



Non-Pharmacological
Intervention Society

Non Pharmacological Interventions Registry

Notice : EMNO DIET-MED-BED nutritional program for adults with obesity presenting binge eating

Health Problem: Overweight and obesity



Nutritional

Sheet Code

NPIS-0000000116

Designation

EMNO DIET-MED-BED nutritional program for adults with obesity presenting binge eating

Abbreviation

EMNO DIET-MED-BED

Category

Nutritional

Main Indication

Sustained reduction in the number and intensity of binge eating episodes (episodes of excessive eating, where a large amount is eaten in a very short time).

How does it work?

The number of people in the world affected by binge eating disorder (BED) is estimated at around 0.9%. This percentage is higher among women (1.4% on average) than men (0.4% on average) and up to 30% of obese individuals consulting a specialized center. These binge eating disorders are characterized by regular episodes of excessive food consumption associated with a loss of control, without consistent compensatory behaviors.

The EMNO DIET-MED-BED program reduces these episodes by an average of 40 to 50% after 6 months of follow-up. This nutritional care, integrated into the care pathway and personalized, significantly improves behaviors, and the notable metabolic and psychological consequences. People have a better awareness of what they eat and better control of their emotions by breaking the vicious cycle "restriction – loss of control – guilt" that occurs during these episodes.

Other Benefits

Metabolic Benefits

- Weight stabilization and prevention of significant weight fluctuations.

Psycho-behavioral Benefits

- Reduction of negative self-directed thoughts and incorrect or different thoughts about eating.
- Improvement of body image, sense of personal efficacy, and self-esteem.
- Reduction of social isolation and improvement of relationships with the care team.
- Increase in frustration tolerance and the ability to control emotions.

Functional Benefits and Quality of Life

- Reduction of mild to moderate anxiety and depressive symptoms (2019).
- Improvement of sleep patterns.

Direct Risks

Risk of feeling distress in response to one's emotions but which does not last over time

Some patients may experience a temporary increase in shame, guilt, or anxiety when exploring their eating behavior, particularly during the first sessions. This phenomenon is generally short-lived and should be reported to your care team so they can support you.

Risk of excessive restriction

A misinterpretation of nutritional advice can lead to rigid restriction, which is counterproductive and can trigger new episodes. This risk can be managed with your care team.

Risk of disengagement or non-adherence

The frequency and intensity of crises can lead to difficulty in maintaining motivation, particularly in the absence of quick or visible results on weight. Your care team is here to offer solutions in such cases.

Risk of symptom transfer

Although this happens rarely, an improvement in eating behavior may be followed by a shift of crises towards another symptom (increase in addictive behaviors, anxiety)

Risks of interaction

Interactions with other medications:

Risk of interaction with certain psychotropic drugs: in patients treated with certain antidepressants (e.g., fluoxetine, venlafaxine), a rapid stabilization of mood or impulsivity may mask or shift certain crises. Coordination with the prescribing doctor is essential to adjust treatments/programs if necessary.

Possible interactions with certain psychotherapies:

If you are using an analytical-type psychotherapy (focused on representations) and care is not coordinated between providers, this may create confusion and reduce the ability to follow the program. It is recommended to ensure that caregivers coordinate effectively with each other.

Interactions with other dietary approaches

The combination of this NPI with a restrictive diet at the same time (e.g., ketogenic, unsupervised intermittent fasting) can lead to a form of destabilization in reasoning and behavior, reinforcing the loss of control over eating. Clear guidance and prioritization of interventions by the care team are therefore necessary.

Sociocultural or family interactions

Family or cultural expectations regarding rapid weight loss may conflict with the goals of stabilizing emotions and behavior targeted by this NPI. This difference in discourse can undermine patient engagement and must be identified and addressed by the care team.

Informational interactions

Uncontrolled exposure to nutritional content on social media, the Internet, or an uncertified

platform (dietary injunctions, "before/after," advice from pseudo-experts) can alter the perception of the EMNO DIET-MED-BED protocol and lead to risky behaviors (self-prescription, disengagement, guilt)

Target Audience

- Individuals aged 18 to 70 years with obesity (BMI ≥ 30 kg/m²) and a diagnosis of binge-eating disorder
- Patient expressing distress related to loss of control over eating, without purging compensatory behaviors (vomiting, laxatives, etc.).
- Person motivated by a non-prescriptive, educational, and progressive approach.
- Commitment to regular follow-up for 6 months in consultation.
- Person able to interact constructively with a healthcare professional (sufficient level of functional and digital literacy).

Contraindications

- Eating disorders such as anorexia nervosa, bulimia nervosa with vomiting, or atypical forms with major psychiatric instability.
- Severe, unstabilized psychiatric comorbidities (major depressive episode with melancholic symptoms, acute phase bipolar disorders, active schizophrenia).
- Individuals with cognitive or developmental disorders making it impossible to understand the program or voluntarily adhere to it (e.g., dementia, severe and unsupported autism spectrum disorder).
- Refusal to work on emotions, approach overly focused on rapid weight control, or exclusive pursuit of a "diet"-type effect.
- Individuals in situations of extreme social vulnerability without sufficient resources to allow regular follow-up (e.g., severe unsupported food insecurity).

Duration

6 months

Sessions per week

1 session per month

Precautions

This intervention must be carried out within a rigorous and safe medical framework. Certain individual situations or contexts may require adaptations, specific support, and heightened vigilance in order not to worsen crises or cause unwanted side effects. In this case, inclusion in the protocol and any potential adaptations must be subject to discussion and decision with all members of the care team.

Regulatory provisions

The EMNO DIET-MED-BED program is part of the regulated practices of therapeutic nutrition, mental health prevention, and therapeutic education as described by the Haute Autorité de Santé (HAS). It complies with the legal frameworks governing the professions involved as well as the prevailing deontological and ethical principles.

Supervision of professional practice

- The intervention is delivered exclusively by a state-certified dietitian, whose practice is governed by Article L4371-1 of the Public Health Code.
- The professional acts under their own responsibility, in compliance with the ethics of their profession and EMNO internal procedures.
- The protocol provides a complementary role for the nutritionist doctor, who prescribes the intervention, and the coordinating nurse, each within the defined framework of their regulatory competencies.

Intervention Status

- This intervention is an NPI, structured, codified, and reproducible, meeting the criteria defined by the Haute Autorité de Santé and the NPIS Registry.
- It does not constitute a standardized dietary prescription act, but a protocol for personalized therapeutic support targeted at an identified behavioral disorder, binge eating.
- The intervention does not replace a medical diagnosis or specialized psychotherapeutic care if such care is necessary.

Data Protection and Patient File

- All exchanges, reports, and follow-ups are conducted via the secure information system EMNO, compliant with GDPR (EU Regulation 2016/679).
- The collection and analysis of questionnaires are carried out with the patient's informed consent.

- In the event of participation in analytical or research work, the data are anonymized in accordance with internal procedures validated by the EMNO governance committee.

Main Initiator

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Link to the online listing: [click here](#).

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