

FEEDING AND EATING DISORDERS



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WHAT ARE FEEDING AND EATING DISORDERS AS DEFINED BY THE DSM-5?¹

These disorders are distinguished by the consistent disturbance of eating or eating-related behavior that leads to a change in the consumption or absorption of food and harms one's physical, psychological, and social function.

THE FEEDING AND EATING DISORDERS IN THE DSM-5:¹

1. Pica
2. Rumination Disorder
3. Avoidant/restrictive Food Intake
4. Anorexia Nervosa
5. Bulimia Nervosa
6. Binge Eating Disorder
7. Other Specified Eating or Feeding Disorders
8. Unspecified Feeding or Eating Disorder



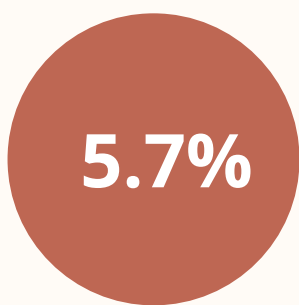
WHAT IS ANOREXIA NERVOSA?²

An eating disorder that is distinguished by an abnormally low body weight, intense fear of weight gain, and a distorted perception of weight.

WHAT IS BULIMIA NERVOSA?³

An eating disorder that is distinguished by an individual losing control overeating and consuming large amounts of food (i.e., bingeing) and then getting rid of the food (i.e., purging) in an unhealthy manner (e.g., throwing up, using laxatives, fasting or excessively exercising).

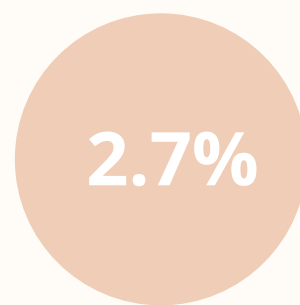
LIFETIME DIAGNOSIS OF ANY DSM-5 EATING DISORDER FOR ADOLESCENTS AGED 13-18⁴



Female



Male



Overall

DSM-5 DIAGNOSIS CRITERIA FOR ANOREXIA NERVOSA¹

- A) restriction of energy intake, leading to significantly low body weight in the context of age, sex, and physical health.
- b) intense fear of gaining weight or becoming fat, or behaviors that interfere with gaining weight
- c) disturbance one's body weight or shape or lack of recognition of the seriousness problem



DSM-5 DIAGNOSIS CRITERIA FOR BULIMIA NERVOSA¹

- A). Recurrent episodes of binge eating.
 1. Eating, in a discrete period of time (within 2-hours) an amount of food that is larger than what most individuals eat
 2. A sense of lack of control
- B) Recurrent inappropriate compensatory behaviors in order to prevent weight gains such as vomiting, misuse of laxatives, diuretics, or medications. The feeling of fasting or exercise
- C) Binge eating and inappropriate compensatory behaviors both occur at least once a week for a period of three months
- D) self-evaluation by body shape and weight
- E) The disturbance does not occur exclusively during episodes of anorexia

ETIOLOGY OF ANOREXIA NERVOSA AND BULIMIA NERVOSA^{1, 5-8}

The actual cause of anorexia nervosa and bulimia nervosa is unknown. The following are some risk factors that increase an individual's risk of developing these eating disorders.

PSYCHOLOGICAL

Childhood disorders including:

- Anxiety Disorders
- Obsessive Compulsive Disorder

Personality traits including:

- Perfectionism
- Low self-esteem
- Inflexibility

ENVIRONMENTAL

- Sexual or physical abuse during childhood
- Working towards careers that promote thinness (e.g., modeling and sports)
- Social media
- Societal pressure

BIOLOGICAL

- Childhood obesity
- Early puberty
- Family history
- Brain abnormalities
 - Dysfunction of serotonin and dopamine systems

WHAT SIGNS & SYMPTOMS SHOULD I BE AWARE OF?⁹

EMOTIONAL

- Appears sad or anxious
- Changes in attitude or performance
- Body image complaints or concerns
- Target of weight or body bullying
- Mood affected by thoughts of their appearance

PHYSICAL

- Sudden weight change (loss or gain)
- Abdominal pain
- Feeling full
- Feeling cold, faint, or tired
- Dehydrated

BEHAVIORAL

- Skipping meals
- Excessive exercise
- Hiding under baggy clothing
- Avoiding cafeteria
- Making frequent trips to the bathroom
- Dieting or chaotic food intake

TREATMENT FOR EATING DISORDERS¹⁰⁻¹⁵

SOME OF THE MOST COMMON TREATMENTS FOR AN AND BN INCLUDE:

- **Cognitive Behavioral Therapy (CBT)**
-works to address the patient's dietary beliefs and practices, along with their attitudes toward body shape and weight (which are often distorted and stem from an overvaluation of thinness)
- **Family-Based Treatment (FBT)**
-works to empower parents, normalize adolescent eating patterns, and help each patient resume typical adolescent development
- **Nutritional Counseling**
-works to establish and monitor each patient's behavioral & dietary goals. Nutritional counseling also uses CBT to help patients expand their diet

DID YOU KNOW...

Current treatments for Anorexia Nervosa (AN) and Bulimia Nervosa (BN) are very similar.

RESOURCES



EDUCATORS AND FAMILIES, SCAN HERE TO LEARN MORE ABOUT EATING DISORDERS!



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