disorders, and psychoactive substance use (Wade, 2012). The

Environmental factors play a decisive role in the development and maintenance of eating disorders in women. The influence of the media, social networks, and aesthetic standards that promote thinness as an ideal of beauty generate constant pressure, especially among women, favoring body dissatisfaction and dysfunctional eating behaviors (Marinho et al., 2024, Andrade; Manço, 2019, Costa; Melnik, 2016). In addition, family environments marked by emotional neglect, invalidation, a history of restrictive diets, abuse, or overprotection are also important risk factors, especially when associated with traumatic experiences in childhood or adolescence (Mars et al., 2025; Sales, 2021). Other factors such as the overload of social roles and the demand for multiple performance (work, domestic and family care) are often mentioned as aggravating stress and anxiety, which contributes to binge eating as an emotional response (Marinho et al., 2024).

Thus, it is possible to say that Binge Eating Disorder in women is a complex and multifaceted phenomenon, which involves the interaction between several factors described in this subitem. The recognition and understanding of these aspects are fundamental for the planning of effective therapeutic interventions, especially through approaches such as Cognitive-Behavioral Therapy (CBT), which has been shown to be effective in reducing the symptoms of eating disorder and promoting the integral health of patients (Duchesne et al., 2002, 2007; Sobrinho et al., 2024), with the aim of promoting their integral health and autonomy.

### 3.2 CBT INTERVENTIONS IN THE TREATMENT OF EATING DISORDERS IN WOMEN

Binge Eating Disorder (BED) is considered a clinical condition with a strong psychosocial impact, and Cognitive-Behavioral Therapy (CBT) is the most suitable psychotherapeutic intervention for its management. Recognized for its empirical basis and technical structure, CBT has been widely applied in the treatment of patients with BED, demonstrating significant efficacy in reducing binge episodes and improving emotional and behavioral functioning (Duchesne et al., 2002, 2007; Cold; Kerber, 2021).

CBT is based on the assumption that thoughts influence emotions and behaviors. Thus, the modification of dysfunctional beliefs can result in significant changes in eating behavior. Among the various techniques used in the context of BED, cognitive restructuring stands out, which aims to identify and modify negative automatic thoughts and dysfunctional beliefs about diet, body image, and self-esteem (Coelho et al., 2024; Santos et al., 2020). In this sense, an example of common automatic thinking in people with eating disorder would be "I have no control over what I eat", which could be sustained from (Beck, 2013).

Another widely used technique is self-monitoring, aiming to observe attentional bias, in order to track elements in which one wants to evaluate (Waltman et al., 2023). This practice promotes increased self-reflection and awareness of the internal and external triggers that precipitate maladaptive eating behaviors (Duchesne et al., 2002, 2007; Marinho et al., 2024). For example, by recording her meals and emotions over the course of a week, a patient can identify in which binge episodes occur most frequently. Self-monitoring can also be combined with stimulus control — a technique that aims to reduce exposure to contexts, situations or foods that work as binge triggers, thus favoring the strengthening of eating self-control. The intervention, therefore, seeks to identify these stimuli and implement practical strategies to avoid, reduce, or replace them with more neutral or adaptive stimuli (Nunes et al., 2024). For example, a patient who reports frequent episodes of binge eating at the end of the day, when she realizes that she kept sweets in sight in the kitchen, is advised to reorganize the home environment, removing these foods from visible places and replacing them with healthier options, in addition to establishing a more regular eating routine throughout the day.

Emotional regulation, which can be defined as the ability to inhibit inappropriate and impulsive behavior related to strong emotions and organize oneself internally for controlled action in favor of a goal (Linehan, 2018), has also appeared as an important therapeutic tool. This technique has emerged as an important focus within CBT, given that many episodes of binge eating are related to trying to cope with negative emotions. Considering this technique, some strategies can be applied, such as: mindfulness, training in emotional skills, and frustration tolerance strategies (Sales, 2021; Sobrinho et al., 2024).

Mindfulness, also known as mindfulness, was incorporated into Cognitive-Behavioral Therapy mainly from the third wave, and can be defined as the ability to sustain attention in the present moment in a planned way and without judgment (Kabat-Zinn, 2003). This practice helps the patient to recognize and accept their emotional states without merging with them, favoring the interruption of automatic reaction patterns, for example, when a patient reports frequent episodes of nocturnal binge eating after stressful days at work. In many clinical situations, the patient may report that he does not even realize that he has eaten, or that he only realizes when the food has run out, for example. In these cases, the use of the conscious eating exercise is proposed, a mindfulness technique adapted to CBT, where the patient starts to eat a meal

Training in emotional skills in CBT seeks to train the identification, understanding, expression and regulation of emotions, in a functional way. (Sales, 2021). In clinical practice, when a patient has difficulty verbalizing feelings of frustration and abandonment, she is encouraged to use an emotional diary to record situations that may trigger them, identify the

emotion involved, and practice assertive responses, such as communicating their needs without being silent or taking it out on food.

The frustration tolerance strategy, in turn, works to strengthen the individual's ability to deal with emotionally painful situations without resorting to maladaptive behaviors (Linehan, 2018), and can use techniques such as functional distraction, radical acceptance, and analysis of pros and cons. In a situation where a professional may receive criticism at work, she may have an immediate impulse to consume large amounts of food. Given this scenario, they can be guided to apply the pros and cons technique before giving in to the impulse, in addition to using distraction strategies, such as walking or listening to music, to withstand the emotion without acting impulsively. With the use of this strategy, the ability to face intense emotions without resorting to dysfunctional behavior can be expanded, strengthening emotional resilience and autonomy.

Other relevant techniques used in the context of Cognitive-Behavioral Therapy (CBT) are psychoeducation and problem-solving training.

Psychoeducation consists of a systematic process of information transmission that aims to promote the patient's understanding of the nature of their disorder, as well as the functional relationship between thoughts, emotions, and behaviors, promoting engagement (Knapp, 2016). This strategy aims to expand the individual's cognitive repertoire, foster self-knowledge, and increase adherence to treatment, while reducing the stigma and self-criticism often associated with eating disorders. For example, by understanding that the cycle of binge eating can be initiated by a negative automatic thought — such as "I can't handle this frustration without eating" —, The patient begins to recognize the dysfunctional mechanisms that sustain impulsive eating behavior, becoming more apt to interrupt this pattern.

Problem-solving training, on the other hand, seeks to develop practical skills to deal with emotional and interpersonal difficulties, through the clear identification of the problem, generation of alternatives, decision-making, and implementation of effective strategies (Andrade, 2019). Both techniques are essential to strengthen the patient's autonomy and encourage the use of adaptive strategies in the face of daily demands.

The studies analyzed indicate that the results of CBT in the treatment of eating disorders include a significant reduction in the frequency and intensity of binge episodes (in some cases, from 80% to 94%), improved self-esteem, reduced anxiety and depressive symptoms, increased dietary control, and improved quality of life (Duchesne et al., 2002, 2007; Cold; Kerber, 2021; Iacovino et al., 2012).

Therefore, Cognitive-Behavioral Therapy stands out as an effective, structured, and evidence-based approach, with numerous techniques that address the cognitive, emotional,

and behavioral aspects involved in Binge Eating Disorder. The continuous improvement of techniques and their adaptation to new application formats can expand the access and effectiveness of this intervention, consolidating its central role in the clinical management of ACT.

### 3.3 PROGNOSTIC IMPACTS DUE TO THE TREATMENT OF EATING BED BY CBT IN WOMEN

TCA imposes serious challenges to the physical and emotional well-being of patients, requiring effective and sustainable interventions to achieve lasting results. In this context, CBT has stood out for its positive impact on the prognosis of the disorder, both in the short and long term.

The studies researched have shown that CBT promotes a significant reduction in the frequency of binge eating episodes, with a remission rate that can reach 80%, improvement in self-esteem, body image, and emotional regulation, in addition to contributing to increased eating self-control (Andrade, 2019; Marinho et al., 2024; Santos et al., 2020;). In addition, there is evidence that CBT improves patients' overall quality of life, with sustainable effects for periods ranging from one to four years after treatment (Iacovino et al., 2012; Mars et al., 2025).

Another point found was that the therapeutic benefits of CBT also extend to the reduction of comorbidities such as anxiety, depression, and hopelessness — factors often associated with eating disorder — in addition to favoring the development of healthier eating habits (Coelho et al., 2024; Nunes et al., 2024). In addition to these benefits, there is the normalization of the eating pattern, with a greater number of healthy meals, reduction of compensatory and restrictive behaviors, inclusion of physical activity, and reorganization of the eating routine, which strengthens the maintenance of results (Sobrinho et al., 2024).

From a prognostic point of view, the literature reveals that CBT has a high rate of symptom remission, especially when started early and associated with emotional regulation strategies and social skills (Sales, 2021; Santos et al., 2020). Studies suggest that a rapid response to treatment is usually seen within the first four weeks and may be an important predictor of long-term success (Wade, 2012), which decreases the rate of relapse over time.

However, it is important to consider that not all individuals respond in the same way to CBT. The prognosis may vary according to individual and contextual factors. Approximately one third of individuals maintain residual symptoms after the end of treatment, and about 20% develop chronic conditions (Coelho et al., 2024). The maintenance of results over time depends on the continuity in the application of the techniques learned, and maintenance

sessions and the involvement of a multidisciplinary team are recommended (Duchesne et al., 2002, 2007; Cold; Kerber, 2021).

Among the factors that negatively influence the prognosis, the presence of unresolved family conflicts, history of trauma, absence of a support network, and difficulties in implementing the strategies learned in therapy stand out. For these cases, maintenance sessions and the performance of a multidisciplinary team are recommended, capable of meeting the multiple clinical, emotional and behavioral demands of the patients (Costa; Melnik, 2016; Duchesne et al., 2007; Cold; Kerber, 2021; Santos et al., 2020).

In short, CBT exerts a direct influence on the prognosis of eating disorders, promoting cognitive and emotional transformations that favor clinical recovery. However, the success of treatment depends on a comprehensive, individualized approach that is sensitive to the patient's needs, especially when it comes to the female public, whose psychosocial vulnerabilities require a careful and integrative therapeutic look.

#### 4 FINAL CONSIDERATIONS

This study sought to understand cognitive, behavioral, physical and environmental aspects of eating disorders, identifying the main CBT interventions in this disorder and the impacts of treatment on prognosis in female patients, based on the analysis of recent studies in the scientific literature. To achieve this objective, a systematic review of the qualitative literature was carried out, based on the selection and analysis of fifteen scientific articles, published from 2000 to 2025, collected from national and international databases.

After analyzing the results, it was possible to verify that eating disorder is considered a multifactorial disorder, which involves cognitive, physical, behavioral and environmental aspects, described with a higher prevalence among women.

Based on the different CBT techniques, efficacy was observed in reducing the frequency of binge eating episodes, increasing self-esteem, adjusting emotional regulation, and restructuring dysfunctional thoughts related to the body, food, and self-concept. Some studies related to management for cognitive restructuring, self-monitoring, stimulus control, psychoeducation, and practices of emotional coping strategies stood out as effective tools for the clinical management of eating disorders, which places CBT as a relevant and effective therapeutic approach in coping with eating disorders in women. In addition to the management of CBT techniques, it is important to mention the importance of an interdisciplinary approach, encompassing other health professionals such as: nutritionists, endocrinologists, psychiatrists, psychologists, among others, contributing significantly to the

improvement of the prognosis and quality of life of patients, increasing the possibility of symptom remission and maintenance of long-term results.

Although there are a significant number of studies on the effects of CBT on individuals with BED, there are few studies that address women and their psychosocial, hormonal, and cultural specificities, which makes it difficult to apply the results individually. In view of this, it is recommended that future investigations prioritize this population, taking into account the different stages of the woman's life, such as adolescence, climacteric, and maturity, and examine the effects of CBT after the end of treatment. More rigorous longitudinal studies and integrated interventions are also needed, which favor a more accurate understanding of therapeutic outcomes.

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