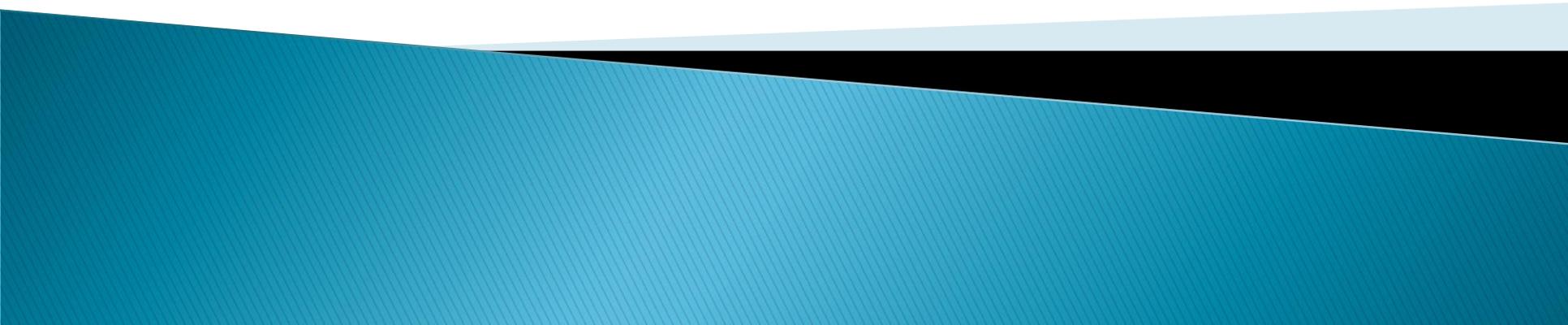


Eating Disorders DSM-V

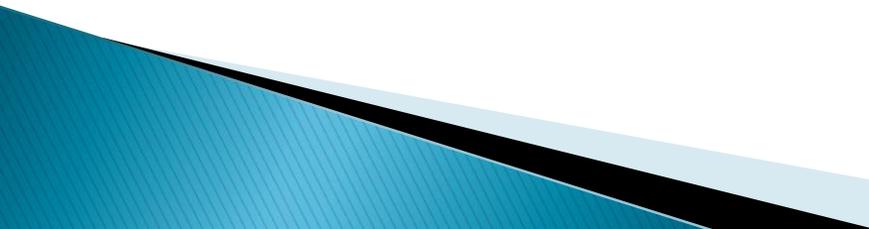
Hafizullah Azizi M.D.



Eating disorder work group assignments

- ▶ Eating disorders
 - ▶ Feeding and Eating Disorders of Infancy and Early Childhood and
 - ▶ Obesity
- 

DSM-IV Eating Disorders

- ▶ Anorexia Nervosa
 - ▶ Bulimia Nervosa
 - ▶ EDNOS
 - Binge Eating Disorder
 - Purging Disorder
 - Night Eating Syndrome
- 

DSM-IV F&E D of Infancy and Early Childhood

- ▶ PICA
 - ▶ Rumination Disorder
 - ▶ Feeding Disorder of Infancy or Early Childhood
- 

DSM-IV Eating Disorder Initial assessment

Have clinical Utility

eg, course, outcome, treatment response and different substantiality.

Anorexia Nervosa \neq Bulimia Nervosa

Major Problem:

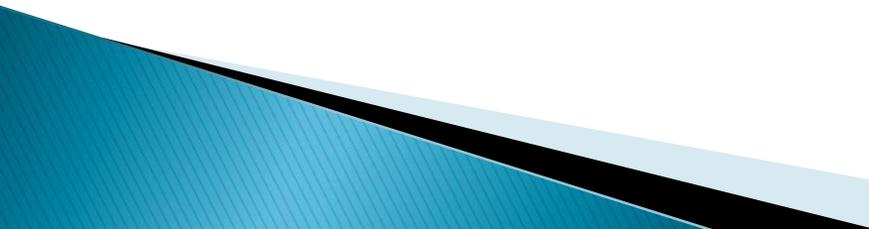
– High frequency of EDNOS

EDNOS \geq 50%

Potential Solutions:

- Revise (broaden) existing criteria
- Recognize new disorders

Anorexia Nervosa

- A. **Restriction (Refusal) of energy intake** relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.
 - B. Intense fear of gaining weight or of becoming fat, **or persistent behavior 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 (~~denial~~) **persistent lack of recognition** of the seriousness of the current low body weight
- 

Anorexia Nervosa ...

D. Amenorrhea

Specify whether:

Restricting type: **During the last 3 months**, the individual has not engaged in recurrent episodes of binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Binge-eating/purging type: **During the last 3 months**, the individual has engaged in recurrent episodes of binge eating or purging behavior.

Anorexia Nervosa ...

Specify if:

- ▶ **In partial remission:** No A but either B or C.
- ▶ **In full remission:** sustained period of time.

Specify current severity:

- **Mild:** BMI ≥ 17 kg/m²
 - **Moderate:** BMI 16–16.99 kg/m²
 - **Severe:** BMI 15–15.99 kg/m²
 - **Extreme:** BMI < 15 kg/m²
- for children and adolescents, on BMI percentile

Anorexia Nervosa...

- ▶ **Prevalence:** The 12-month prevalence among young females is approximately 0.4%. A 10:1 female-to-male ratio.
 - ▶ **Suicide Risk:** About 12 per 100,000 per year .
 - ▶ **Amenorrhea** is common and appears to be an indicator of physiological dysfunction. Usually a consequence of the weight loss, but in a minority of individuals it may actually precede the weight loss.
- 

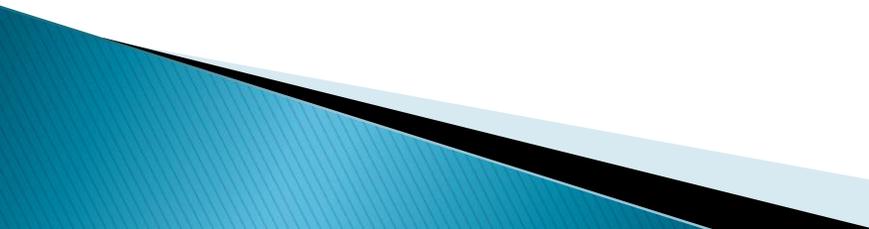
Bulimia Nervosa

- ▶ Recurrent episodes of binge eating.
 - Eating, in a discrete period of time .
 - A sense of lack of control over eating during the episode
- ▶ Recurrent inappropriate compensatory behaviors in order to prevent weight gain.
- ▶ The binge eating and inappropriate compensatory behaviors both occur, on average, at least ~~twice~~ **once** a week for 3 months.

Bulimia Nervosa...

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

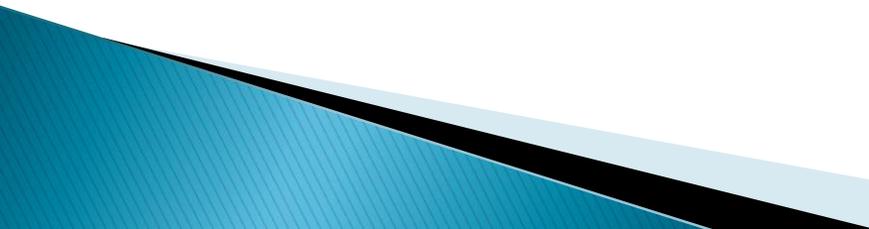
~~Subtype: Purging vs. Non Purging~~



Bulimia Nervosa...

- ▶ Specify if:
- ▶ **In partial remission:** some, but not all, for a sustained period of time.
- ▶ **In full remission:** none for a sustained period of time.

Specify current severity:

- ▶ **Mild:** An average of 1–3 episodes of inappropriate compensatory behaviors per week.
 - ▶ **Moderate:** An average of 4–7 episodes per week.
 - ▶ **Severe:** An average of 8–13 episodes per week.
 - ▶ **Extreme:** An average of 14 or more per week.
- 

Bulimia Nervosa...

- ▶ **Prevalence:** 12 months among young females is 1%–1.5%. Highest among young adults since the disorder peaks in older adolescence and young adulthood. An approximately 10:1 female-to-male.
- ▶ Bulimia nervosa commonly begins in adolescence or young adulthood. Onset before puberty or after age 40 is uncommon.
- ▶ Diagnostic cross-over from initial bulimia nervosa to anorexia nervosa occurs in a minority of cases (10%–15%).

Bulimia Nervosa

- ▶ Individuals with BN typically \geq normal weight range (BMI ≥ 18.5 and < 30 in adults).
- ▶ Menstrual irregularity or amenorrhea often occurs among females with bulimia nervosa; Uncertain if related to weight fluctuations, nutritional deficiencies, or emotional distress
- ▶ Rare but potentially fatal complications include esophageal tears, gastric rupture, and cardiac arrhythmias.

Binge eating (DSM-IV Appendix)

Evidence of Validity/Clinical Utility

- ▶ Multiple papers documented importance.
- ▶ In lab testing binge eating behavior is objectively abnormal
- ▶ Higher rate of Anxiety and depression.
- ▶ Don't respond well to routine treatment of obesity/OW

Binge Eating Disorder

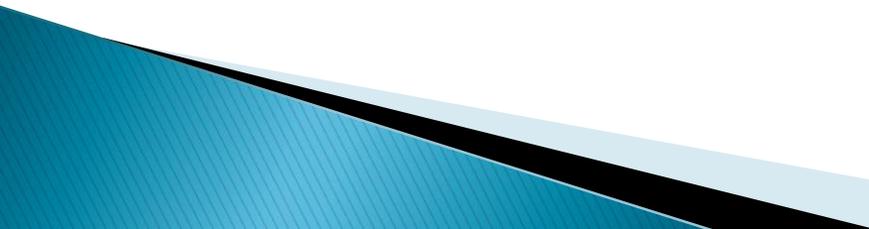
- ▶ A. Recurrent episodes of binge eating. An episode of binge eating:
 - ▶ 1– Eating, in a discrete period of time (e.g., within 2h), larger amount of food than gp.
 - ▶ 2– A sense of lack of control over eating during the episode (can't stop or control)
- ▶ B. The binge–eating episodes are associated with three (or more) of the following:
 - ▶ 1– Eating much more rapidly than normal.
 - ▶ 2– Eating until feeling uncomfortably full.

Binge Eating Disorder...

- ▶ 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 afterward

- ▶ C. Marked distress regarding binge eating is present.
- ▶ D. The binge eating occurs, on average, at least **once a week for 3 months**. (~~2 days/week for 6M~~)
- ▶ E. No compensatory behavior as in BN and does not occur exclusively during BN or AN.

Binge Eating Disorder...

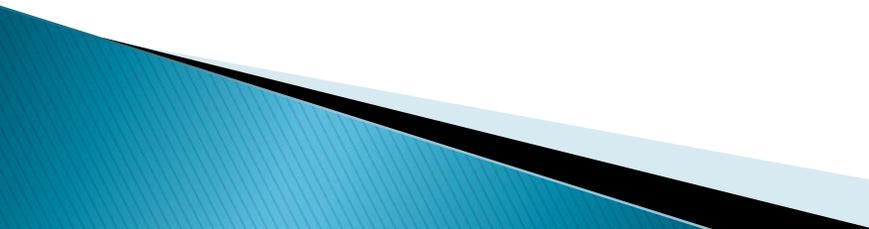
- ▶ Specify if:
 - ▶ **In partial remission:** average frequency of less than one episode per week for a sustained period of time.
 - ▶ **In full remission:** none—for a sustained period of time.
 - ▶ Specify current severity:
 - ▶ Mild: 1–3 binge–eating episodes per week.
 - ▶ Moderate: 4–7 binge–eating episodes per week.
 - ▶ Severe: 8–13 binge–eating episodes per week.
 - ▶ Extreme: 14 or more per week.
- 

PICA

- ▶ Persistent eating of nonnutritive, nonfood substances over a period of at least 1 month.
 - ▶ Inappropriate to the developmental level.
 - ▶ Not part of a culturally supported or socially normative practice.
 - ▶ If the eating behavior occurs in the context of another mental disorder (e.g., intellectual disability) or medical condition (including pregnancy), it is sufficiently severe to warrant additional clinical attention.

 - ▶ Specify if: In remission.
- 

Rumination Disorder

- ▶ A. Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out.
 - ▶ B. Not attributed to GI or other medical conditions.
 - ▶ C. Does not occur exclusively during the course of AN, BN, binge-eating disorder, or avoidant/restrictive food intake.
 - ▶ D. If the symptoms occur in the context of another mental disorder (e.g., intellectual disability, they are sufficiently severe to warrant additional clinical attention.
 - ▶ Specify if: In remission– sustained period of time.
- 

~~Feeding D/O of Infancy or Early Childhood (DSM-IV)~~

- ▶ Wasn't being used.
- ▶ Not a single reference to this title in last decade in Index Medicus.
- ▶ Data basis from insurance companies shows very rare use.

They still felt need for another D/O to cover the remaining.....

Avoidant/Restrictive Food Intake Disorder

- ▶ 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 weight gain in children).
 - ▶ Significant nutritional deficiency.
 - ▶ Dependence on enteral feeding or oral nutritional supplements.
 - ▶ Marked interference with psychosocial functioning.

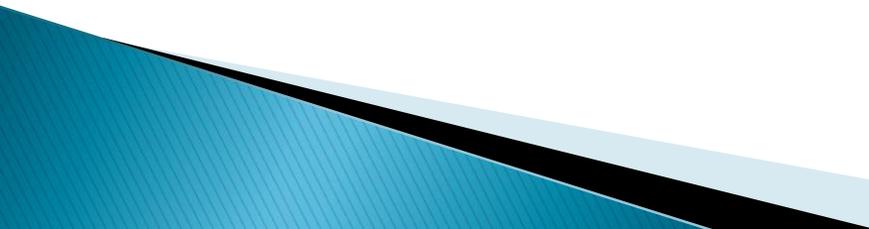
Avoidant/Restrictive Food Intake Disorder....

- ▶ The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice.
- ▶ Not occur exclusively during AN or BN, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced.
- ▶ Not attributable to a concurrent medical or mental disorder. When occurs in the context of another condition or disorder, the severity exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.
- ▶ Specify if: **In remission:** sustained period of time.

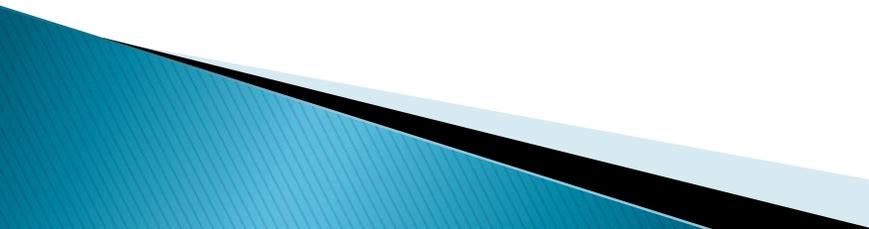
Other Specified Feeding or Eating Disorder

- ▶ 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 other specified feeding or eating disorder 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”).
- ▶ Examples of presentations that can be specified using the “other specified” designation include the following:

Other Specified Feeding/Eating Disorder...

- ▶ **Atypical Anorexia Nervosa** :All of the criteria are met, except that despite significant weight loss, the individual's weight is within or above the normal range.
 - ▶ **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.
- 

Other Specified Feeding/Eating Disorder

- ▶ **Binge-eating disorder (of low frequency and/or limited duration):** All of the criteria for binge-eating disorder 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 behavior to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating
- 

Other Specified Feeding/Eating Disorder...

- ▶ **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 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 binge-eating disorder 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

- ▶ 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 unspecified feeding and eating disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific feeding and eating disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

Quiz

According to DSM-IV, a major problem associated with initial assessment of eating disorders is the high frequency of EDNOS, which is:

- A. $\geq 13\%$
- B. $\geq 27\%$
- C. $\geq 50\%$
- D. $\geq 68\%$

Quiz...

According to DSM-5, binge eating occurs, on average, at least once a week for:

- A. 2 months
- B. 3 months
- C. 6 months
- D. 12 months

Quiz...

3. DSM–5 identifies which eating disorder in the majority of cases of EDNOS?

- A. Atypical anorexia nervosa
- B. Atypical bulimia nervosa
- C. Atypical avoidant/restrictive food intake disorder
- D. Atypical pica
- E. Atypical rumination disorder

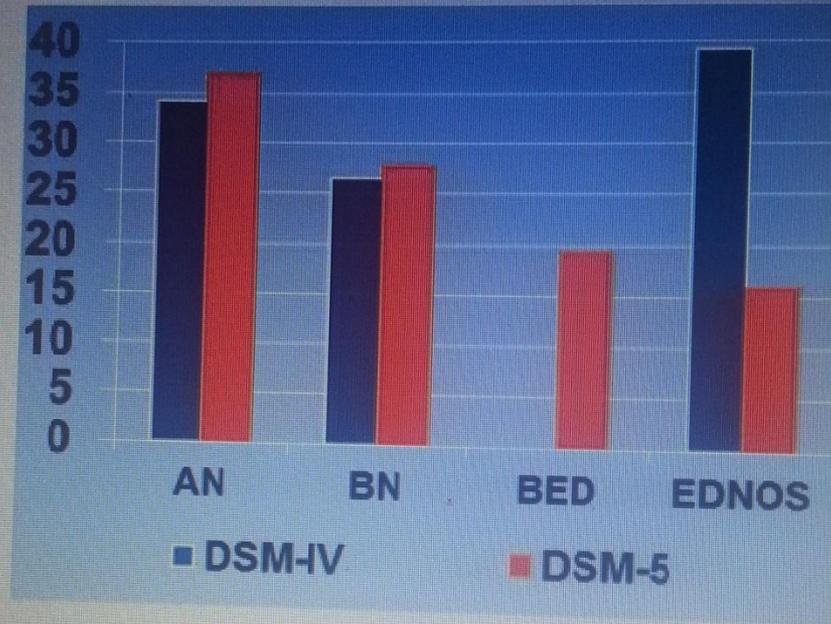
Quiz...

Research findings indicate which of the following differences in children/adolescent eating disorders between DSM-IV and DSM-5?

- A. A sharp decrease in bulimia nervosa
- B. A sharp decrease in EDNOS
- C. A sharp decrease in anorexia nervosa
- D. A sharp decrease in avoidant/restrictive food intake disorder

DSM-IV vs DSM-5

Sysko & Walsh, 2011
n=247



AN, Anorexia Nervosa; BED, Binge Eating Disorder; BN, Bulimia Nervosa.



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