

DSM-V Eating Disorders

Anorexia Nervosa (AN)	<p>Restriction of energy intake relative to needs. Significantly low body weight:</p> <ul style="list-style-type: none"> • Less than minimally normal; or • In children, less than minimally expected 	<p>Intense fear of weight gain / fatness.</p> <p>Behaviour that interferes with weight gain, despite low weight.</p>	<p>Disturbance in body image. Self evaluation unduly influenced by body weight/shape.</p> <p>Persistent lack of recognition of seriousness of low weight.</p>	<p>Subtypes:</p> <ul style="list-style-type: none"> • Restricting • Binge-purge 	Severity based on degree of underweight	Partial or full remission
Bulimia Nervosa (BN)	<p>Recurrent binge eating</p> <p>Binge eating = eating in a discrete period an amount of food that is definitely larger than most would eat in a similar situation & time period + a sense of lack of control over eating during episodes.</p> <p>Inappropriate compensatory weight control behaviours</p> <ul style="list-style-type: none"> • Frequency \geq 1/week for 3 months 		Self-evaluation unduly influenced by body weight / shape	Absence of AN	Severity based on increasing frequency of B/P episodes	Partial or full remission
Binge Eating Disorder (BED)	<p>Objective binge-eating</p> <p>- Frequency \geq 1/week for 3 months</p>	Abnormal eating behaviours	Marked distress / guilt	<p>Absence of:</p> <ul style="list-style-type: none"> -Compensatory behaviours -AN -BN 	Severity based on increasing frequency of BE episodes	Partial or full remission

Avoidant/Restrictive Food Intake Disorder (ARFID)	Eating or feeding disturbance, with persistent failure to meet nutritional needs associated with: - Significant weight loss / growth failure - Significant nutritional deficiency - Dependence on enteral feeding or oral nutritional supplements - Marked interference with psychosocial functioning		Not better explained by absence of food or culturally sanctioned practice	Absence of: <ul style="list-style-type: none">• AN• BN• BI disturbance	Not attributable to medical condition or better explained by another mental disorder	
Other Specified Feeding and Eating Disorder (OSFED)*	Atypical AN (AAN)	All of the criteria for AN are met, except that despite significant weight loss, the individual's weight is within or above the normal range				
	Subthreshold BN	All of the criteria for BN are met, except that the binge eating and inappropriate compensatory behaviours occur, on average, less than one a week and/or for less than 3 months				
	Subthreshold BED	All of the criteria for BED are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months				
	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				
	Night Eating Disorder	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 BED or another mental disorder, including substance use, and is not attributable to another medical disorder or to an effect of medication.				
<p>* 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 OSFED 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").</p>						