

DSM- 5 Diagnostic criteria for Eating Disorders

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the 2013 publication of the American Psychiatric Association (APA) classification and assessment tool. The DSM-5 contains diagnostic criteria for mental health disorders, to assist clinicians in effective assessment and diagnosis. Outlined below are the diagnostic criteria for eating disorders:

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Other Specified Feeding and Eating Disorder (OSFED)
- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Unspecified Feeding or Eating Disorder (UFED)
- Other:
 - Muscle Dysmorphia
 - Orthorexia Nervosa (ON) proposed criteria

Anorexia Nervosa (AN)

- Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
- Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Subtypes:

Restricting type: During the last 3 months, the individual has not engaged in recurrent episodes of binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.

Binge-eating/purging type: During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behaviour (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Level of Severity		
Mild:	BMI	> 17 kg/m ²
Moderate:	BMI	16-16.99 kg/m ²
Severe:	BMI	15-15.99 kg/m ²
Extreme:	BMI	< 15 kg/m ²

Bulimia Nervosa (BN)

- Recurrent episodes of binge eating- an episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances.
 - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviours in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

Level of Severity	
Mild:	An average of 1-3 episodes of inappropriate compensatory behaviours per week
Moderate:	An average of 4 -7 episodes of inappropriate compensatory behaviours per week
Severe:	An average of 8 -13 episodes of inappropriate compensatory behaviours per week
Extreme:	An average of 14 or more episodes of inappropriate compensatory behaviours per week

Binge Eating Disorder (BED)

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances.
 - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what one is eating).
- The 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 feeling embarrassed by how much one is eating.
 - Feeling disgusted with oneself, depressed, or very guilty afterward.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for 3 months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Level of Severity	
Mild:	1-3 binge-eating episodes per week
Moderate:	4-7 binge-eating episodes per week
Severe:	8-13 binge-eating episodes per week
Extreme:	14 or more binge-eating episodes per week

Note: Binge eating disorder is less common but much more severe than overeating. Binge eating disorder is associated with more subjective distress regarding the eating behaviour, and commonly other co-occurring psychological problems.

Other Specified Feeding and Eating Disorders (OSFED)

This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class. The other specified feeding or eating disorder category is used in situations in which the clinician chooses to communicate the specific reason that the presentation does not meet the criteria for any specific feeding and eating disorder. This is done by recording “other specified feeding or eating disorder” followed by the specific reason (e.g., “bulimia nervosa of low frequency”).

Examples of presentations that can be specified using the “other specified” designation include the following:

1. Atypical anorexia nervosa: All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual’s weight is within or above the normal range.
2. Bulimia nervosa (of low frequency and/or limited duration): All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviours occur, on average, less than once a week and/or for less than 3 months.
3. Binge-eating disorder (of low frequency and/or limited duration): All of the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.
4. Purging disorder: Recurrent purging behaviour to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.
5. Night eating syndrome: Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by external influences such as changes in the individual’s sleep-wake cycle or by local social norms. The night eating causes significant distress and/or impairment in functioning. The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication

Pica

- Persistent eating of nonnutritive, nonfood substances over a period of at least 1 month.
- The eating of nonnutritive, nonfood substances is inappropriate to the developmental level of the individual.
- The eating behaviour is not part of a culturally supported or socially normative practice.
- If the eating behaviour occurs in the context of another mental disorder (e.g., intellectual disability [intellectual developmental disorder], autism spectrum disorder, schizophrenia) or medical condition (including pregnancy), it is sufficiently severe to warrant additional clinical attention.

Rumination Disorder

- Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out. The repeated regurgitation is not attributable to an associated gastrointestinal or other medical condition (e.g., gastroesophageal reflux, pyloric stenosis).
- The eating disturbance does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, binge-eating disorder, or avoidant/restrictive food intake disorder.
- If the symptoms occur in the context of another mental disorder (e.g., intellectual disability [intellectual developmental disorder] or another neurodevelopmental disorder), they are sufficiently severe to warrant additional clinical attention.

Avoidant/Restrictive Food Intake Disorder (ARFID)

- An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
 - Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).
 - Significant nutritional deficiency.
 - Dependence on enteral feeding or oral nutritional supplements.
 - Marked interference with psychosocial functioning.
- The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.
- The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

Unspecified Feeding or Eating Disorder (UFED)

This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class. The unspecified feeding and eating disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific feeding and eating disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

Body Dysmorphic Disorder

- Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.
- At some point during the course of the disorder, the individual has performed repetitive behaviours (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.
- The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

Specify if with muscle dysmorphia: The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other body areas, which is often the case.

Note: While MD is currently classified under Body Dysmorphia, it belongs with the eating disorders and the skill set the ED clinician possesses make them best placed to assess and treat the illness.

Orthorexia Nervosa (ON)

There are currently two proposed diagnostic criteria for ON; Criterion A and B.

Criterion A

Obsessive focus on “healthy” eating, as defined by a dietary theory or set of beliefs whose specific details may vary; marked by exaggerated emotional distress in relationship to food choices perceived as unhealthy; weight loss may ensue as a result of dietary choices, but this is not the primary goal. As evidenced by the following:

- Compulsive behaviour and/or mental preoccupation regarding affirmative and restrictive dietary practices believed by the individual to promote optimum health.
- Violation of self-imposed dietary rules causes exaggerated fear of disease, sense of personal impurity and/or negative physical sensations, accompanied by anxiety and shame.
- Dietary restrictions escalate over time, and may come to include elimination of entire food groups and involve progressively more frequent and/or severe “cleanses” (partial

fasts) regarded as purifying or detoxifying. This escalation commonly leads to weight loss, but the desire to lose weight is absent, hidden or subordinated to ideation about healthy eating.

Criterion B

The compulsive behaviour and mental preoccupation becomes clinically impairing by any of the following:

- Malnutrition, severe weight loss or other medical complications from restricted diet.
- Intrapersonal distress or impairment of social, academic or vocational functioning secondary to beliefs or behaviours about healthy diet.
- Positive body image, self-worth, identity and/or satisfaction excessively dependent on compliance with self-defined “healthy” eating behaviour.

Other traits commonly associated with ON include: obsessive focus on food choice, planning, purchase, preparation, and consumption; food regarded primarily as source of health rather than pleasure; distress or disgust when in proximity to prohibited foods; exaggerated faith that inclusion or elimination of particular kinds of food can prevent or cure disease or affect daily well-being; periodic shifts in dietary beliefs while other processes persist unchanged; moral judgment of others based on dietary choices; body image distortion around sense of physical “impurity” rather than weight; and persistent belief that dietary practices are health-promoting despite evidence of malnutrition.

References:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Press.

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