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Editor's Notes:

Within this sample work, I corrected grammar while improving sentence flow and the organization of the text. I highly recommend that this entire paper is read through to correct for APA compliance, for small grammar and punctuation errors, and for assistance with transitions. This is well written, and I look forward to assisting you with the completion of your project.

PRIMARY EDITOR: Alison

Your comments/instructions which were included with the sample document:

My dissertation follows APA format. I am most interested in having each section flow together rather than simply correcting grammar, etc.

FIRST SAMPLE OF OUR EDITED VERSION:

PAGES 3-4

While the prevalence of anorexia nervosa and bulimia nervosa are 0.5-1% and 0.1-3%, respectively (Kugu, Akyuz, Dogan, Ersan, & Izgic, 2006), the rate of binge eating disorder is estimated to affect about 3% of the general population (Meneghini, Spadola, & Florez, 2006). The *DSM-IV-TR* (2000) has proposed specific criteria that the APA plans to enter into the subsequent manuals. These criteria include: eating an unusually large amount of food in a discrete period of time, lack of control over eating, rapid eating, eating when full, eating alone because of embarrassment or disgusted feeling about one's self, and the absence of compensatory behaviors.

As explained above, —An individual suffering from binge eating disorder may experience several behavioral and emotional signs and symptoms ~~as explained above~~. When individuals engage in binge eating behaviors, they may feel disgusted and vow to stop the behavior by dieting or restricting their food intake.

However, aAfter a period of time, ~~however,~~ the compulsion to binge surfaces again, and the individual enters a vicious cycle of bingeing and dieting. Some individuals may gain weight as a result of the bingeing episodes, and eventually meet the criteria for being obese (which simply refers to an excessive amount of body fat, and will be discussed further); other individuals who binge can maintain a regular weight range.

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Kommentar [AW1]: "My name is Alison and I will be serving as your editor for this free sample. My task is to ensure that your work is presented as clearly as possible. Thank you for entrusting me with your work."

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Kommentar [AW2]: I placed this here because I think it makes for a better transition between paragraphs.

Kommentar [AW3]: Perhaps, "later in this paper?"

Kommentar [AW4]: Added for clarity.

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——Along with this, some researchers believe that there is a genetic component involved in binge eating disorder, similar to that found in obesity studies (Cooper & Fairburn, 2003). For example, it has been proposed that certain observable characteristics, such as fat metabolism, physical activity, fat distribution, and eating behavior are genetically related genetically to obesity. Likewise, binge eating disorder has been found to be highly correlated with increased adiposity (body fat that stores energy in the form of fat) (Cooper & Fairburn, 2003).

Kommentar [AW5]: Changed so as not to split the verb.

Anxiety Disorders and Binge Eating

In general, —— psychological disorders, in general, are being diagnosed more accurately, along with other eating disorders. Some of these co-occurring disorders include major depression, anxiety disorders, and personality disorders. Anxiety disorders present most frequently with binge-eating specific behaviors, in about 70% of the treatment population (Schmidt, 2000).

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——Consistent with this statistic is the idea that anxiety can be reduced with behaviors such as disordered eating. Much in the same way that those suffering from bulimia nervosa vomit, or those with obsessive compulsive disorder have rituals and compulsions, binge eaters may feel compelled to eat more in order to reduce anxious feelings, and then subsequently feel that they must diet in order to lose the extra weight from binge eating. This may then develop into a cycle of bingeing and dieting (Schwalberg, Barlow, Alger, & Howard, 1992; Schmidt, 2000).

SECOND SAMPLE OF OUR EDITED VERSION:

PAGES 7-8

A study by Wild et al. (2006) used an electronic diary in the if analysis of primarily obese individuals involved in an in-patient treatment for binge eating disorder. Participants in this study were asked to keep track of their eating behaviors every day, while engaging in treatment interventions such as psychotherapy, nutrition counseling, and exercise programs for a total of 15 sessions of two hours each. At first, the sessions were conducted once a week, but later they were decreased to every other week. Participants also kept track daily of their feelings about their eating behaviors, including questions about depression, anxiety, calmness, distress, and control. The authors found that over the course of the treatment period, participants'

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Kommentar [AW6]: In APA style, numbers less than 10 are spelled out.

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binge eating behaviors decreased, along with their feelings of depression, anxiety, and distress. They also found that the patients felt more calm and in control of their eating habits when engaged in treatment interventions. In addition to this, the researchers found that anxiety was most often the feeling that triggered episodes of binge eating in the participants. All in all, each participant lost weight as a result of their therapy and recording their eating behaviors; for some, it was a substantial amount (up to 44 lbs.).

Kommentar [AW7]: Perhaps, "In summary?"

Relation of Binge Eating and Bulimia Nervosa

Schwalberg et al. (1992) compared bulimics, obese binge eaters, individuals with social phobia, and individuals with panic disorders on measures of anxiety, depression, and substance abuse. They assessed and compared individuals on measures concerning age of onset for each disorder, frequency of the behavior, and overall ideal body weight. The researchers found a significant difference between the age of onset for those individuals with bulimia nervosa and age of onset for those individuals with a binge eating disorder. The mean age of onset for bulimia nervosa was about 20 years old, whereas the mean age of onset for binge eating disorder was about 25 years old. The researchers also found that 70% of binge eaters evidenced a history of an anxiety disorder, compared to 80% of individuals with bulimia nervosa, which is consistent with the research by Schmidt (2000). The two most common anxiety disorders diagnosed in bulimics and binge eaters were generalized anxiety disorder (GAD) and social phobia. Many of the subjects indicated that social concerns and anxiety were present throughout their lives and played a role in their development (Schwalberg et al., 1992).

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Kommentar [AW8]: "I have made adjustments to grammar, punctuation, and minor formatting, all with a view to ensuring clarity in your work. I wish you all the best in your submission. – Alison"

First portion of your unedited version:

While the prevalence of anorexia nervosa and bulimia nervosa are 0.5-1% and 0.1-3%, respectively (Kugu, Akyuz, Dogan, Ersan, & Izgic, 2006), the rate of binge eating disorder is estimated at about 3% of the general population (Meneghini, Spadola, & Florez, 2006). The *DSM-IV-TR* (2000) has proposed specific criteria that the APA plans to enter into the subsequent manuals. These criteria include: eating an unusually large amount of food in a discrete period of time, lack of control over eating, rapid eating, eating when full, eating alone because of embarrassment or disgusted feeling about self, and absence of compensatory behaviors.

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An individual suffering from binge eating disorder may experience several behavioral and emotional signs and symptoms as explained above. When individuals engage in binge eating behaviors, they may feel disgusted and vow to stop the behavior by dieting or restricting their food intake. After a period of time, however, the compulsion to binge surfaces again, and the individual enters a vicious cycle of bingeing and dieting. Some individuals may gain weight as a result of the bingeing episodes, and eventually meet criteria for being obese (which simply refers to an excessive amount of body fat and will be discussed further); other individuals can maintain a regular weight range.

Along with this, some researchers believe there is a genetic component involved in binge eating disorder, similar to that found in obesity studies (Cooper & Fairburn, 2003). For example, it has been proposed that certain observable characteristics such as fat metabolism, physical activity, fat distribution, and eating behavior are genetically related to obesity. Likewise, binge eating disorder has been found to be highly correlated with increased adiposity (body fat that stores energy in the form of fat) (Cooper & Fairburn, 2003).

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Second portion of your unedited version:

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Good morning Heidi,

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Thank you for the opportunity to provide this professional editing sample on your behalf. I found this part of your research quite interesting!

Attached please find your editing sample, complete with my comments and suggestions/changes. In accordance with your request, I have recommended you for Level 3 Editing. You need a second set of eyes on assistance with APA style guide compliance, in addition to help with basic grammatical/punctuation errors, and sentence transitions.

Level 3 Editing includes spelling, grammar, punctuation, consistency and appropriateness of verb tenses, transitional phrasing, continuity/flow of thoughts, and support of statements, PLUS formatting and supplementary sentence re-writes when necessary. It also provides professional comments and feedback regarding overall writing style, flow of presentation and initial impressions by the reader.

You can view the editing in the Track Changes mode of MS Word using the review toolbar. All necessary corrections will be made directly on your document.

If you're happy with my work, I'd be honored if you'd request me by name when placing your order. When placing your order, please let me know of any other specific requests you might have for this research paper (such as the style of English). Should you have any questions, please don't hesitate to contact us at 1-321-251-6977 or editors@firstediting.com. I look forward to working with you!

Sincerely,

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