

DSM-5 DIAGNOSTIC CRITERIA FOR EATING DISORDERS

ANOREXIA NERVOSA

DIAGNOSTIC CRITERIA

To be diagnosed with anorexia nervosa according to the DSM-5, the following criteria must be met:

1. 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.
2. Intense fear of gaining weight or becoming fat, even though underweight.
3. 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 denial of the seriousness of the current low body weight.

Even if all the DSM-5 criteria for anorexia are not met, a serious eating disorder can still be present. Atypical anorexia includes those individuals who meet the criteria for anorexia but who are not underweight despite significant weight loss. Research studies have not found a difference in the medical and psychological impacts of anorexia and atypical anorexia.

BULIMIA NERVOSA

DIAGNOSTIC CRITERIA

According to the DSM-5, the official diagnostic criteria for bulimia nervosa are:

- 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 most people would eat during a similar period of time and 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 behavior 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 behaviors both occur, on average, at least once a week for three months.

- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of anorexia nervosa.

BINGE EATING DISORDER

DIAGNOSTIC CRITERIA

- 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 or how much 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 behaviors (e.g., purging) as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

OSFED

(Other Specified Feeding or Eating Disorders (OSFED) was previously known as Eating Disorder Not Otherwise Specified (EDNOS))

EVALUATION & DIAGNOSIS

Changes to the latest edition of the DSM were meant to clarify definitions of anorexia, bulimia, and binge eating disorder to more accurately diagnose eating disorders. Although this reduced the number of OSFED diagnoses, it remains a common diagnosis. In the DSM-5, a person must present with feeding or eating behaviors that cause

clinically significant distress and impairment, but do not meet the full criteria for any of the other disorders.

A diagnosis might then be assigned that addresses the specific reason why the presentation does not meet the specifics of another disorder (e.g., bulimia nervosa - low frequency). The following are further examples for OSFED:

- **Atypical Anorexia Nervosa:** All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.
- **Binge Eating Disorder (of low frequency and/or limited duration):** All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **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 behavior occurs at a lower frequency and/or for less than three months.
- **Purging Disorder:** Recurrent purging behavior to influence weight or shape in the absence of binge eating.
- **Night Eating Syndrome:** Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g. BED).

AVOIDANT RESTRICTIVE FOOD INTAKE DISORDER (ARFID)

DIAGNOSTIC CRITERIA

According to the DSM-5, ARFID is diagnosed when:

- 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.

PICA

EVALUATION & DIAGNOSIS

- There are no laboratory tests for pica. Instead, the diagnosis is made from a clinical history of the patient.
- Diagnosing pica should be accompanied by tests for anemia, potential intestinal blockages, and toxic side effects of substances consumed (i.e., lead in paint, bacteria or parasites from dirt).

RUMINATION DISORDER

DIAGNOSTIC CRITERIA

The DSM-5 criteria for rumination disorder are:

- Repeated regurgitation of food for a period of at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out.
- The repeated regurgitation is not due to a medication condition (e.g., gastrointestinal condition).
- The behavior does not occur exclusively in the course of anorexia nervosa, bulimia nervosa, BED, or avoidant/restrictive food intake disorder.
- If occurring in the presence of another mental disorder (e.g., intellectual developmental disorder), it is severe enough to warrant independent clinical attention.