Diagnosis of Eating Disorders vs Disordered Eating

Thomas & Schaefer Ch. 2

Diagnosis of Eating Disorders vs Disordered Eating

Not always straightforward

Occur on a continuum or “web”

Clinical Eating Disorders- DSM-5 (Diagnostic & Statistical Manual of Mental Disorders)

are psychiatric conditions

Subclinical- unhealthy behaviors not severe enough to meet diagnostic criteria

APA’s DSM-5 (2013) Diagnostic & Statistical Manual of Mental Disorders

The Clinical Eating Disorders

Anorexia nervosa

Bulimia nervosa

Binge eating disorder

Other specified feeding and eating disorders

Clinical Eating Disorders

Anorexia Nervosa (AN)

Greek word- “lack of appetite”

Key features:

denial (makes identification & treatment hard)

control (feelings, food & weight)

DSM-5 criteria:

Severe energy restriction

Intense fear of gaining wt or “becoming fat”

Inability to assess weight and shape accurately. Distorted body image. Overvaluation of shape or weight

Two subtypes of AN

1. Restricting type

Severe energy restriction w/o binge purge

2. Binge-purge type

Severe energy restriction, but does occasionally binge and use other compensatory purge behaviors for past 3 mos

Bulimia Nervosa (BN)

Term derived form Greek word, meaning “ox hunger”

DSM-5 criteria are:

Binge-purge cycle at least 1x/week for 3 mos

Lack of control during the episodes

Compensatory behaviors to neutralize impact on weight or shape

Overvaluation of shape or weight

w/ no AN

Binge Eating Disorder (BED)

DSM-5

Eating a very large amount of food in a relatively short time with perceived loss of control

At least 3 of the following:

Eating very quickly

until uncomfortable fullness

when not physically hungry

alone due to shame

Feeling very upset afterwards

Causes marked worry or concern

Binge at least 1x/wk for at least 3 months

W/ no AN or BN

OSFED

Atypical AN: not low weight

All criteria for BN but less frequent or shorter duration of binge-purge cycles (“subthreshold”)

Purging behavior after eating normal amounts of food

Repeatedly chewing & spitting (not swallowing) food

Subthreshold BED: less frequent binges

Subclinical disorders (“almost…”)

Have disordered eating and body wt issues but not the severe psychological disturbances

Fails to meet the DSM-5 criteria for AN, BN, BED or OSFED.

 Summary

Disordered eating encompasses wide range of abnormal diet practices and wt issues

May not be readily distinguishable from each other

A person may exhibit different degrees of abnormal eating and body image at different points in time

All forms of disordered eating should be a concern and addressed