Basic Facts on Eating Disorders

Scenario

Once upon a time…eating disorders (EDs) carried a terrible stigma, were thought to arise from family dysfunction, and were thought to be an individual choice. Now it is known that EDs are not caused by family dysfunction and are not personal choices and are, in fact, complicated genetic, neurobiological disorders that can co-occur along with other issues such as anxiety and obsessive compulsive disorders.

Eating disorders can develop in any person who is genetically predisposed including men, boys, and older women but frequently appear during adolescence. Parents need to be aware that dieting behaviors often precede an ED. Even unintentional weight loss due to surgery or illness or excess exercise can trigger an eating disorder.

The diagnosed EDs include Binge Eating Disorder (BED), Bulimia Nervosa (BN), Anorexia Nervosa (AN) and a newly defined condition, Avoidant, Restrictive Food Intake Disorder (ARFID).

Important DSM-5 Changes

- The manual most often used to diagnose EDs (the Diagnostic and Statistical Manual of Mental Disorders, DSM-5) was recently revised so the way EDs are evaluated and diagnosed has changed.
- The Eating Disorder Not Otherwise Specified (EDNOS) category was removed. This change should allow greater access to care, a primary goal is for more people experiencing eating disorders to have a diagnosis that accurately describes their symptoms and behaviors. The category replacing EDNOS is called OSFED (other specified feeding and eating disorder).

Tips to Take With You

Best Treatment

- Get a correct diagnosis early…don’t wait
- Find knowledgeable practitioners. Ask them if they are experienced in treating EDs.
- Get early and effective treatment. Effective treatment removes ED behaviors as quickly as possible and then sets up an environment that supports recovery. Effective treatment can occur in the outpatient setting if the person is medically stable, or it can occur in more intensive settings like residential or intensive outpatient units.
- Hospitalization is necessary for people who are medically unstable.
- Do not settle for long lasting, ineffective treatment. Best outcomes happen when ED behaviors such as restricting food and purging, are stopped as soon as possible.

About Binge Eating Disorder

Binge eating disorder is the most common ED. The key diagnostic features of BED are recurrent and persistent episodes of binge eating that occur at least once a week over three months and binge eating episodes are associated with three (or more) of the following:

- Eating much more rapidly than normal
- Eating until feeling uncomfortably full
- Eating large amounts of food when not feeling physically hungry
- Eating alone because of being embarrassed by how much one is eating
- Feeling disgusted with oneself, depressed, or very guilty after overeating
- Marked distress regarding binge eating
- Absence of regular compensatory behaviors (such as purging)
About Anorexia Nervosa

- Often AN is characterized by emaciation; however weight alone is not diagnostic
- Common characteristics include:
  - a relentless pursuit of thinness and inability to maintain a normal or healthy weight
  - a distortion of body image and intense fear of gaining weight
  - parents might see their adolescent suddenly exercising a lot, saying they “want to be healthy,” opting for only “healthy foods,” saying they want to be vegetarian and being preoccupied with food labels.
- Changes to DSM-5 criteria:
  - focus is on behaviors, like restricting calorie intake
  - the word “refusal” in terms of weight maintenance is eliminated which can be difficult to assess and implies intention on the part of the client

About Bulimia Nervosa

- Bulimia Nervosa and BED share the common feature of binge eating
- Bulimia nervosa is characterized by:
  - recurrent and frequent episodes of eating (i.e., at least 1x/wk over 3 months) unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating
  - binge-eating is followed by a type of behavior that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise

About Avoidant Restrictive Food Intake Disorder, a new diagnosis in the DSM-5 (ARFID)

- applies often to children, and can look like intense “picky eating” or selective feeding disorder
- important to realize that some food avoidance follows traumatic events, or is related to physical conditions, such as poor chewing/swallowing ability, or sensory processing issues or autism spectrum disorders, digestive or gastrointestinal issues.
- needs to be evaluated by an interdisciplinary team of professionals familiar with child development

References:


Dingemans AE, van Furth EF. [EDNOS is an eating disorder of clinical relevance, on a par with anorexia and bulimia nervosa]. Tijdschr Psychiatr. 2015;57(4):258-64.

Written by SCAN registered dietitian nutritionists (RDN) to provide nutrition guidance. The key to health is early recognition of EDs and accessing professional help including a RDN who specializes in treating EDs. Utilize SCAN’s resource: “Find a SCAN Dietitian” at www.scandpg.org

Contact SCAN

www.scandpg.org
800.249.2875

© 2016 Sports, Cardiovascular, and Wellness Nutrition (SCAN)

Contributing Authors:
Therese Waterhous, PhD, RDN, CEDRD
Karen Wetherall, MS, RDN