



Eating Disorder Education for Dancers, Teachers and Families

Eating Disorders – Types & Diagnosis

Below are the types of Eating Disorders (EDs) as categorised in DSM-5, the diagnostic manual for EDs developed by the American Psychiatric Association and used internationally.

Anorexia Nervosa (AN)

- Restriction of caloric/energy intake that leads to significantly low body weight (i.e. weight that is less than minimally expected for the individual's age, sex and development trajectory)
- Body image disturbance or distortion
- Fear of weight gain or 'becoming fat'
- Severity is specific according to BMI

Two types:

- Restricting type
- Binge/purge type

Bulimia Nervosa (BN)

- Recurrent episode of binge eating
Binge eating is characterised by both:
 - Eating in a discrete period of time (e.g. within any 2 hours 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 episodes
- Recurrent episode of inappropriate compensatory behaviours to prevent weight gain (e.g. self-induced vomiting; misuse of laxatives, diuretics and/or other medications; fasting; or excessive exercise)
- Binge-eating and compensatory behaviours have been occurring at least once a week for 3 months
- Self-evaluation is influenced by body shape, weight and size
- Severity is specified according to frequency of binge/purge behaviours

Binge Eating Disorder (BED)

- Recurrent episode of binge eating
Binge eating is characterised by both:
 - Eating in a discrete period of time (e.g. within any 2 hours 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 episodes
- No compensatory behaviours present
- Severity specified by frequency of binge eating episodes

Pica

- Regular consumption of non-food substances (e.g. chalk, soap, paper) or edible items with no nutritional value (e.g. ice) for more than one month
- The eating behaviour is not part of a cultural practice



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Rumination Disorder

- Repeated regurgitation of their food for more than a month
- Regurgitation is not caused by a medical condition (e.g. gastrointestinal condition)

Other Specified Feeding or Eating Disorder (OSFED)

- Eating disorder symptoms similar to other eating disorders but not meet the full criteria
- Diagnosis of OSFED does not mean the eating disorder is less serious

Examples of OSFED include:

- Atypical Anorexia Nervosa
All criteria for AN is met, except significant weight loss or the individual's weight is within or above the normal range
- Binge eating disorder (of low frequency and/or limited duration)
All the criteria for BED are met, but binges happen less frequently than expected or the duration has been less than three months
- Bulimia nervosa (of low frequency and/or limited duration)
All the criteria for BN are met but the binge/purge occurs less frequently or for less than three months
- Purging disorder
Use of laxatives and/or self-induced vomiting to control their weight or shape, but without the binge-eating
- Night eating syndrome
Waking up during the night to eat a lot of food, or excessive eating after an evening meal

Unspecified Feeding or Eating Disorder (UFED)

This is when the eating behaviours cause clinically significant distress or impairment of functioning to the individual, but do not meet the full criteria of any of the eating disorder diagnosis criteria.

This may be used by clinicians when they are unable to (or choose not to) specify why criteria are not met, as well as in situations where there may be insufficient information to make a specific diagnosis (e.g. in emergency).

Information courtesy:

- DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013)
- Prevalence of Eating Disorders amongst Dancers: A systemic Review and Meta-Analysis. European Eating Disorders Review. 22(2) March 2014.