

EATING DISORDER

CHEAT SHEET

ANOREXIA NERVOSA

A. 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 minimally expected.

B. Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight.

C. 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.

Specify whether:

Restricting type: During the last three 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 three 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).

BULIMIA NERVOSA

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both:

1. 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;

2. A sense of lack of control over eating during the episodes (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behaviors to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia nervosa.

BINGE EATING

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both:

1. 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;

2. A sense of lack of control over eating during the episodes (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

B. Binge eating episodes are associated with three or more of the following:

1. Eating much more rapidly than normal.

2. Eating until feeling uncomfortably full.

3. Eating large amounts of food when not feeling physically hungry.

4. Eating alone because of feeling embarrassed by how much one is eating.

5. Feeling disgusted with oneself, depressed, or very guilty afterwards.

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

AVOIDANT AND RESTRICTIVE FOOD INTAKE DISORDER

A. A feeding or eating disturbance (e.g. lack of apparent interest in eating 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:

1. Significant weight loss (or failure to achieve expected weight gain or faltering growth in children).

2. Significant nutritional deficiency.

3. Dependence on enteral feeding or oral nutritional supplements.

4. Marked interference with psychosocial functioning.

B. The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.

C. 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.

D. 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.

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OTHER SPECIFIED FEEDING + EATING DISORDER

Symptoms characteristic of a feeding or eating disorder that cause clinical distress or impairment in social, occupational, or other important areas of functioning predominate.

- However DO NOT meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class.
- This category can also be used in situations to communicate the specific reason the presentation does not meet the criteria for a specific eating disorder.
- This is done by recording "other specified feeding or eating disorder" followed by the specific reason e.g. "bulimia nervosa- low frequency".

Examples:

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 behaviors 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 occurs, on average, less than once a week and/ or for less than 3 months.
4. Purging disorder: recurrent purging behavior 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 of 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 and or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.

UNSPECIFIED FEEDING OR EATING DISORDER

Symptoms characteristic of a feeding and eating disorder & cause clinical significant distress or impairment in social, occupational or other important areas of functioning predominate.

- However DO NOT meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class.
- Used when the clinician chooses not to specify the reason that criteria are not met for a specific feeding and eating disorder.
- This includes times when there is insufficient information to make a more specific diagnosis (e.g. in emergency room setting).

RUMINATION DISORDER

- A. Repeated regurgitation of food over the period of at least one month. Regurgitated food may be re-chewed, re-swallowed, or spit out.
- B. Not attributable to an associated gastrointestinal or other medical condition (e.g. reflux).
- C. Does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, binge-eating disorder, or avoidant/restrictive food intake disorder.
- D. If symptoms occur in the context of another mental disorder (e.g. intellectual disability), they are sufficiently severe to warrant additional clinical attention.

PICA

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

